



# SUSTAINABILITY REPORT **2019**

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# OVERVIEW

The A.C.Camargo Cancer Center, which is a reference institution in the fight against cancer in Latin America, is pleased to present to its stakeholders this sustainability report which outlines its process of value creation in the year 2019.

This report contains information on the institution's profile, strategy, projects and investments that contributed to achieving its aim of providing an excellent level of integrated service in cancer diagnosis, treatment, education and research. The methodology of the report was based on the comprehensive option of Global Reporting Initiative (GRI) Standards and the guidelines of the International Integrated Reporting Council (IIRC), with a focus on the reporting of financial and non-financial indicators, covering operational, environmental, social and governance aspects.

This report also reaffirms the A.C.Camargo Cancer Center's commitments to partnerships in sustainability, demonstrating its strategy and alignment with the United Nations' Global Compact (UNGC) and Sustainable Development Goals (SDGs), which are referenced throughout the reports.

The content was selected based on the material topics that were identified in a materiality mapping exercise, and was also aligned to the institution's cancer center model. In the section on Essence, the focus is on presenting the institution's corporate profile, governance structure and management approach. The section on Strategy and Future provides details on its long-term vision based on the current Brazilian healthcare context. The section on Value Creation presents the institution's results for 2019 from the perspective of the various forms of capital that were utilized and transformed in its business model.

If you have any questions or comments on the information in the report, please contact us at the following e-mail:  
[relatorio\\_sustentabilidade@accamargo.org.br](mailto:relatorio_sustentabilidade@accamargo.org.br).

**GRI 102-53**

**We hope you find the report a good read.**

# ADMINISTRATION'S STAKEHOLDER LETTER

GRI 102-14, 102-15

In 2019, the A.C.Camargo Cancer Center accomplished a number of important achievements, which constituted true milestones in the institution's history. The consolidation of our integrated care management model has made us proud and optimistic about the many possibilities available for the care of cancer patients.

Cancer is a worldwide challenge and increasingly requires our dedication and commitment to make significant progress in our research, which we have already shown to result in the generation of benefits for patients.

Our patient treatment and care services, integrated with research and education, and allied to high technology, have made our institution a center of excellence in fighting cancer. We do this, patient by patient, in an ethical and patient-centered manner, supported by knowledge, resolve, innovation, humanity and sustainability.

We continued with the implementation of tumor reference centers with the inauguration of the centers for tumors of the head and neck and upper digestive and colorectal systems.

This journey began in 2018 with the reference centers for breast, gynecological and cutaneous tumors. A further six reference centers for specific tumors are in the process of being implemented: urological, chest, hematological, bone, central nervous system and pediatric, all of which are planned to be operational by the end of 2021. In this way, we will further advance the consolidation of the cancer center model, that provides patient-centered care integrated with scientific research and specialized professional education and training. By rationalizing processes and costs, this model allows us to offer the right treatment at the right time for each case, using scientific protocols applied by experienced professionals, correctly and safely. For the more complex cases, where the standard protocols need to be adapted, the treatment is developed through multidisciplinary discussion forums, known as tumor boards. We have also provided access to new treatments through our clinical research efforts, which have already produced pioneering advances in oncology.

In this context, the search to find cost-effective solutions that create value for all the agents involved in the daily work routines is an ongoing institutional necessity. In 2019, we entered the final phase of implementing a new hospital management system, which was undoubtedly one of the biggest challenges we faced during the year.

The adaptation of our work flows and processes was a complex challenge, since we

are an institution that accompanies the patient in all stages of care, starting with diagnosis and extending right through to rehabilitation. However, all these activities are focused on reinforcing the search for the integration of processes, to ensure we deliver patient-centered care. As a result of these necessary improvements, our hospital management system will gain in quality in 2020.

The year 2019 was also very challenging for the economy in general, with impacts on our institution. Despite this, we performed successfully on a number of fronts, for example, making 447 fully-equipped beds available to cancer patients. We carried out 328 thousand outpatient attendances and 26 thousand emergency treatment services. During the year we carried out 22 thousand surgeries, 33.2 thousand chemotherapy sessions, 2.3 thousand radiotherapy cycles, and more than 1.8 million clinical tests and examinations. To achieve this, we counted on the support of 5,073 employees and clinical staff, to whom we express our sincerest thanks.

With the growth and transformation impact of a digital culture in all spheres of our activities, our greatest achievement in the educational area was the implementation of the Digital Teaching Center which has allowed us to provide more flexible alternatives in the development of, and access to, educational content. We offered 12 training courses, some with a 100% digital educational methodology and others in a hybrid form, with a student participation of more than 75%. We approved new training courses and also started training with simulators and virtual reality resources. The post-graduate

educational area developed a *stricto sensu* Professional Master's Program, which has already been submitted to Coordination for the Improvement of Higher Education Personnel - CAPES for approval, with the objective of developing scientific reasoning in healthcare professionals with a number of different areas of expertise and generating innovations for society in the field of healthcare. During the year, 122 doctors and specialists graduated, of whom 80 were medical residents, 28 were multidisciplinary area staff and 14 took specialist training courses. Furthermore, we had four PhD students, five master's students, one post-doctorate student and four students at PIBIC, supervised by 188 teaching staff and tutors.

Our research area is connected to all the institution's fields of activity through the encouragement of scientific production, discussion of cases and identification and implementation of new procedures, treatments and technologies. Our investments in knowledge generation amounted to R\$ 27 million, including both the infrastructure and human resources dedicated to research. During the year, we published 221 articles in indexed and international scientific journals and completed 174 research projects.

The research area also entered into 19 cooperation agreements in Brazil, of which five were new, and 35 international agreements, some of which had already initiated in 2019. We maintained existing cooperation agreements with prestigious foreign cancer centers such as the Institut Curie, France, which is one of the leading European institutions in cancer research, with a focus on radiotherapy. We

also signed a cooperation agreement with the Princess Margaret Cancer Center, Canada's reference institution for oncology.

One of the most important events in the areas of education and research was the constitution of an Antônio Prudente Foundation's Endowment Fund for Education and Research. This action demonstrated our commitment to supporting the long-term production and dissemination of medical and scientific knowledge. The purpose of the fund is to finance education and research, through contributions from both the institution's own resources and donations from third parties. The development of initiatives in these areas will enable the transfer of incremental and innovative knowledge to develop high-quality treatments for cancer.

In 2019, we generated a net revenue of R\$ 1.3 billion and an EBITDA of R\$ 116 million. In terms of investments, we invested substantially in the technological upgrading of medical equipment and inaugurated the Pires da Mota unit for outpatient cancer treatment. This unit is fully-equipped with a cancer diagnostic center, a surgical center with 9 rooms for outpatient procedures and low-complexity surgeries, and a center for oncology infusion. More recently, we inaugurated the Castro Alves Care Unit, completed the modernization and expansion of the emergency area, located at the Antônio Prudente unit, and also the expansion of the education area. Furthermore, we initiated the installation of a new unit, located in the Itaim Bibi district in the city of São Paulo. The first phase of this unit is expected to start operating in the first semester of 2020. Our total investments in 2019 amounted to R\$ 111.2 million.

During the year, the institution made an important change to its contractual agreement with the São Paulo Municipal Government in relation to the provision of care for patients treated under the rules of the National Health System (SUS). In 2019, we prioritized the maintenance of our high-complexity services for such patients. In this way, we reaffirmed our commitment to social responsibility.

## PERFORMANCE

One of the most important indicators of our performance is the average period of time that patients stay in the hospital complex. In recent years, as a result of our implementation of best practices in the integration of patient care, the average stay has been gradually reduced, and is now, on average, 5.3 days. This has been achieved while maintaining the bed occupancy rate at an adequate level (76%).

After a comprehensive, rigorous and carefully conducted reassessment process, we obtained the renewal of our Diamond Level Certification from Qmemtum, the Canadian Healthcare Accreditation Agency. This achievement demonstrated our institutional maturity, and had the following main evaluation criteria: management of access; safety of the patient and healthcare staff; coordinated and patient-centered care; and effective use of resources.

## BEGINNING OF A NEW CYCLE

We have been diligently pursuing the delivery of our value proposal for the creation of an integrated center for cancer diagnosis, patient treatment and care, education and research. In doing so, we have sought to guarantee the long-term continuity of our philanthropic vocation, which began with the work of Antônio and Carmem Prudente, in 1953.

After an assessment of our main achievements to date, and a review of our strategies over the last five years, we are now ready to start a new development cycle guided by our Strategic Planning for 2020-2025.

This new phase coincides with the establishment of a new senior management team. Our former CEO, Vivien Rosso, left the institution last December to embark on new challenges. Following her departure, the Board of Trustees and the senior management team established a transitional organization structure to continue managing the institution, within the guidelines of the existing strategy. After careful consideration, The Board of Trustees appointed José Marcelo Amatuzzi de Oliveira as CEO. This appointment ensures the continuity of our management approach since he has worked in the institution since 2015, and in a number of different functional areas. In that time, José Marcelo has been responsible for the areas of strategic planning, sales, marketing and communication, fund-raising, expansion, innovation and, more recently, operations.

In this way, in addition to ensuring continuity in the execution of our strategy we have given recognition to the institution's own employees, thus reinforcing our values and our commitment to consolidating the institution's position as the leading cancer center in the Southern hemisphere.

We started 2020 with unimaginable challenges for the health area, due to the pandemic of the new corona-virus, which causes the Covid-19 disease. We are monitoring, on a daily basis, the impacts on our employees, staff, patients, companions and suppliers and take fast action to mitigate any risks, as well

as responding appropriately to the needs of patients undergoing cancer treatment who contract this infectious disease. The healthcare area is, undoubtedly, one of the areas most affected globally and cancer patients are more susceptible to contracting the infection in its more severe clinical forms. We are convinced that we will emerge stronger from this challenge, confirming that the A.C.Camargo Cancer Center is a safe environment for our patients, employees and clinical staff. We will continue to pursue our Strategic Planning with a focus on the institution's long-term continuity and the fight against cancer, patient by patient, in accordance with our values.

We would like to formally register our sincere thanks to all our employees, who work with us, on a daily basis, in meeting and overcoming these challenges.

We would also like to extend our thanks to our volunteers and members of our Board of Trustees for their contributions, to our body of clinical staff, for supporting this administration, and to our patients, their families and society in general, for the trust placed in our work and for the privilege of continuing to build this story, together.

**José Ermírio de Moraes Neto**

*Chairman of the Board of Trustees*

**José Hermílio Curado**

*Institutional President of the Board of Trustees*

**José Marcelo Amatuzzi de Oliveira**

*Chief Executive Officer*

# HIGHLIGHTS FROM 2019

## SOCIAL AND RELATIONSHIP CAPITAL

**328,046**

outpatient attendances

**86.3%**

patient satisfaction  
measured by the Net  
Promoter Score (NPS)

**R\$ 665 million**

payments to suppliers

**3.2 thousand**

pedagogical attendances  
at the Schwester Heine  
Specialized School

## INTELLECTUAL CAPITAL

**Implementation** of the  
Digital Teaching Center

**199** students

enrolled in postgraduate courses

**80**

master's and doctorate degrees

**116** undergraduates

in the medical and  
multidisciplinary courses

**R\$ 27 million**

invested in research

**174 research**

projects completed in 2019

**834 patients**

recruited for the Biobank

## HUMAN CAPITAL

**27.6** hours

average training per  
A.C.Camargo employee and  
clinical staff member

**80.43%**

of employees and interns  
received performance  
evaluations

**Implementation** of the  
Diversity and Inclusion  
Working Group

## MANUFACTURED CAPITAL

**R\$ 111.2 million**

investments (expansion,  
refurbishments, upgrades and  
new technologies)

**5,144 m<sup>2</sup>**

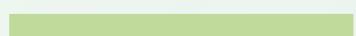
inaugurated in  
Castro Alves Patient Care Unit

**571** pieces of new  
medical equipment  
installed

## FINANCIAL CAPITAL

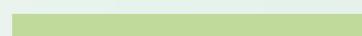
### KEY INDICATORS (IN R\$ MILLION)

#### INVESTMENTS



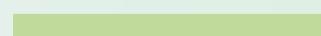
2018	<b>211.15</b>
2019	<b>111.23</b>

#### EBITDA MARGIN



2018	<b>221.60</b>
2019	<b>116.01</b>

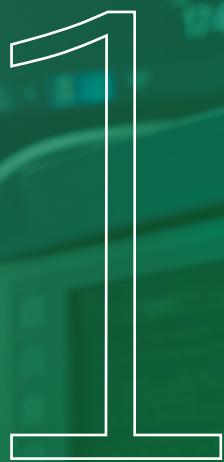
#### NET REVENUE



2018	<b>1,351</b>
2019	<b>1,286</b>



Dr. Eduardo Henrique Giroud Joaquim, head of anesthesiology, and Dr. Alex Madeira Vieira, anesthesiologist, monitoring a patient during surgery



# INSTITUTIONAL PROFILE

- The A.C.Camargo Cancer Center
- Corporate governance
- Transparency and integrity

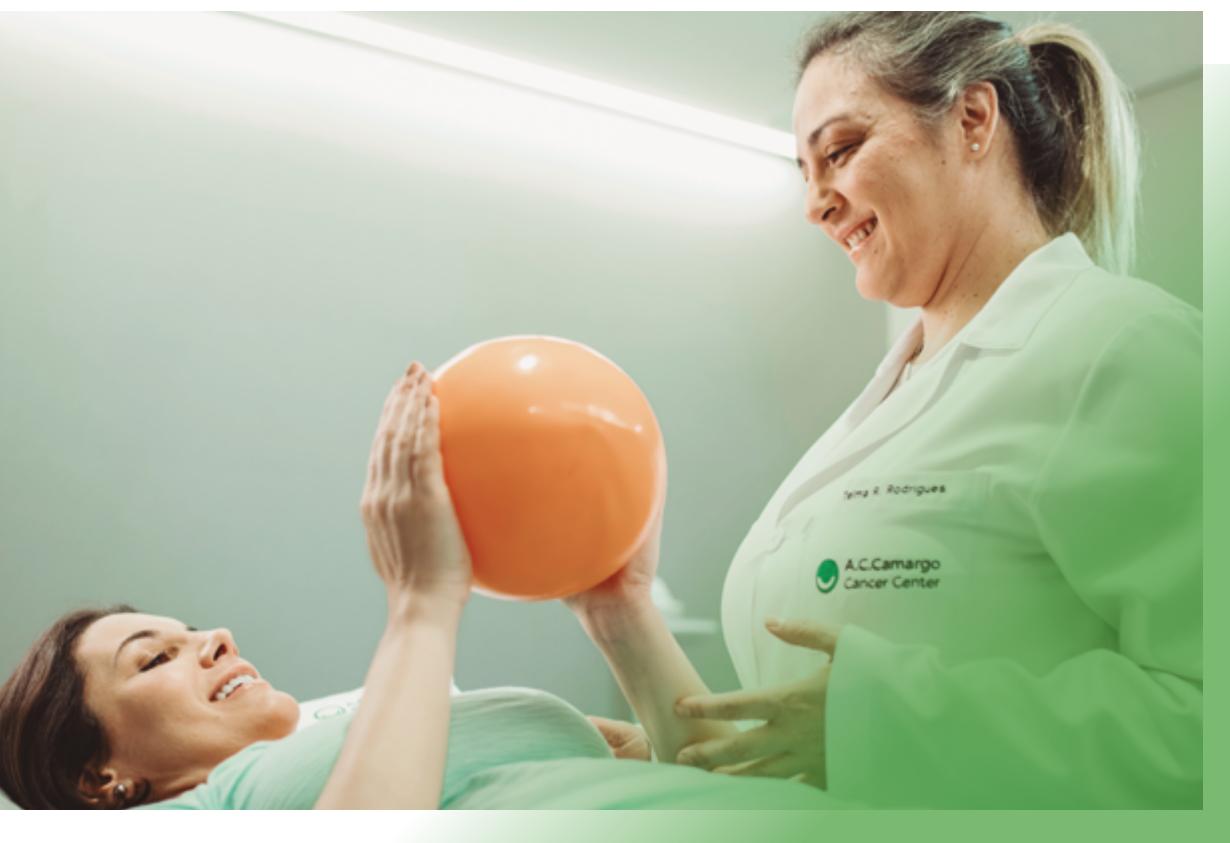
# INSTITUTIONAL PROFILE

GRI 102-16

**T**he institution's central purpose is to fight cancer, patient by patient based on its values of ethics, knowledge, resolution, innovation, patient-centered care, humanity and sustainability.

By means of diagnosis, treatment and personalized rehabilitation, it offers an excellent level of cancer care, anchored in evidence-based medicine and in scientific knowledge. In each case, an in-depth study of the characteristics of each patient is integrated with our knowledge of the specific cancer diagnosed.

A.C.Camargo's work has contributed to the healthcare industry by offering patients a complete cycle of cancer care, from diagnosis to rehabilitation; by training medical staff and researchers who work also in other national and international institutions; by generating and disseminating cutting-edge knowledge fighting cancer; and by developing models for highly complex patient care that are also guided by cost-benefit criteria.



Telma Ribeiro Rodrigues,  
physiotherapist,  
attending  
a patient in  
the clinic

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The A.C.Camargo Cancer Center is a specialized cancer institution located in the municipality of São Paulo (SP) that integrates patient care and treatment with education and research, and provides a personalized care pathway for each patient

## THE **A.C.CAMARGO** CANCER CENTER

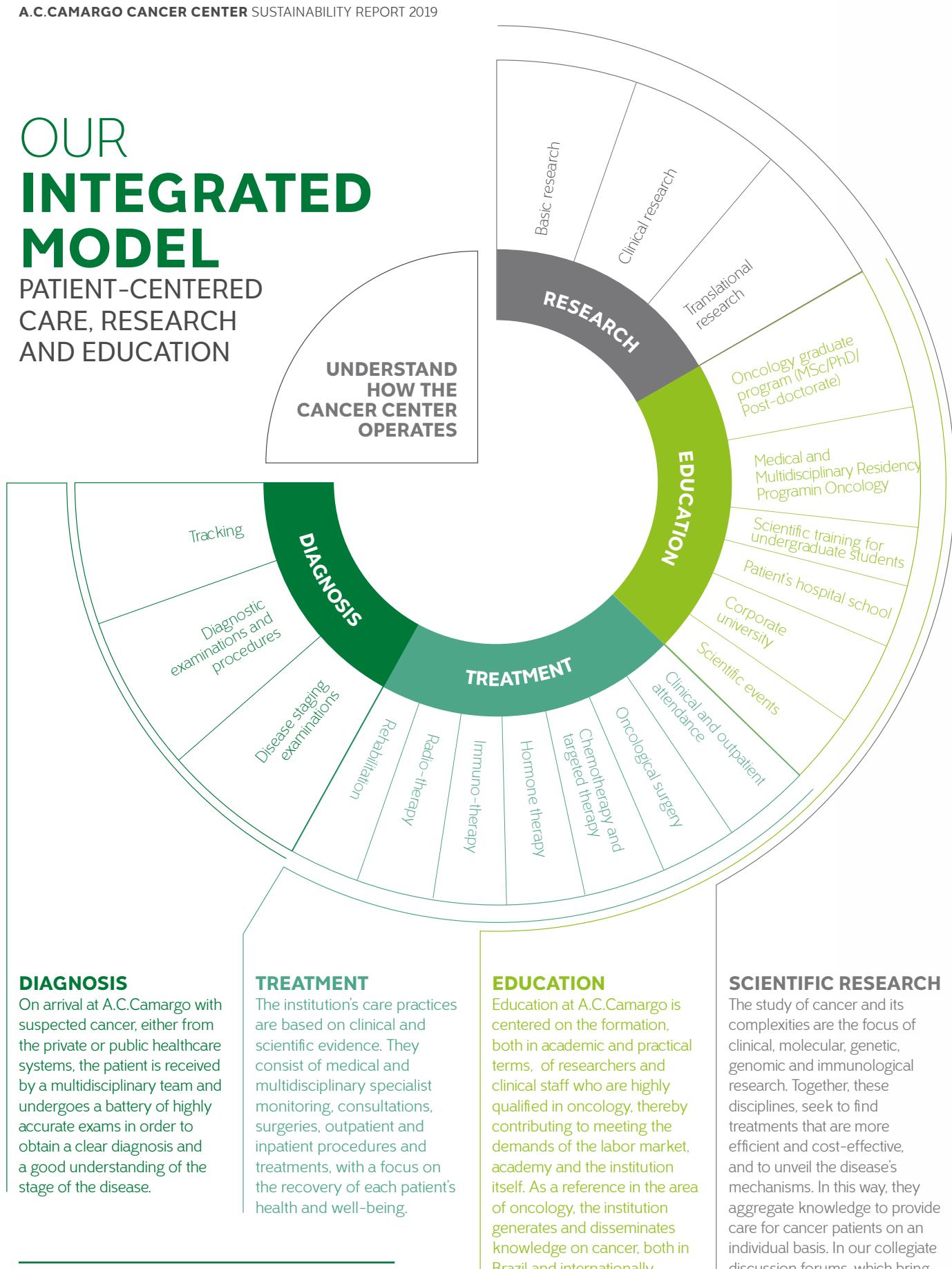
A.C.Camargo is a private non-profit institution that was founded in 1953. Today, it is one of the leading institutions in the world specialized in combating cancer. Its activities are focused on the provision of integrated and highly complex care services, education and scientific research. It offers oncology services for the private healthcare network and also for the National Health System (SUS). **GRI 102-1, 102-2, 102-6**

In recent years, A.C.Camargo has dedicated itself to implementing a cancer center model, a conceptual evolution in cancer healthcare, services, to constantly deepen its cancer knowledge and generate innovations. The care team, educators and scientists work together to provide individualized care for each patient and in the development of education and research activities. They are constantly seeking the best outcomes and new treatments that will be disseminated and applied in the future.

In 2019, the institution carried out 328 thousand outpatient attendances, 278 thousand imaging examinations, 33 thousand chemotherapy sessions, more than 2,300 cycles of radiation therapy and 22 thousand surgeries. A.C.Camargo invested R\$ 111.2 million in improvements, technology and expansion of facilities and, reinforcing its financial strength, delivered consistent business results, with a net revenue of R\$ 1.3 billion, despite a highly challenging context for the healthcare sector in Brazil. **GRI 102-7**

# OUR INTEGRATED MODEL

## PATIENT-CENTERED CARE, RESEARCH AND EDUCATION



### MORE INFORMATION

More information on A.C.Camargo's history can be found at: <https://accamargo.org.br/cancer-center/nossa-historia>

# WHERE WE ARE NOW

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

## ANTÔNIO PRUDENTE AND TAMANDARÉ UNITS

This complex, which is located in the Liberdade district of the city of São Paulo, consists of four hospital tower blocks. Patients have access to inpatient units, intensive care units, consulting rooms, surgical centers, emergency care, an infusion center for chemotherapy and immunotherapy, infrastructure for radiotherapy and advanced technological equipment for diagnosis, treatment and rehabilitation, both for children and adults.

## PIRES DA MOTA UNIT

Since 2018, this unit has housed the reference centers for breast, gynecological and skin tumors. This unit can provide diagnostic examinations, consultations with specialists, chemotherapy and less complex surgeries and functions in accordance with the day-hospital model. The concept underlying the reference centers is to provide the patients with the whole cycle of diagnosis and treatment in the same location. They would only need to go to the Antônio Prudente unit in the event of a situation of high complexity.

## CASTRO ALVES PATIENT CARE UNIT

This new unit, which was inaugurated in September 2019, is also located in the Aclimação district of the city of São Paulo. It has facilities for occupational medicine, prevention, the volunteer network, outpatient clinics and the blood bank, which has expanded its collection capacity. This ample and modern structure was designed to provide a high level of comfort and well-being to patients, blood donors and its employees.

## CASTRO ALVES ADMINISTRATIVE UNIT

This unit, also located in the Aclimação district, houses the support and administrative areas.

## OUR STRUCTURE



**7** units



**447**  
beds in use  
of which 56 are in the ICU



**168**  
consulting rooms



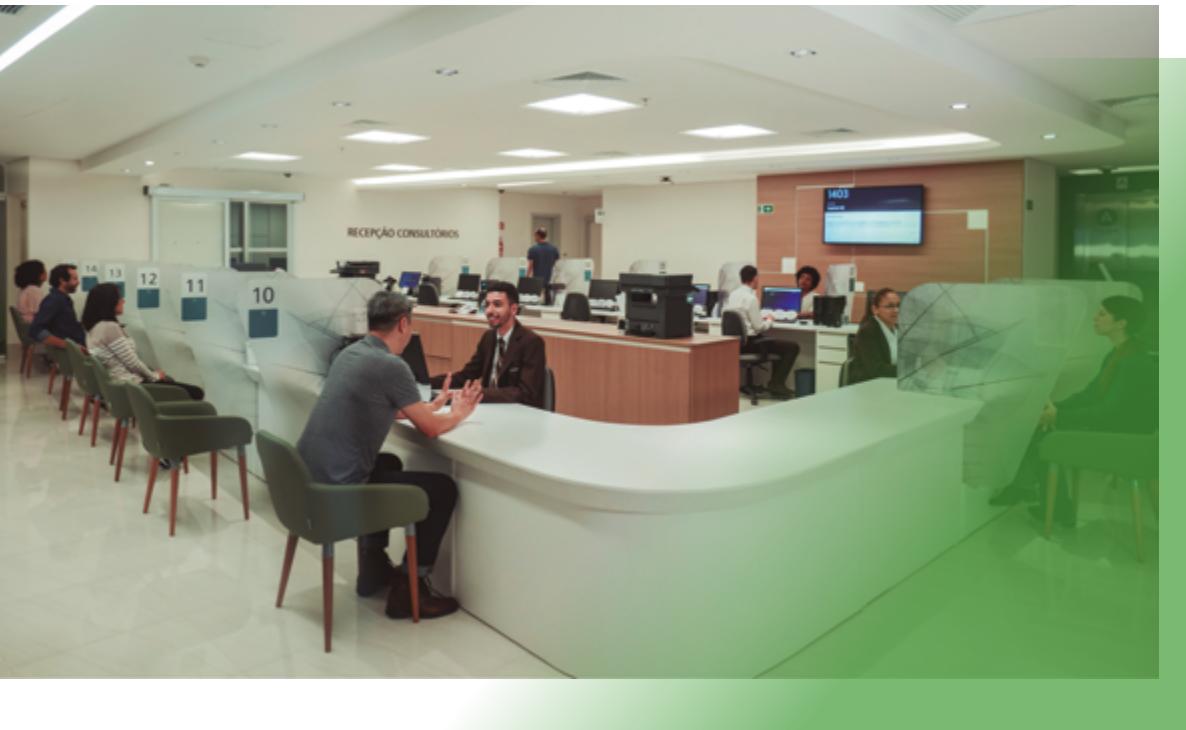
**3** surgical centers

## SANTO ANDRÉ UNIT

It offers services in clinical oncology and infusion of chemotherapeutic and immunotherapeutic drugs, in addition to diagnosis and rehabilitation.

## INTERNATIONAL CANCER RESEARCH CENTER (CIPE)

CIPE will complete a decade of activities in 2020. It has an up-to-date infrastructure of laboratories and is dedicated to scientific research on tumor biology, epidemiology, immuno-oncology, bio-informatics, genomics and molecular biology. Its activities are integrated with patient care and education and it supports the development of clinical, basic and translational research projects, with the aid of technological platforms and support services. The projects are developed with the participation of scientists, clinical staff and multidisciplinary teams, and in partnership with national and international institutions.



Reception area at the Pires da Mota Unit

## Our credentials: a reference institution in quality management



### QMENTUM INTERNATIONAL – DIAMOND LEVEL

The institution has been certified by the Canadian Council for Healthcare Services Accreditation. The accreditation process assessed the quality and safety of patient care in relation to infrastructure, governance and direct care.



### ONA – LEVEL 3

A.C.Camargo has maintained this certification since 2009 at its Antônio Prudente Unit. The certification assesses and attests the quality of healthcare services.



### ISO 14001:2015

This certification attests to the quality of an Environmental Management System. Currently it has been obtained by four A.C.Camargo facilities (Antônio Prudente, Tamandaré and Santo André Units).

# CORPORATE GOVERNANCE

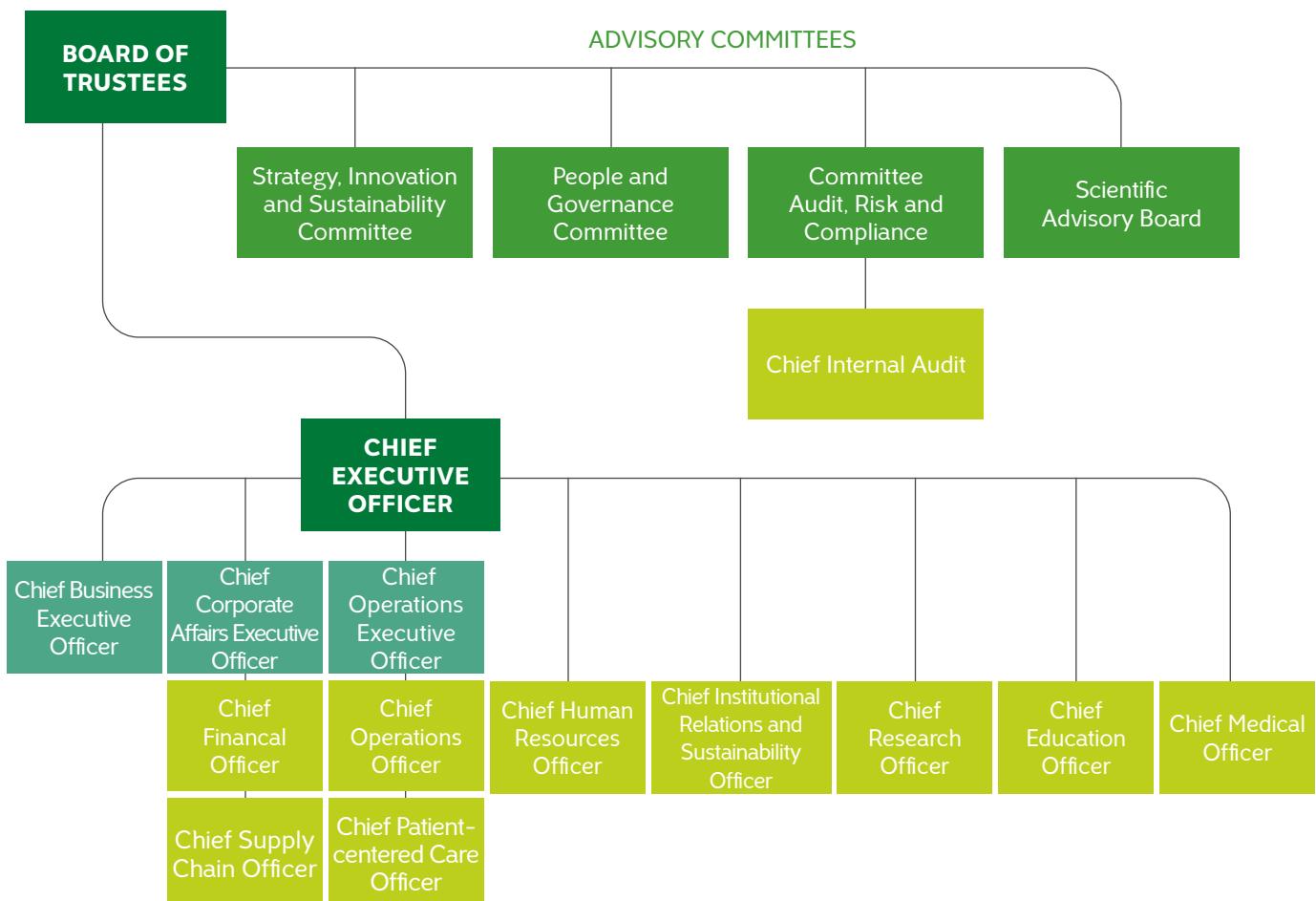
GRI 102-18, 102-22

The A.C.Camargo Cancer Center is legally constituted as a foundation and has a corporate governance model based on its bylaws and certain specific policies. This enables the institution to be in line with best practices in planning and management, both

those of private foundations and those of healthcare organizations.

The main corporate instances and their attributions, and the composition of the bodies responsible for organizational decisions are described below.

## ORGANIZATIONAL STRUCTURE



## EXECUTIVE COMMITTEES

STAFF (MEETING OF CHIEF OFFICERS)	FINANCE AND INVESTMENTS	INFORMATION TECHNOLOGY
SCIENTIFIC-MEDICAL COMMITTEE	INFRASTRUCTURE	CONDUCT

## NEW CORPORATE GOVERNANCE MODEL

In December 2019, a new corporate governance model was approved by the Board of Trustees. It aims to modernize management and provide greater agility in decision-making at the executive level. The new governance model, which was implemented after approval by the Curator of Foundations of the Public Prosecutor of the State of São Paulo, introduced advances in the institution's organizational structure, such as:

- Consolidation of the Board of Trustees and the Board of Directors into a single statutory administrative body, entitled the Board of Trustees;
- Review of the attributions and structures of the advisory committees for the Board of Trustees and the executive committees.

## BOARD OF TRUSTEES

This is the institution's highest decision-making body and consists of the Foundation's Board Members, who are elected for a mandate of two years.

### Composition

José Ermírio de Moraes Neto  
*Board Member, Chairman*

Waldomiro Carvas Junior  
*Board Member, Vice-Chairman*

Celso Marques de Oliveira  
*Board Member*

José Ricardo Mendes da Silva  
*Board Member*

Nelson Koichi Shimada  
*Board Member*

José Hermílio Curado  
*Board Member, Institutional President*

Ademar Lopes  
*Board Member, Institutional Vice-President*

Liana Maria Carraro de Moraes  
*Board Member*

Pedro Luiz Barreiro Passos  
*Board Member*

## EXECUTIVE COMMITTEES

These committees provide advice to support senior managers in their decision-making. In 2019, they addressed topics such as governance, clinical practices, finance, infrastructure and technology.

## ADVISORY COMMITTEES

These committees provide support to the Board of Trustees in their respective areas of expertise. They are composed of Board Members and external and independent members, from different areas of activity.

### Strategy, Innovation and Sustainability Committee

José Ricardo Mendes da Silva (*coordinator*)  
 José Hermílio Curado  
 Pedro Luiz Barreiros Passos  
 Vivien Rosso

### People and Governance Advisory

Celso Marques de Oliveira (*coordinator*)  
 Liana Maria Carraro de Moraes  
 Vicky Bloch

### Audit, Risks and Compliance Committee

Nelson Koichi Shimada (*coordinator*)  
 Ana Maria Elorrieta  
 Waldomiro Carvas Junior

### Scientific Advisory Board

Eduardo L. Franco (*coordinator*)  
 McGill University (Canada)

Charles M. Balch  
 MD Anderson Cancer Center (USA)

Fabrice André  
 Institut de Cancérologie Gustave Roussy  
 (France)

Mary Evans Gospodarowicz  
 Princess Margaret Cancer Centre (Canada)

Webster K. Cavenee  
 Ludwig Institute (USA)

## SENIOR MANAGEMENT

This is composed of the group of senior managers responsible for conducting A.C.Camargo's key activities. Reporting to the Chief Executive Office are three Executive Offices and 10 Offices.

### Composition

Vivien Rosso  
*CEO*

José Marcelo A. de Oliveira  
*Chief Operations Executive Officer*

Marcos Cunha  
*Chief Business Executive Officer*

Maron Guimarães  
*Chief Corporate Affairs Executive Officer*

Victor Piana de Andrade  
*Chief Medical Officer*

Alexandre José Sales  
*Chief Internal Audit Officer*

Flávia Costa Aldighieri  
*Chief Patient-centered Care Officer*

Guilherme Alberto Woods Soares Cavalieri  
*Chief Human Resources Officer*

José Eduardo Faria Renó Ramos  
*Chief Supply Chain Officer*

José Humberto Tavares Guerreiro Fregnani  
*Chief Education Officer*

Luciana Spring  
*Chief Institutional Relations and Sustainability Officer*

Raquel Marcondes Bussolotti  
*Chief Operations Officer*

Tharso Bossolani  
*Chief Financial Officer*

Vilma Regina Martins  
*Chief Research Officer*



Dra. Daniele Paixão Pereira, geneticist, in a consultation with a patient

# TRANSPARENCY AND INTEGRITY

GRI 102-17, 102-43, 102-44, 103-2, 103-3

For A.C.Camargo, ethical behavior is an institutional value and a key premise underlying all of its work activities. In addition to being in compliance with all laws and regulations, the institution has processes and structures that ensure ethical behavior in its relations with its wide variety of stakeholders. The activities of the compliance area and the Audit, Risks and Compliance Committee promote the dissemination of these topics among the institution's managers, employees and clinical staff.

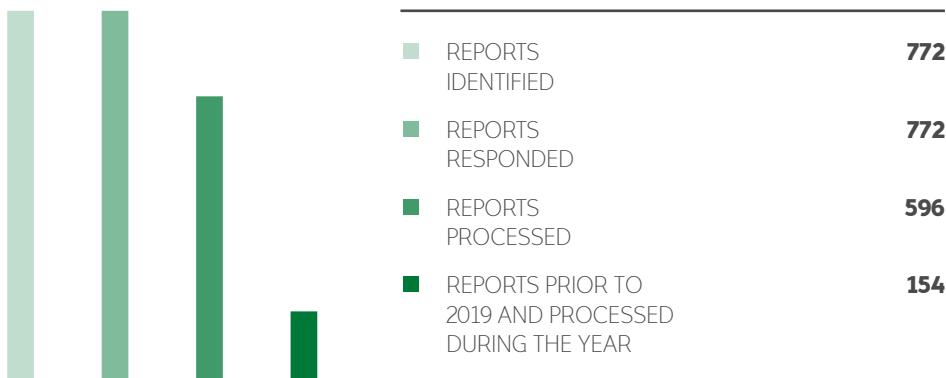
The institution's Integrity Program is composed of various communication instruments, such as the Conduct Code, the Conduct Channel and specific training courses aimed at raising awareness among employees. The aim is to enable a multidisciplinary reflection on the subject and the management of the associated risks, such as those related to corruption and the security of information. Training courses on harassment, discrimination and combating corruption are offered on a regular basis to employees, clinical

staff and residents, in accordance with the guidelines of the Conduct Code, which was updated in 2017. This document is available to the general public on the institution's website.

The Conduct Channel was established to register complaints, report violations or raise questions about potential ethical infractions. It can be accessed by phone (0800 377 8022) and e-mail (canaldeconduta@accamargo.org.br), 24 hours a day, seven days a week, and anonymity is guaranteed. All forms of reports are recorded and evaluated by the Compliance area and analyzed by the Conduct Committee. In 2019, the Conduct Channel received 772 reports, which were evaluated and responded to as quickly as possible. The average time for responding to the reports processed in 2019 was 84 days.

A.C.Camargo also provides channels for relations with its many different types of stakeholders, such as Customer Service (SAC), the Ombudsman and the Employee Channel.

## CONDUCT CHANNEL – REPORTS



## SAC AND THE OMBUDSMAN / REPORTS



In 2019, the Employee Channel registered 1,136 complaints, 163 compliments, 159 suggestions and 77 questions.

## EMPLOYEE CHANNEL/ REPORTS IDENTIFIED, ANALYSED AND PROCESSED



# STRATEGY AND FUTURE



Healthcare horizons and scenarios ■

Strategy ■

Evolution and new directions ■

Sustainability ■

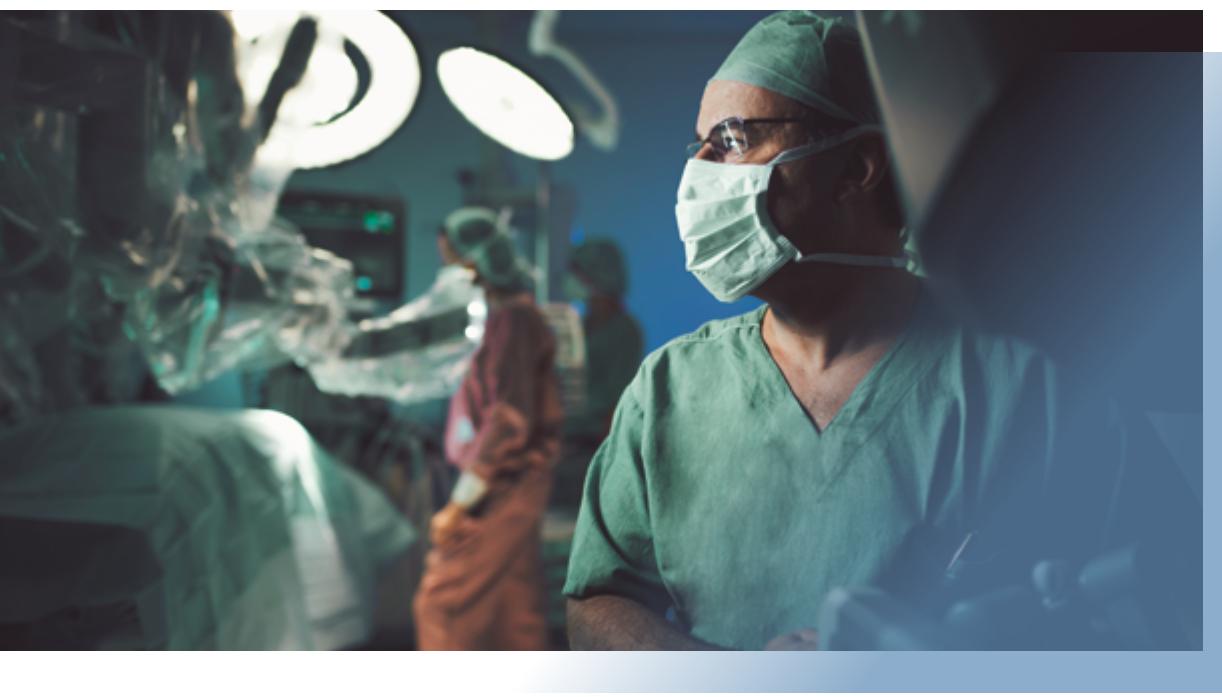


Tawani Sayuri Taira,  
pharmacist, manipulating  
medicines

# STRATEGY AND FUTURE

In the current challenging context of the healthcare sector, the institution reaffirms its belief in the cancer center model and in its further development in the areas of patient care, education and research. The institution continues to be attentive to market

transformations, and trends in oncology and knowledge generation, and is working on strategic projects that are consistent with its integrated model, thus reinforcing its ability to create value for society.



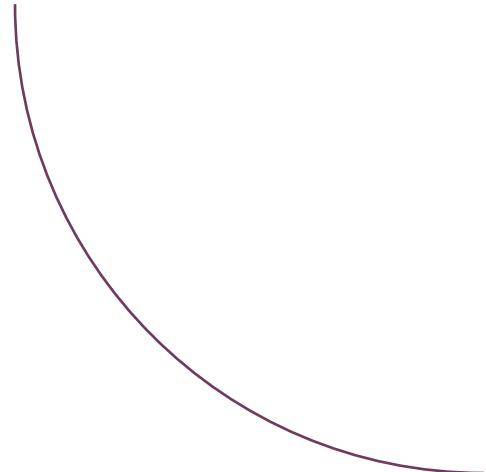
Dr. Stênio de Cassio Zequi, head of urology, during a robotic surgery

The A.C.Camargo Cancer Center's constantly facing new challenges in its business environment. The progress in medicine and science, both in Brazil and around the world, coexist with the need to find business models with optimum levels of cost-effectiveness and predictability

# HEALTHCARE HORIZONS AND SCENARIOS

The statistics on the global incidence of cancer cases make it clear that it will continue to be an important challenge on the global healthcare agenda for the foreseeable future. Currently, according to data from the World Health Organization (WHO), around 7.6 million people, from all around the world, die from the disease every year. In addition, it has forecast that over the next two decades, there could be a 60% increase in cancer cases and, of these, 81% will be concentrated in low and middle-income countries.<sup>1</sup>

In Brazil, the National Cancer Institute (INCA) has projected that there will be 625 thousand new cases of cancer in the year 2020 alone. This scenario presents major challenges from the perspectives of finance, infrastructure and management. It also provides a timely reminder for the need to invest in innovative models to fight cancer. It is also evident that the generation and dissemination of scientific knowledge on the various forms of cancer, together with the training of highly qualified healthcare staff, are the basic premises for the development of early and more accurate diagnoses, effective treatments and improved rehabilitation processes, thereby transforming the whole cycle of highly complex care patient care.



## STRATEGY

Since the launching of the Strategic Planning for 2015-2020, which was composed of 12 programs, A.C.Camargo's priority has been to consolidate the cancer center model, whose central purpose is to offer patient care that is of excellent quality, and delivered in an integrated and multidisciplinary manner. In addition to ensuring that the patient's care pathway is more agile, efficient and humanized, the integrated management structure of the cancer center model enables it to contribute, nationally and internationally, in the research and dissemination of knowledge in the field of oncology.

In 2019, the macroeconomic environment continued to be challenging, with adverse impacts on the healthcare market in Brazil. The number of people with private healthcare insurance declined sharply while pressures on costs and investments increased. Despite this, A.C.Camargo continued to focus firmly on executing its internal strategies and programs planned for 2019. This entailed the delivery of a number of significant projects foreseen in the Strategic Planning:

<sup>1</sup> Source: 'Estimate 2020: incidence of cancer in Brazil'. This document can be accessed at: <https://www.inca.gov.br/publicacoes/livros/estimativa-2020-incidencia-de-cancer-no-brasil>.

# STRATEGIC ADVANCES IN 2019



## CANCER CENTER

A.C.Camargo made further progress in consolidating its cancer center model in 2019, with the inauguration of its Pires da Mota outpatient unit. It also initiated the structuring of pilot programs for three more tumor reference centers for the head and neck, the upper digestive system and the colorectal system. For 2021, a further three tumor reference centers are planned: urological tumors, chest tumors and hematological tumors.



## PATIENT-CENTERED CARE

In the second semester of 2019, we implemented an access program in order to improve the reception and orientation of new patients. The Patient Relations Center interviews patients in order to classify them and direct them quickly to the most appropriate specialist. In certain predetermined cases, a doctor contacts the patient by phone to ensure the correct analysis of the situation and then intervenes in a pro-active manner so that each patient is directed to the most suitable pathway. During the initial phase of contacts with patients, this approach proved to be highly efficient and contributed to a reduction in the rates of consultation absenteeism and patient satisfaction.



## EDUCATION

A.C.Camargo made progress in the use of digital platforms in medical residency and postgraduate studies, combining classroom teaching with online content.



## CLINICAL STAFF EXCELLENCE PROGRAM

The institution advanced in the evaluation of the medical practices of its clinical staff, patient care staff and medical residents. A medical practice management model was defined using the procedures implemented for colorectal cancer as a benchmark. It evaluates our current level of quality and identifies points for improvement. New protocols were implemented based on a multidisciplinary approach which has proved to provide better outcomes for patients and at a lower cost.



## STRATEGIC PEOPLE MANAGEMENT

In 2019, one of the highlights in people management was the application of an integrated approach to people management. This approach covered the attraction, selection and succession of employees and the provision of resources for training, including executive development programs, scholarship programs and incentives for continuous learning. We also launched a program for employee recognition.



## INFRASTRUCTURE

During 2019, we made major investments in modernization, including the refurbishment and expansion of the emergency area and the installation of 571 pieces of new medical equipment.



## STRATEGIC PARTNERSHIPS

A.C.Camargo held discussions with healthcare operators in order to establish new forms of agreements and remuneration models, management of procedures and risk sharing.



## RESEARCH

The Epidemiology area made important advances in the analysis of survival rates of patients treated at the institution for a number of tumors. The results showed that the institution's rates were similar to those presented in a study known as SEER (Surveillance, Epidemiology and End Results - <https://seer.cancer.gov>), carried out in the United States, and which measures the quality of treatment offered to patients. Another important event was the approval of Antônio Prudente Foundation's Endowment Fund for Education and Research with the aim of ensuring that these activities are financially sustainable over the long term.



## EXPANSION PLAN

A.C.Camargo inaugurated the Castro Alves Patient Care Unit, with a modern, spacious structure and an increased attendance capacity. The institution also started work on the new unit located in the Itaim district in the Southern part of the city of São Paulo and expects to inaugurate it in 2020.



## IT STRATEGIC PLANNING

Implementation adaptation of a new Enterprise Resource Planning (ERP) System, in order to promote integration, agility and efficiency in patient care and operational processes.



## PROCESS REDESIGN

The institution initiated projects using artificial intelligence to identify the leading indicators for sepsis, progressed in patient care processes and invested in equipment and technology.



## SUSTAINABILITY/

### PHILANTHROPY MODEL

In 2019, the institution decided not to renew its CEBAS charitable status certificate granted by the Brazilian Health Ministry. This status ensured exemption from some taxes but required that 60% of the institution's total outpatient care capacity be made available preferentially to patients from the national healthcare system (SUS). This decision enabled the institution to specialize and concentrate on the provision of high-complexity operations, which is more consistent with the vocation and activities of its cancer center model.

As a result, the institution initiated a new contractual form of relations with the Municipal Health Secretariat of São Paulo, where, for new cancer patients, it will prioritize those requiring a high-complexity level of care, and whom present the possibility of effective therapies. In this way, it will continue to collaborate and play an efficient role in the municipal network of institutions that treat cancer. The new cooperation agreement will give priority to those SUS patients who require highly complex treatments, based on an assessment and indication by the municipal healthcare administration.

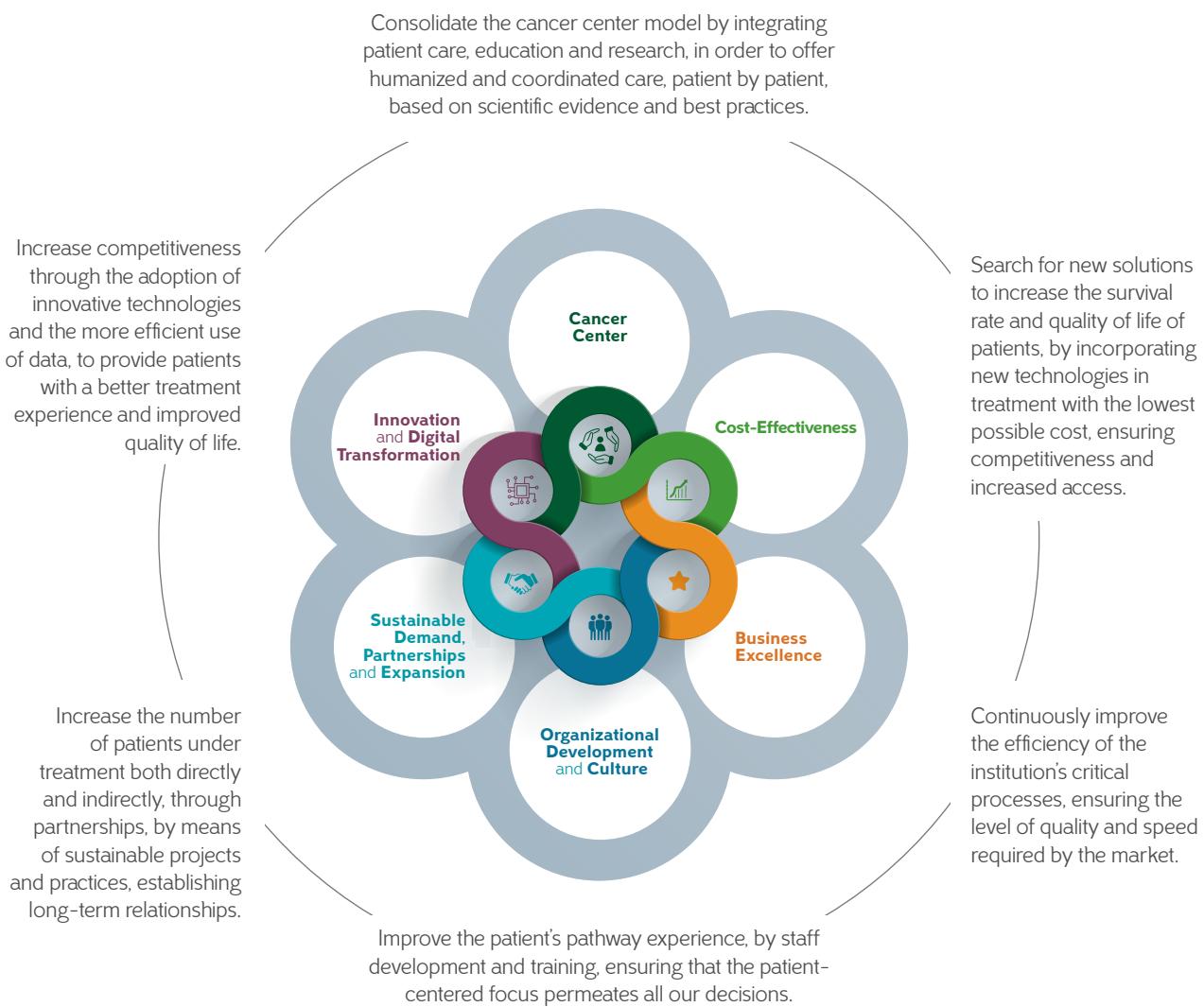
The SUS cancer patients, who were already in treatment at the institution, will be assured further treatment until their discharge. In this way, A.C.Camargo will continue to fulfill its philanthropic vocation by providing specialized care for patients from the national healthcare system. In relation to the theme of sustainability, the institution made progress in the development of its sustainability platform and in environmental management.

2020–2025:

# EVOLUTION AND NEW DIRECTIONS

In a complex and transformational context due to the acceleration in the use of new technologies, the challenge of providing access to the public and private healthcare systems, the need for economic scale, the changes in remuneration models and the need for increased competitiveness in the area of oncology, it became necessary to

develop a new strategic plan for 2020 -2025. The development of the new plan continued to be guided by the consolidation of the cancer center model, but with an increased emphasis on excellence and competitiveness. The new strategic plan, which is composed of six programs, is focused on value creation and will provide direction for the institution's actions over the next five years.



# SUSTAINABILITY

A.C.Camargo has established sustainability as one of its institutional values and considers it to be fundamental in ensuring that the population has access to innovative and effective treatments in the fight against cancer. For the institution, the concept of sustainability also includes: respect for diversity; stakeholder interests; reduction of consumption of natural resources; reduction of environmental impacts; the search for technologies that make operations safer; and the effective management of the value chain.

All these themes, which are of great importance for the health of the institution, of patients, of its employees and clinical staff, of society and the planet, have been integrated into A.C.Camargo's Strategic Planning through the development of the Sustainability Platform. The aims and activities of this platform, which was created in 2017 and developed throughout 2018 and 2019, are aligned with the institution's Strategic Planning for 2020-2025 and the United Nations Sustainable Development Goals (SDGs). The platform's conceptual structure is described in the diagram below:

## QUALITY AND SAFETY

### PEOPLE

Creation of a working group on Diversity and Inclusion, composed of 10 employees from different functional areas to discuss issues that permeate the day-to-day routines of the institution and develop practices and programs (*for more information see the section on Human Capital*).



### FUTURE

Implementation of the Antônio Prudente Foundation's Endowment Fund for Education and Research, with its guidelines for receiving and allocating revenues, establishing policies and rules for investment, management and governance. The aim of the fund, created in 2018, is to support the long-term financing of education and research, through contributions from both the institution's own resources and donations from third parties (*for more information see the section on Financial Capital*).



### GOVERNANCE

Responsible for achieving the established objectives. In 2019, sustainability governance advanced with the implementation of certain initiatives and indicators, related to the platform's four pillars.



### SUPPLY CHAIN

In 2019, the supply chain area assumed full responsibility for all quotations and purchases, including aspects of sustainability in line the Supplier Relationship Manual, which is available on the institution's website. Another instrument for managing suppliers is the Approval Standard, which is applied in the process of validation.



### ENVIRONMENT

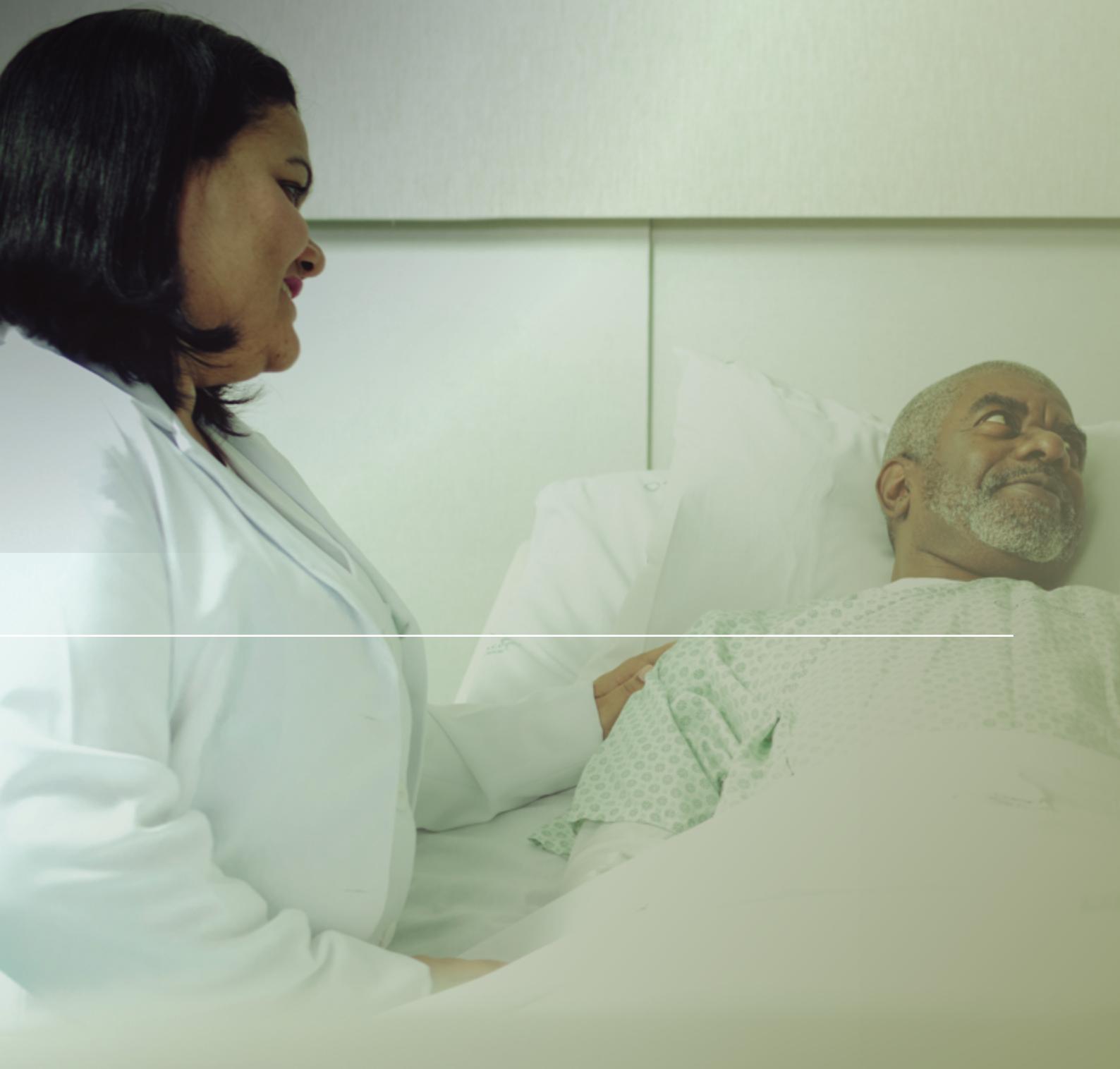
Approval of the Integrated Solid Waste Management Plan (PGIRS) and of indicators for the rational use of natural resources, such as water and energy, in addition to monitoring of paper consumption (*for more information see the section on Natural Capital*).

## ETHICS AND INTEGRITY

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

THEMES	MATERIAL TOPIC	REASON FOR TOPIC
INTEGRATED CARE MODEL	Efficiency in the use of resources	Non-profit nature of the organization (Foundation)
	Access to quality medical treatment	Non-profit nature and mission to treat cancer patient by patient
	Assessment and development of healthcare systems	
EARLY DIAGNOSIS AND CARE	Quality of patient care	Significant participation in the Brazilian healthcare system in the area of oncology, offering high complexity services
EDUCATION	Training, development and talent retention	A fundamental part of the nature of the services provided by the organization
	Generation and management of cancer knowledge	
RESEARCH	Research and development	A.C.Camargo's positioning as a reference institution in the generation and dissemination of cancer knowledge
	Generation and management of cancer knowledge	

STAKEHOLDERS THAT HIGHLIGHTED THE TOPIC	LIMITS INSIDE AND OUTSIDE THE INSTITUTION	CONNECTION WITH THE SDGS	GRI MATERIAL TOPICS
• All stakeholders	<b>Inside:</b> all operations <b>Outside:</b> customers, suppliers, government, society	8, 9	• Economic performance
• Senior Management • Board of Trustees • Patients	<b>Inside:</b> in all operations <b>Outside:</b> customers, society	3, 10	• Local communities
• Sectoral institutions • Competitors • Healthcare operators • Suppliers	<b>Inside:</b> in all operations <b>Outside:</b> customers, suppliers, government, society	3, 11, 17	• Indirect economic impact • Local communities • Public policy
• Board of Trustees • Patients • Suppliers	<b>Inside:</b> in all operations	3, 9	• Occupational health and safety • Safety practices • Consumer health and safety • Marketing and labeling
• Board of Trustees • Employees • Patients • Doctors • People managers	<b>Inside:</b> employees and clinical staff	8	• Employment • Training and education
• Competitors • Board of Trustees • Patients • Doctors • People managers	<b>Inside:</b> attendance areas, research and education <b>Outside:</b> scientific community, society	3, 4, 9	A.C.Camargo's own indicators
• Senior Management • Board of Trustees • Patients • Competitors • Suppliers	<b>Inside:</b> in all operations <b>Outside:</b> customers, government and society	9, 17	A.C.Camargo's own indicators
• Competitors • Board of Trustees • Senior Management • Patients • Doctors • People managers	<b>Inside:</b> Patient care, research and education <b>Outside:</b> medical-scientific community, society	9, 17	A.C.Camargo's own indicators



Larissa Martins de Andrade,  
nurse in the inpatient unit, Dra.  
Lívia Passini Gobbo, internist  
and hospitalist, and Adeline de  
Almeida Garcia, social worker,  
talking with a patient



3

## VALUE CREATION

- Social and relationship capital
- Intellectual capital
- Human capital
- Financial capital
- Natural capital
- Manufactured capital

## A.C.CAMARGO'S UNDERSTANDING OF ...



### SOCIAL AND RELATIONSHIP CAPITAL

- **Ethical behavior and integrity** in relations with business partners
- **Benefits and social impact** from access to diagnosis and treatments
- **Relations with communities**, governments and institutions
- **Humanized patient care** practices, based on clinical and scientific evidence
- **Cooperation Agreement** with the National Health System (SUS)
- **Commercial relations with healthcare operators**, with a focus on innovative business models



### INTELLECTUAL CAPITAL

- **Basic**, translational and clinical research that generates knowledge about cancer
- **Education and training** of researchers and healthcare specialists (post-graduation and residences)
- **National and international partnerships** for scientific research
- **Events** and other channels for the dissemination of knowledge
- **Generation of innovations** for the benefit of patients and society



### NATURAL CAPITAL

- Water and energy resources
- Integrated waste and recycling management

In their daily activities, all our employees are engaged in the access, use, transformation, and management of different forms of capital - sources of material and immaterial resources that ensure the institution's continued existence.

Natural resources (such as energy and water), knowledge and ideas, our workforce, financial resources and assets (equipment, technology and infrastructure) are among the forms of capital used in the operations. Its transformation and conversion into

achievements and results for the various types of stakeholders represent the institution's value creation.

In the following pages, we will present a summary of our financial and non-financial results for 2019 in line with the six capitals model proposed by the International Integrated Reporting Framework (IIRF).



#### HUMAN CAPITAL

- **Organizational culture** and alignment with the cancer center model
- **Qualification**, development and retention of employees and clinical staff
- **Diversity** and a workplace environment conducive to inclusion
- **Well-being, health and safety** of employees and clinical staff



#### FINANCIAL CAPITAL

- **Revenue from healthcare services**, education and research
- **Resources allocated to programs**, strategic projects and institutional expansion
- **Knowledge production** - Antônio Prudente Foundation's Endowment Fund for Education and Research



#### MANUFACTURED CAPITAL

- Inputs, technologies and equipment that support patient care processes education and research
- Systems and technological infrastructure
- Technological innovation (equipment and software)

## SOCIAL AND RELATIONSHIP CAPITAL

**T**he creation of positive impacts for patients, communities, business partners and other segments of Brazilian society is at the heart of our business model A.C.Camargo. It is part of the institution's purpose of fighting cancer and

contributing to scientific and technological development in oncology, combining quality services, access, efficiency and safety in patient care processes, thereby building dialogue and trust in our relations.

## QUALITY AND SAFETY

GRI 103-2, 103-3 | 410, 416, 416-1, SASB (OCCUPATION AND LENGTH OF STAY)

Ensuring that each patient care practice is carried out with maximum safety and technical excellence, based on clinical-scientific evidence and according to strict protocols, is a commitment of the institution to its patients.

Every year, the indicators related to patient safety are reviewed and incorporated as a goal. Annually, we carry out a survey of Patient Safety with the institution's employees. The control and evaluation of aspects related to the topic are achieved through:

- Assessment and audit by the Hospital Infection Control Service (SCIH) regarding hand hygiene practices and infection prevention controls;
- Internal and external evaluations by the Quality Control area to verify compliance with accreditation/certification regulations;
- Monitoring of indicators for patient care and adverse events by the Patient Care Practices team;

- Regular technical visits carried out by SCIH with the participation of functional area managers;
- Projects to guarantee a safe workplace environment carried out by the area for Patrimonial and Labor Safety.

Regarding sepsis control, adherence to the protocol (administration of the correct antibiotic up to 60 minutes after the clinical diagnosis of sepsis) increased from 78% in 2018 to 80% in 2019. In relation to the control of infection in a clean surgery, there was a 29% reduction in the infection rate in 2019 due to actions taken in training, stricter control criteria and improvements in the facilities of the Materials and Sterilization Center.

Another important performance indicator is the average length of stay of patients in the hospital complex. In recent years, as a result of the implementation of best practices in the integration of patient care and the actions directed to the programming of medical discharge, the average length of stay in the inpatient unit has been reducing. However, due to a reduction in the number of beds the rate of occupation remained stable. In the ICU, the most appropriate and rational use of the facilities depends on the early identification of sepsis and the adoption of minimally invasive surgery.

The indicator for the readmission rate of inpatients in the clinical emergency is not available in the 2019 reporting cycle due to the process of the migration of the hospital management system.

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### OCCUPATION AND LENGTH OF STAY

AVERAGE LENGTH OF STAY = PATIENT-DAY / DISCHARGES 5.33 dias

OCCUPANCY RATE = PATIENT-DAY / BEDS-DAY \* 75.57%

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\* The indicator considered the occupancy rate of the inpatient and intensive care units.

# IMPACT ON SOCIETY: PERFORMANCE AND VOLUMETRY

GRI 103-2, 103-3

The increase and improvement in the supply of cancer services intensified during the year, despite it being a very challenging year for the economy in general. The increased degree of competition in our business sector, coupled with internal challenges and demands, resulted in a reduction of our attendance indicators in 2019.

The difficulties that arose during the implementation of the new hospital management system (ERP), presented one of the greatest challenges faced in 2019. There were impacts in all A.C.Camargo's operational routines and many of its processes (for more information see the section on Manufactured Capital).

Despite the implementation of improvements in processes, infrastructure and performance in all the areas involved in this project, there was an increase in the waiting time for patient care and a resultant adverse impact on the patient's experience. We are already taking actions to adapt and improve operations in order to improve this indicator in 2020.

The decreases in the indicators for bed turnover and bed substitution interval are a reflection of the reduction in the number of inpatients and of the increase in operational efficiency, following the reduction of the number of beds in line with the lower demand for inpatients.

ATTENDANCE INDICATORS	2017	2018	2019
OUTPATIENT ATTENDANCES	376,930	374,524	328,046
EMERGENCY ATTENDANCES	29,480	29,453	26,242
SURGERIES	22,976	23,134	21,991
IMAGING EXAMINATIONS*	310,733	310,528	278,275
ANATOMOPATHOLOGICAL EXAMINATIONS	214,391	226,533	186,394
CHEMOTHERAPY SESSIONS	36,376	36,343	33,171
RADIOTHERAPY (CONSULTATIONS) **	7,147	7,422	-
RADIOTHERAPY (CYCLES)	2,540	2,366	2,331
HOSPITALIZATIONS ***	27,157	25,236	22,187
PATIENT - DAYS	145,454	135,544	122,109

\* Includes nuclear medicine procedures.

\*\* The indicator for 'Radiotherapy (consultations)' was not available for this reporting period due to the transition to the new management system (ERP).

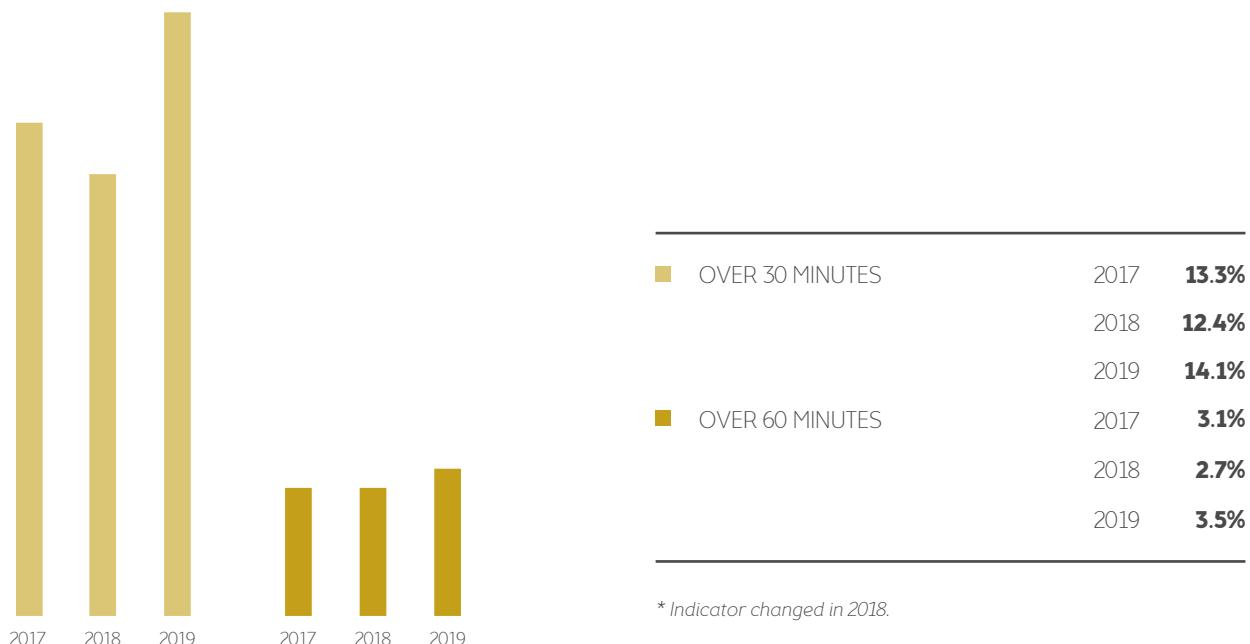
\*\*\* Refers to the number of hospitalizations and not the number of inpatients.

\*\*\*\* The information for the years 2017 and 2018 for chemotherapy sessions was restated due to the adoption of a different calculation method.

BED TURNOVER RATE/UNIT (DAYS)	2017	2018	2019
A.C.CAMARGO CANCER CENTER - ANTÔNIO PRUDENTE	5.0	4.8	4.6
A.C.CAMARGO CANCER CENTER - TAMANDARÉ	3.9	3.8	3.6
TOTAL	4.7	4.5	4.4

BED SUBSTITUTION INTERVAL/UNIT (DAYS)	2017	2018	2019
A.C.CAMARGO CANCER CENTER - ANTÔNIO PRUDENTE	1.1	1.4	0.7
A.C.CAMARGO CANCER CENTER - TAMANDARÉ	1.8	2.0	3.4
TOTAL	1.2	1.6	1.2

## PATIENT ATTENDANCE WAITING TIME



# FROM DIAGNOSIS TO REHABILITATION: OUR VALUE CREATION

The basic principle of all efficient cancer treatment is to carry out an accurate and complete diagnosis using advanced technological resources. A.C.Camargo carries out the diagnosis with a multidisciplinary team of specialists and integrated analytic processes, aiming to obtain the best results and highest degree of accuracy. The diagnostic area currently counts on:

- Clinical Analysis Laboratory, which can carry out examinations with agility and precision;
- Pathological Anatomy Service, which operates together with clinical and surgical medical specialists to define the diagnosis and type of treatment to be performed;
- Genomic Diagnostic Laboratory, one of the first in Brazil to carry out in loco genetic testing and next generation sequencing (NGS) in the clinical routine for the diagnosis of patients suspected of genetic syndromes with a predisposition to

cancer. It also offers multigenetic panels, for the detection of activating mutations in tumors and testing for the detection of tumor mutation in patient plasma - known as a liquid biopsy - whose results give support to therapeutic decisions;

- Department for Diagnosis by Imaging and Endoscopy, which is among the most advanced in Brazil in the field of oncology, with high technology equipment.

The consolidation of the cancer center model has resulted in substantial advances in the treatment of patients at A.C.Camargo. The clinical staff, together with more than 20 support specialists and the multidisciplinary team, ensure that the patient receives an individualized assessment based on medical-scientific evidence. These resources, when added to the knowledge acquired from the institutional studies developed by the clinical staff and scientists and by other cancer centers worldwide, provides a scientific basis for more accurately determining the appropriate therapeutic conduct for each patient.

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The institution's services and processes are based on an integrated cancer center model

## Special procedures

- **Robotic surgery** - Less invasive and highly effective, is more beneficial to the patient's experience. In 2019, 370 such procedures were performed.
- **Mobile intraoperative radiotherapy** - Adopted in specific cases of breast cancer, is less aggressive and reduces the treatment time, which can be performed in a single session in the operating room.
- **Bone marrow transplant** - A.C.Camargo is one of the few surgical centers in Brazil able to carry out all types of transplant, both allogeneic and autologous.
- **Lattice radiotherapy** - With an additional dose of radiation, therapy can bring new perspectives for the control of tumors normally considered to be too large for treatment. The institution can offer this treatment, which is innovative in Latin America.

### REHABILITATION IN FOCUS

The rehabilitation of patients who have undergone treatment in chemotherapy, radiotherapy, immunotherapy or surgery is a subject that is increasingly gaining importance in the institution's protocols. The clinical staff and the multidisciplinary team continuously seek alternatives to improve the quality of life of patients after the completion of their treatment.

Another initiative for helping patients in their rehabilitation process is the formation of support groups, which assist patients and families from the diagnosis until the patient's total rehabilitation. In 2019, there were 13 support groups that assisted 2,048 people, offering them activities such as physio-dance, a choir for laryngectomy patients and workshops for handicraft, self-makeup and adult and children's cooking.

# PATIENT PATHWAY AND EXPERIENCE

GRI 102-43, 102-44

A Patient-centered Care is one of the 12 Strategic Programs established in the 2015- 2020 planning cycle and it includes providing a more efficient and humane access to treatment, identification of issues that impact patient satisfaction and other actions that reflect directly on the quality of life during the patient's pathway. Some of the highlights of the measures taken were as follows:

- **Organization of an event called "Patient Experience Week"**, with the objective of increasing the awareness of the institution's employees in relation to seeing things from the perspective of the cancer patient and their expectations and perceptions regarding a welcoming and humanized attendance.
- **Implementation of assisted therapy with animals, with the support of the NGO Patas Therapeutas** ("Therapeutic Paws"), which works in the areas of animal-assisted education and therapy with a team of volunteers and employees.
- **Participation in the international movement / campaign called What matters to you?** with support from the Patient Experience team, the Concierge and the SAC, in order to expand the dialogue between healthcare professionals and patients.
- **Implementation of the Ambassador Medical Committee**, which holds monthly meetings with the institution's doctors in order to add the medical perspective in the processes of improving the quality of patient care and humanization.

**86.3%**  
was the index of satisfaction of patients (NPS) (private individuals + SUS + contracts with operators)



- **Implementation of the Patients Committee**, with meetings starting in 2020, which will bring together 12 patients in a forum with the institution's senior management, to share their thoughts and suggestions about what concerns them at the various stages of their pathways and in their contacts with the institution.

To guarantee a high-quality pathway for every patient attended, A.C.Camargo measures the patient's perception of their experience through continuous satisfaction surveys, which generate a Net Promoter Score (NPS). The surveys are carried out daily after every attendance, by e-mail or SMS. In 2019, the survey registered a global average satisfaction score of 86.3%, including private patients, and those coming via SUS or contracts with healthcare operators.

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## FOR MORE INFORMATION

regarding relationship channels, such as Customer Service (SAC) and the Ombudsman, see the section on Transparency and Integrity, on page 18.

## BUSINESS PARTNERS GRI 102-9

The institution believes that relations with suppliers are fundamentally important in ensuring the competitiveness of the hospital complex and the quality of services provided. The Supplier Relations Manual, the Sustainability Policy and the Conduct Code provide the guidelines for the business conduct and ethical behavior expected from these partners.

At year-end 2019, the institution had a total of 3,902 registered suppliers which had been reevaluated, and had realized financial transactions, in a total amount of more than R\$ 665 million. During the year, the institution closed 44 direct import transactions for medical equipment and specific cancer drugs, which amounted to around R\$ 20 million. The supplier approval process, now managed by the Registration Control area, evaluates the degree of criticality and risk factors for each supplier.

The Strategic Planning for 2020-2025 included the establishment of criteria for Sustainable Procurement by the institution. The criteria were defined by the Sustainability Platform, and take the patient's well-being and the viability of their treatment into consideration, in addition to encouraging the adoption of social and environmental criteria in relations with the market (for more information see the section on Natural Capital).

The institution's relations with healthcare operators have been guided in recent years by policies that were designed to ensure the efficiency and predictability of treatments. In 2019, we intensified our efforts to link remuneration to treatment packages, which include personalized therapeutic processes.




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More than R\$ 665 million of a wide variety of goods and services were purchased from suppliers



**3,257**  
attendances  
were made at the Schwester  
Heine Specialized School



**Prevention  
Program**  
of A.C.Camargo was  
restructured in 2019

## COMMUNITY RELATIONS AND SOCIAL MODEL GRI 103-2, 103-3 | 413, 413-1

A.C.Camargo has a long history of relations with the community and with stakeholders in its business areas, through partnerships and own programs aimed at meeting the demands of each stakeholder group.

The Schwester Heine Specialized School, which was founded in 1987, was the first school in Brazil created in a hospital environment, and it offers, until today, regular school classes for children and adolescents during their period of hospitalization. In partnership with the Municipal and State Government Education Departments, in 2019, the school carried out 3,257 pedagogical attendances, ensuring that these young patients had access to the same curricular content as in the state school system.

Also, in the scope of the partnership with the Municipality of São Paulo, A.C.Camargo holds an annual workshop for the municipality's primary school teachers.

The Dona Carolina Tamandaré Program is a social responsibility project coordinated by the Education area. Its mission is to promote social, educational, cultural and intellectual assistance for children and adolescents in vulnerable situations in the Glicério district of the city of São Paulo. In 2019, 23 families were enrolled in the program and 11 scholarships for English courses were awarded.

The Prevention Program was restructured in 2019, with a new format and new participants. In the first phase, it focused on the institution's employees and spouses. It consisted of presentations, preventive cancer screening examinations and, when necessary, treatment at A.C.Camargo.

The year 2019 was a period of transformation for the institution, with the evolution of its philanthropy model and the new contract with the São Paulo Municipal Health Department (for more information see page 25).

# INTELLECTUAL CAPITAL

**S**cientific advancement, knowledge, innovation, accredited services and therapeutic alternatives together represent a wealth of intellectual resources that are in healthcare. Through its education and research activities and the

generation, application and dissemination of knowledge, A.C.Camargo fulfills with excellence its leadership role in oncology, mobilized in the daily routines of an institution both nationally and internationally.

## EDUCATION: EMPLOYEE TRAINING IN PATIENT CARE AND TREATMENT

A.C.Camargo's education area has the mission to teach, develop and train employees to enable them to make a significant contribution in the oncology area. The institution conducts its healthcare educational projects in three major aspects: (i) training of employees for the market and for the institution itself through its residency programs (medical and multidisciplinary), (ii) development of scientists through the stricto sensu postgraduate programs (master's and doctorate) and (iii) development and training of its employees. In 2019, the institution expanded its range of educational courses and projects, in addition to reassessing and adjusting its selection and evaluation process for residents and postgraduate students.

Some of highlights were as follows:

### RESIDENCE PROGRAM

- **Training of teachers and tutors** in the development of a digital culture in Education 4.0, with proactive methodologies, associated to technology.
- **Consolidation of the resident evaluation process on a digital platform** for technical and behavioral skills, in addition to the specific knowledge in the oncology area. In 2019, residents also started to evaluate their tutors and the departments where they worked, creating a 180° review process.
- **Approval of further education courses** in Oncogenetics, Oncological Neurosurgery and Cutaneous Surgery.
- **Training with simulators and virtual reality resources** for residents in the Cancer Surgery Program.
- **Changes to the selection process for the Multidisciplinary Residence Program and Head and Neck Surgery** with more rigorous criteria, in addition to

At the end of the program there were online presentations of the 28 projects developed by the participants.

the adoption of simulated scenarios with professional actors.

### POSTGRADUATE COURSES

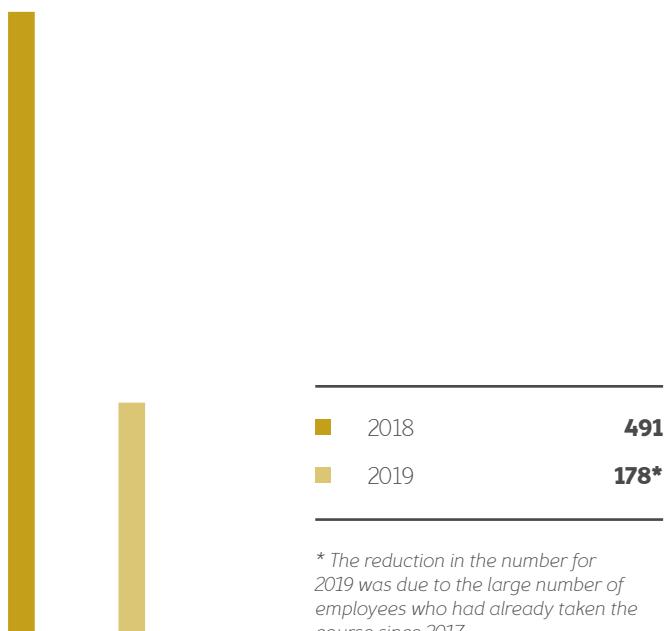
- **For students of the stricto sensu courses who are interested in acting more directly in the market,** the post-graduate area structured a Professional Master's course and submitted it to the Coordination for the Development of Higher Education Personnel (CAPES). The proposal is to develop scientific reasoning in professionals from different areas in order to generate innovations for society in the area of healthcare.

### EMPLOYEES

- **The Technical School was reopened with the Technical Course in Nursing** for 40 employees, of whom 80% were from the hospitality area and the others from a number of different areas of the institution, including administration.
- **The continuous education area carried out the Oncology Assistance Program,** which included an extension course for technicians and nurses, which is part of the nursing career path.
- **Health Management Course,** for A.C.Camargo's employees, residents and postgraduate students.
- **To encourage employees to better understand matters of interest to the institution,** a series of presentations was made on important topics including ethical

dilemmas, organizational development and human behavior, as well as providing up-to-date information on the healthcare market and basic concepts in oncology.

### EXTENSION COURSE IN ONCOLOGY FOR NURSES (TRAINING PATHWAY) - EMPLOYEES COMPLETING THE COURSE



In 2019, with the growing need to incorporate a digital culture in all areas of the institution, the most significant achievement in the area of Education was the implementation of the Digital Teaching Center, formed by a work group totally dedicated to the theme, integrated by an online platform and new processes. Twelve courses were offered to the institution's employees, in a hybrid format, with a total enrollment of over 75%.

One of the main challenges was the Strategic Program for Digital Knowledge Management for residents, aimed at the areas of nursing, physiotherapy, image radiology, mastology and coloproctology, using a hybrid teaching system of classroom lectures combined with a digital platform that supports distance learning.



## HIGHLIGHTS IN 2019

**191**

participants in the Training Program for Teachers and Tutors

- **56** postgraduate course teachers
- **135** tutors

**258**

residents and fellows

- **186** in the medical area
- **53** in the multidisciplinary area
- **19** in further education courses

**116**

undergraduates in the medical and multidisciplinary courses

Graduates of the 2019 residency program:

- **27** multidisciplinary specialists
- **80** doctors
- **9** in further education courses

**30**

graduates incorporated  
into the residence area

**80**

New master's and  
doctorate degrees

**84**

new students enrolled in  
postgraduate courses

- **37** in master's degrees
- **17** in doctorate degrees
- **3** post-doctorates
- **27** students in scientific initiation

**24**

current Fapesp scholarships  
(directly linked to tutor /  
supervisor)

- **5** scholarships for scientific training  
for undergraduate students
- **9** scholarships for master's degrees
- **4** scholarships for doctoral degrees
- **5** scholarships for post-doctoral  
degrees
- **1** scholarship for a young researcher

**199**

students enrolled in  
postgraduate courses

**55**

government grants  
(institutional quotas)

- **26** CNPq scholarships, of which  
**19** for scientific training for  
undergraduate students  
**4** masters and  
**3** doctorates
- **29** CAPES scholarships, of which  
**3** post-doctorates  
**8** masters and  
**18** doctorates

**122**

new residents and fellows

- **80** in the medical area
- **28** in the multidisciplinary area
- **14** in further education courses

## RESEARCH: LOOKING TO THE FUTURE

Our research effort is connected to all the institution's areas of activity through strategy discussions on scientific projects, and incentives for structuring multidisciplinary projects that generate knowledge that can be quickly applied in clinical practices. Our direct support for clinical research and incentives for scientific production with a profile of innovation and generation of intellectual property are aimed at promoting the development of new technologies and the implementation of new procedures and treatments.

Scientists at the International Cancer Research Center (CIPE) conduct projects in basic and translational research, with the participation of the clinical and patient care staff, in search of new knowledge to generate solutions that can be applied in the treatment of cancer patients. There are currently six research groups: Genomics and Molecular Biology; Epidemiology and Bio-statistics;

Bio-informatics; Medical Genomics; Immuno-oncology; Tumor Biology; and Bio-markers.

Our investments in knowledge generation amounted to R\$ 27 million, including both the infrastructure and the human resources dedicated to research.

Of the total investment in research, R\$ 7.1 million (26.5%) came from funds raised from research promotion agencies, such as FAPESP and CNPq, and from government programs such as PRONON and PRONAS, of the Brazilian Health Ministry. The research projects developed by A.C.Camargo have also attracted international funding resources, from the World Health Organization and the International Atomic Energy Agency.

<b>OUR INVESTMENTS IN RESEARCH</b>	<b>(R\$)</b>
OWN RESOURCES	19,930,103
NATIONAL INSTITUTIONS	7,121,291
INTERNATIONAL INSTITUTIONS	6,947
<b>TOTAL</b>	<b>27,058,341</b>

<b>RESEARCH PROMOTION - RESOURCES FROM INTERNATIONAL SOURCES</b>	<b>2019 (R\$ MIL)</b>
INTERNATIONAL AGENCY FOR RESEARCH ON CANCER – IARC /INTERCHANGE (WHO)	1,110
INTERNATIONAL ATOMIC ENERGY AGENCY – IAEA	5,837
<b>TOTAL</b>	<b>6,947</b>

<b>RESEARCH PROMOTION - RESOURCES FROM NATIONAL SOURCES</b>	<b>2019 (R\$)</b>
FAPESP*	2,612,295
CNPq*	460,720
CONDUCT ADJUSTMENT AGREEMENT (TAC)	186,223
PRONON/ BRAZILIAN HEALTH MINISTRY - TUMOR BANK FOR RESEARCH INTO THE TREATMENT, PREVENTION AND EARLY DIAGNOSIS OF CANCER	3,197,579
PRONON / BRAZILIAN HEALTH MINISTRY - PERSONALIZED MEDICINE	299,707
PRONON / BRAZILIAN HEALTH MINISTRY - STUDY OF MICROBIAL PROFILES IN HUMAN TUMORS	243,575
PRONAS/ BRAZILIAN HEALTH MINISTRY - REHABILITATION PROGRAM FOR PATIENTS IN TREATMENT OR TREATED FOR CANCER	114,367
OTHERS*	6,825
<b>TOTAL</b>	<b>7,121,291</b>

\*The amount represents the sum of postgraduate scholarships and research grants

\*\* Researcher-initiated studies

In 2019, there was an increase in the production of scientific research that generated knowledge for A.C.Camargo and benefits for patients and society, reflecting our objective of increasingly integrating the

activities of education, research and patient care. In total, 221 articles were published in specialized journals and 174 research projects were concluded.

<b>SCIENTIFIC PRODUCTION / SCIENTIFIC ARTICLES BY AREA</b>	<b>NUMBER</b>
BASIC AND EPIDEMIOLOGICAL	39
TRANSLATIONAL	34
INSTITUTIONAL CLINICAL	148
<b>TOTAL</b>	<b>221</b>
NUMBER OF PROJECTS COMPLETED IN 2019	174
NUMBER OF PROJECTS COMPLETED SINCE 2008	1,764

## SPONSORED CLINICAL RESEARCH

Sponsored clinical research has been responsible for generating new drugs that are more effective and safer and that follow very strict technical and ethical principles. Thus, it is a fundamental activity in structuring a complete and innovative cancer center model. After the research phase in laboratories, new drugs undergo Phase I studies, which are carried out in a small number of patients, in order to assess the safety of the treatment; in Phase II, the focus is on studies of effectiveness, in a slightly larger number of patients; in Phase III, further studies compare the new treatment with the current standard therapy, this time involving a very large number of patients, in treatment centers in a number of different countries. In some cases, there will also be a Phase IV, when studies are carried out after approval of the new treatment by the regulatory authorities (the National Health Surveillance Agency (Anvisa) in the case of Brazil) in order to assess rarer adverse effects and the long-term impact on the population. Additionally, there is a category of patient care

program, in which the new drug has already been approved internationally, but is awaiting Anvisa's approval.

For a sponsored clinical study to be undertaken at A.C.Camargo, the Clinical Research team analyzes the proposals brought by the pharmaceutical industry or clinical staff. The decision to participate in a study is based on its scientific importance, possible benefits to patients, safety and the potential for a contribution by A.C.Camargo. At present, 53 Phase II and III studies are being developed at the Institution, 29 of which were initiated in 2019, and they encompass 17 different types of tumors.

Sponsored clinical studies are an important part of A.C.Camargo's innovation strategy and are carried out in partnership with the pharmaceutical industry. They enable patients to participate in the development of clinical protocols that contribute to the evolution of scientific knowledge and can generate clinical benefits and increases in survival and cure rates in cancer cases. There can also be gains in the improvement of patient care and other processes from the positive impacts that training in clinical research can bring to the entire A.C.Camargo clinical staff body.

TYPE OF TREATMENT	CHEMOTHERAPY	IMMUNOTHERAPY	TARGETED	PATIENT CARE PROGRAM	OTHERS*	TOTAL
STUDIES	1	20	14	16	2	53
NUMBER OF PATIENTS	16	43	60	147	40	306
NUMBER OF ATTENDANCES	97	134	234	263	62	790

\* Hormone therapy and pain.

## Definition of research areas

- **Basic research - 39 articles were published in 2019.** It is carried out in laboratories, where scientists analyze tumor tissues, cells, molecules and microorganisms to discover the mechanisms of the origin of the tumors, and how they develop and spread.
- **Translational research - 34 articles were published in 2019.** It is the combination of knowledge from basic research and the molecular, genomic, immunological and clinical data of patients. This enables researchers to predict the probability of a response to treatment, assess the risk associated with the development of cancer and select treatments targeted at specific genetic changes present in the tumor.
- **Clinical research - 148 articles were published in 2019.** These research studies test new diagnostic technologies, new therapeutic approaches in surgery, radiotherapy and drugs that, if they present positive results, the findings can be transferred to the clinical care areas and used to benefit patients.

Amanda Ikegami,  
postgraduate  
student,  
performs a  
procedure in  
CIPE



## BIOBANK

The A.C.Camargo biobank, one of the largest in Latin America, has collected more than 44.9 thousand samples since its creation in 1997, from patients and volunteers in prevention programs. It contains samples of tumors, normal tissues or blood of patients who have undergone surgery or other treatments at the institution.

After collection of a sample, research is carried out to increase knowledge in early diagnosis, diagnosis tools, genetic changes

that increase the risk of cancer or modify the response to treatment or that can be targets for new drugs, for example. In 2019, we returned to a relatively normal level of annual collections. In 2018, there had been an exceptionally large number of samples collected due to a study, funded by PRONON, which collected samples from healthy individuals to be used as controls in future diagnostic studies.

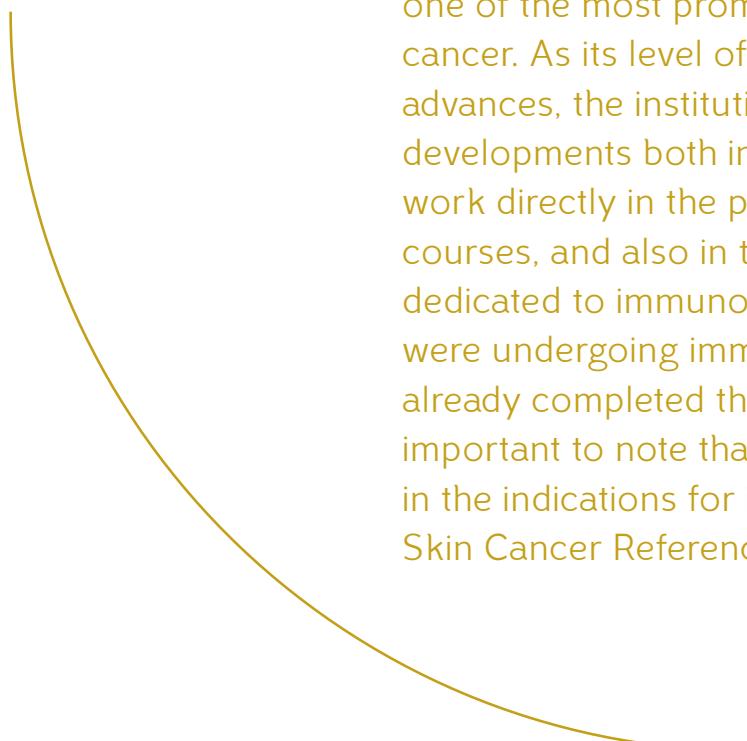
BIOBANK SAMPLES COLLECTED / METRIC	NUMBER
BLOOD SAMPLES	721
COLLECTED AND FROZEN TISSUES	1,658
RESEARCH PROJECTS THAT USED BIOBANK SAMPLES	28
NO. OF ACCUMULATED DNA AND RNA EXTRACTIONS SINCE 2004	26,143
NO. OF DNA AND RNA EXTRACTIONS IN 2019	1,545
NO. OF SAMPLES PROCESSED IN 2019 *	5,699
NO. OF CASES COLLECTED SINCE THE BIOBANK'S CREATION	44,966
NO. OF PATIENTS RECRUITED SINCE THE BIOBANK'S CREATION	41,493
NO. OF PATIENTS RECRUITED IN 2019	834

\* The number of "processed samples" is a new indicator, implemented in this reporting cycle, which is a measure of the volume of activity in the Biobank laboratory.

## RESEARCH INCENTIVE FORUMS

- **Research Boards** – study meetings that bring together researchers from different fields for the discussion of important topics that are still relatively unexplored in basic, translational and clinical oncological research. These meetings facilitate the origination of new ideas that can then be used in the planning and organization of scientific projects. The results obtained contribute to the generation of knowledge, which can later translate into clinical applications and consequently direct benefits to cancer patients and society in general.
- **Tumor Boards** – meetings of multidisciplinary teams to discuss the most effective therapeutic approach for complex cases not covered by existing clinical protocols. The meetings also make decisions on second opinions, the revision of clinical and educational protocols and gives recommendations on topics for new studies by the areas of basic and clinical research.

## Immunotherapy: education and research in translational immuno-oncology



The A.C.Camargo Immunotherapy Center provides one of the most promising treatments for combating cancer. As its level of knowledge on immunotherapy advances, the institution is progressively integrating new developments both in the training of employees, who work directly in the patient care, through educational courses, and also in the creation of a research laboratory dedicated to immuno-oncology. In 2019, 297 patients were undergoing immunotherapy, of whom 196 have already completed their courses of treatment. It is also important to note that we have seen an increase of 43% in the indications for immunotherapy treatment at the Skin Cancer Reference Center

## NATIONAL AND INTERNATIONAL COOPERATION AGREEMENTS

In 2019, A.C.Camargo entered into 19 national cooperation agreements, of which five were new, and 35 international agreements, some of which had already been initiated in 2019.

Internationally, A.C.Camargo maintains cooperation agreements with a number of important cancer centers such as the Institut Curie, France, one of the leading European cancer research institutions, which focuses on radiotherapy. This agreement involves cooperation in research and the exchange and

training of doctors, residents and scientists. Last October, the institution entered into a cooperation agreement with the Princess Margaret Cancer Center (Canada), the largest and most important reference institution in oncology in Canada. The proposal is to share patient care practices and clinical indicators, in order to promote improvements in processes and to implement innovative educational activities. The agreement also includes the leveraging of activities in translational research, clinical practices and quality of life.

## KNOWLEDGE DISSEMINATION: EVENTS AND COURSES

In 2019, A.C.Camargo organized seven scientific events that attracted 2,362 participants. The main highlight of the year was the congress entitled "**Next Frontiers to Cure Cancer**", one of the largest oncology events in Latin America. It was attended by

a number of international invitees, including representatives from the Institut Curie and the American Association for Cancer Research (AACR), one of the largest cancer research entities in the world.

<b>NEXT FRONTIERS TO CURE CANCER</b>	<b>2018</b>	<b>2019</b>
PARTICIPANTS	1,900	1,506
BRAZILIAN SPEAKERS	209	314
INTERNATIONAL SPEAKERS	33	38
INSTITUTIONS	94	96
ABSTRACTS PRESENTED	283	331

<b>COMMUNICATION AND MARKETING - SCIENTIFIC EVENTS</b>	<b>2018</b>	<b>2019</b>
NUMBER OF PARTICIPANTS IN EVENTS AND WORKSHOPS	2,400	2,362

The other scientific events held during the year also contributed to the exchange and improvement of knowledge. They were as follows:

- Training in hospital classes: 203 participants
- 5<sup>th</sup> Course on the Cellular and Molecular Biology of Cancer: 56 participants
- 3<sup>rd</sup> Symposium on Nutrition in Oncology: 156 participants

- 27<sup>th</sup> Pathology Pathway – Tumors in women: 241 participants
- Head and Neck Cancer: Current research concepts and the future of the clinical management: 109 participants
- 19<sup>th</sup> Course on Dermatoscopy: 213 participants

A.C.Camargo also participated in important external scientific congresses, such as the ASCO Annual Meeting in Chicago (five A.C.Camargo representatives) and the AACR Annual Meeting, in Atlanta (ten A.C.Camargo specialists).

In 2019 the institution created Radio Cancer Center, a new channel for the dissemination of knowledge in oncology. This initiative was developed by the marketing area in partnership with the Center for Digital Education, of the education area. Programs are broadcast on A.C.Camargo's website and on music streaming platforms.

We produced **four films on scientific** topics and posted them on YouTube and other social media.

The videos are available on the **A.C.Camargo channel at:** <https://www.youtube.com/accamargovideos>



Video - Microbioma



Vídeo - Genômica



Video - Imunoterapia



Video - Biobanco

# HUMAN CAPITAL

GRI 103-2, 103-3 | 401, 103-2, 103-3 | 404-1

The constant search by A.C.Camargo's administrative and care employees, clinical staff and senior management to provide an excellent level of service, innovative treatments, improved knowledge and cutting-edge scientific research, attest to the commitment and dedication of the institution's human capital.

During the year, the institution registered an increase of 34.74% in new employee hires, as a result of the redefinition of priorities and the demands arising from the implementation of the new corporate system for Enterprise Resource Planning (ERP).

In addition, we invested in the training of the clinical, patient care and resident employees and staff, in full compliance with the goals of consolidating the cancer center. This is an important activity and, on average, each employee received 27.6 hours of training during the year. The utilization of the integrated people management system has also been expanded, with the merging of the modules for employee attraction, selection and succession.

Still in the context of development of human capital, the institution applied R\$ 172,314 in development programs aimed at executives, with topics such as Team Building for Directors and Officers (30-hour workload); assessment with a focus on career development; and the Mentoring Program (medical and multidisciplinary team managers).

In 2019, of A.C.Camargo's total of 4,134 own employees and trainees, 80.43% (3,325) received performance evaluations. The value of this indicator was similar to the prior year when 81% of employees were evaluated. Beginning in 2019, the data on employees has been broken down by gender and it showed that 79.84% of men and 80.69% of women received performance evaluations.

A.C.Camargo also launched an initiative called *Nosso Valor* (Our Value) in order to recognize projects by multidisciplinary teams which resulted in positive impacts for patients and for the institution. In all, 11 projects and 171 professionals were involved, in addition to the special recognition given to the 345 key users and multiplier agents of the new ERP implementation project.

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**A team dedicated to the purpose of fighting cancer, patient by patient**

Other important actions were:

- **Internship and learning:** in 2019, 47 young people were hired for internships – training courses in Nursing (from the 5<sup>th</sup> to the 8<sup>th</sup> semesters), Nutrition (7<sup>th</sup> or 8<sup>th</sup> periods, in mandatory internships) and other areas (from the 1<sup>st</sup> semester), as well as internships at a technical level (Nutrition, second semester). Furthermore, 114 apprentices joined the institution.

- **Scholarships:** the program benefited 77 employees in 2019, and R\$ 283,876 was invested.
- **Internal recruitment:** in 2019, promotions of employees for leadership positions (team leaders, coordinators and supervisors) and senior management (managers, directors and officers).

WORKFORCE	INTERNAL PROMOTION	EXTERNAL HIRING	TOTAL
LEADERSHIP POSITIONS	39	34	73
SENIOR MANAGEMENT	1	17	18

## Preparing the leaders of the future



A.C.Camargo continued to invest in succession planning for high and medium level leadership positions. The objective is to identify the institution's potential leaders and prepare them to participate in the institution's succession plan. In 2019, the Development Pathways Program continued to be: management positions, clinical staff and the multidisciplinary team; and employees without management responsibility (Fundamental Pathway).

## OWN EMPLOYEES



AVERAGE HOURS OF TRAINING EMPLOYEES BY GENDER <sup>1</sup>	HOURS OF TRAINING	AVERAGE HOURS OF TRAINING
MEN	27,864.1	21.7
WOMEN	86,284.2	30.3
<b>TOTAL</b>	<b>114,148.4</b>	<b>27.6</b>

<sup>1</sup> The indicators for training hours for 2017 and 2018 have been revised. Average hours of employee training

DIRECT EMPLOYEES BY CATEGORY FUNCTIONAL GRI 102-8	2017	2018	2019
DIRECTOR AND OFFICER	10	14	14
MANAGER	46	41	42
HEAD OF DEPARTMENT/COORDINATOR/SUPERVISOR	229	217	231
TECHNICIAN	2.016	2.006	1.933
ADMINISTRATOR	987	902	904
OPERATOR	858	829	849
APPRENTICES	111	95	114
THIRD-PARTY STAFF (MULTIDISCIPLINARY)*	104	100	97
INTERN	48	41	47
<b>TOTAL**</b>	<b>4.409</b>	<b>4.245</b>	<b>4.231</b>

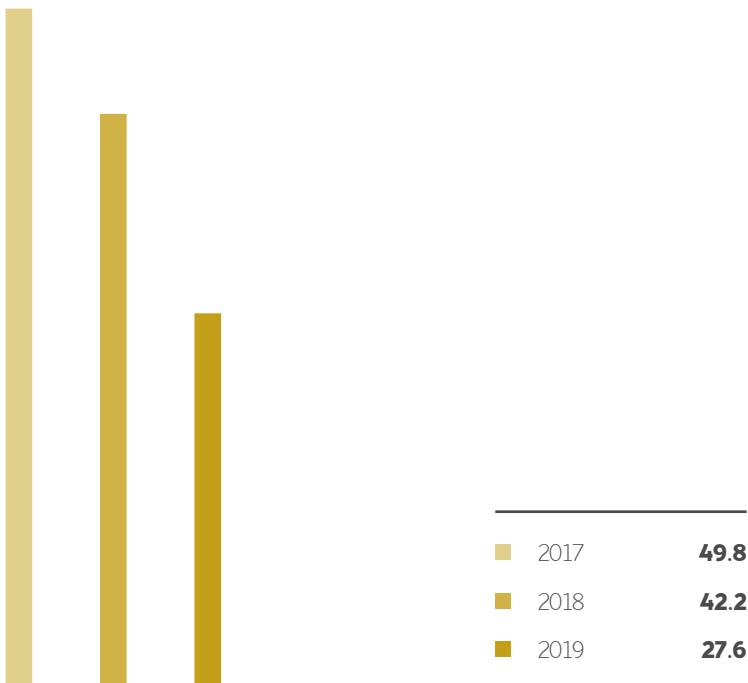
\* In the "Third Party (multidisciplinary)" category, the following specializations were included: physiotherapist, speech therapist, dentist, medical physicist and psychologist. The criterion was revised in 2019 and the information for 2017 and 2108 was revised in this report.

\*\* The total includes the sum of own employees, interns and third parties (multidisciplinary).

A.C.CAMARGO'S WORK FORCE	MEN	WOMEN	TOTAL
TOTAL OWN EMPLOYEES	1,274	2,813	4,087
TOTAL A.C.CAMARGO DOCTORS *	371	299	670
TOTAL VOLUNTEERS	18	154	172
TOTAL THIRD-PARTY STAFF (MULTIDISCIPLINARY)	20	77	97
TOTAL INTERNS	6	41	47
<b>TOTAL</b>	<b>1,689</b>	<b>3,384</b>	<b>5,073</b>

\* Doctors who provide services to the institution are hired through medical companies.

## AVERAGE HOURS OF EMPLOYEE TRAINING



AVERAGE HOURS OF EMPLOYEE TRAINING BY FUNCTIONAL CATEGORY	2017	2018	2019
DIRECTOR AND OFFICER	24.2	15.1	39.9
MANAGER	72.8	39.9	30.9
HEAD OF DEPARTMENT/COORDINATOR/SUPERVISOR	75.8	40.3	41.4
TECHNICIAN	52	43	31.7
ADMINISTRATOR	45.6	21.9	14.1
OPERATOR	16.3	22.4	16.4
APPRENTICE	188.1	316.3	23
INTERN	186.9	234.2	253.7
<b>TOTAL</b>	<b>49.8</b>	<b>42.2</b>	<b>27.6</b>

Note: the calculation of the average number of training hours per employee was based on the total number of employees in December 2019. This indicator includes interns.

#### FOR MORE INFORMATION

on employee indicators see the *Appendix*

## WELL-BEING AND SAFETY

GRI 103-2, 103-3 | 403

In order to ensure the health, well-being and safety of its employees, A.C.Camargo carried out actions to strengthen the existing employee commissions and programs. The institution has a policy on Personal Protection Equipment (PPE), allied to internal regulations on safe behavior. The Accident Prevention Comission (CIPA), previously constituted only in the Antônio Prudente and Tamandaré

units, has now been implemented in all the institution's units. The main function of the CIPA is to monitor and control employee safety policies.

Members of the Technical Commission for the Standardization of Chemical Products participate in the formal CIPA committee meetings and operates up to the level of

corporate governance. It is responsible for carrying out the technical analysis of products and prevent the institution from purchasing chemicals that are harmful to employees.

A.C.Camargo also carries out other measures to improve the quality of life and safety of its employees:

- Ergonomic analysis of all workstations;
- Monthly monitoring of the employees exposed to ionizing radiation;
- Training on the use and disposal of sharp instruments to reduce accidents and prevent contamination;

- Implementation of a procedure to communicate and investigate accidents.

In 2019, there were increases in the injury frequency and absenteeism rates and a reduction in the number of lost days. Furthermore, there was a decrease of 42.5% in the accident severity rate compared to 2018. No deaths resulting from occupational accidents were recorded. Our registration and reporting of accident statistics are in line with the standard NBR 14280. In accordance with the new regulations published in the provisional measure MP 905 of 2019, which has been in force since November 2019, accidents to employees during the commute to/from work are no longer considered to be occupational health accidents.

## **EMPLOYEE HEALTH AND SAFETY INDICATORS, BY GENDER GRI 403-2**

**2019**

### **TYPE OF INJURY**

	<b>MEN</b>	<b>WOMEN</b>	<b>TOTAL</b>
<b>INJURY FREQUENCY RATE</b>	24.4	8.7	33.1
<b>OCCUPATIONAL DISEASE RATE</b>			I.n.d.*
<b>NUMBER OF LOST DAYS</b>	192	62	254
<b>ABSENTEEISM RATE</b>	0.52	5.40	5.92
<b>SEVERITY RATE</b>	32	23	55
<b>NUMBER OF FATALITIES</b>	0	0	0

### **WITH AND WITHOUT LOST DAYS**

	<b>MEN</b>	<b>WOMEN</b>	<b>TOTAL</b>
<b>INJURY FREQUENCY RATE</b>	24.4	8.7	33.1
<b>OCCUPATIONAL DISEASE RATE</b>			I.n.d.*
<b>NUMBER OF LOST DAYS</b>	192	62	254
<b>ABSENTEEISM RATE</b>	0.52	5.40	5.92
<b>SEVERITY RATE</b>	32	23	55
<b>NUMBER OF FATALITIES</b>	0	0	0

#### **Notes:**

1. Information by gender was estimated based on the total absenteeism.
  2. The injury frequency rate was calculated by dividing the sum of all injuries, with and without lost days, excluding commuting, for all units by the total number of man-hours worked in all units, multiplied by 1,000,000.
  3. The total number of lost days considered all injuries that resulted in lost days, excluding commuting, for all units.
  4. The severity rate is the sum of the lost days, divided by the sum of the total man-hours worked in all units, multiplied by 1,000,000.
  5. The severity rate and the number of lost days reported considered typical accidents with lost days. Information related to accidents during commuting was excluded from the rates shown.
  6. All employees work in the Southeast region of Brazil.
- \* Information was not available in A.C.Camargo's reporting systems. We will divulge this data more accurately in the next reporting cycle.

## DIVERSITY AND INCLUSION

In 2019, the Diversity and Inclusion working group was fully implemented, having been initiated in the prior year within the scope of the activities of the culture team. The group meets to discuss important aspects of these themes and develops initiatives and projects to promote diversity and inclusion in the institution.

During the year, the group evaluated the implementation of projects for three major aspects: gender, LGBTI+ and people with disabilities. The strategy for the implementation of a Diversity and Inclusion Program was presented to the institution's senior management, who defined that the theme would be treated in a transverse way. This approach was approved by the Sustainability and People Management Committees, as well as a proposal for a Diversity Policy which will be evaluated by the Board of Trustees.

Another highlight of the year was the first event of the organization's sustainability. In addition to sharing ideas, concepts, successful initiatives and best practices, the event stimulated a debate on the theme of diversity, in a number of instances, in order to promote an understanding of the importance of the theme in generating value for employees and patients. For 2020, the goal is to work on more aspects of the theme which will be prioritized by the Diversity and Inclusion Program together with the organizational development area.

In partnership with the NGO called *Estou Refugiado* (I am a Refugee), the institution continued to support the inclusion of refugees in the labor market in Brazil. The proposal is to create opportunities for these people to acquire knowledge, obtain a source of income, adapt to Brazilian culture and so be able to begin their lives anew.

## CLINICAL STAFF MANAGEMENT

A.C.Camargo has a dedicated and highly qualified body of clinical staff which, in 2019, was composed of 670 doctors and 97 multidisciplinary team members. Together, they provide an excellent level of patient care, delivered through integrated clinical protocols, and, as a result, have strengthened the institution's position as a national and international reference in oncology. During the year, one of the highlights was the definition of the medical practice management model, which aims to evaluate outcomes and costs for each type of tumor.

In this initiative, the effectiveness, operational efficiency and costs of integrated clinical protocols were measured. The stages of the

patient's pathway are measured and their degree of variability is identified and compared to reference indicators. The determinants of variability are then targeted for improvement in cycles, which are carried out by the multidisciplinary teams, and then measured again. The model was initially applied in colorectal cancer (high rectum), with an analysis of 71 patients who had undergone surgery and chemotherapy at A.C.Camargo: the main complications and inefficiencies of the process were identified; then, the multidisciplinary team worked to create integrated solutions and reduce the surgical complications, the period of hospitalization and the time interval before initiating chemotherapy.

The result was a treatment that took less time, with less surgical complications and at a lower cost, and this led to a redefinition of the institution's protocols. The time interval before initiating chemotherapy decreased by nine days; the period of hospitalization reduced

to three days and there was also a reduction in the number of complications in diabetic patients, factors that increased the chances of the treatment being effective. For 2020, the goal is to evaluate the data on treatments for breast, gynecological and skin tumors.

## In a challenging macroeconomic context, A.C.Camargo developed instruments to ensure its long-term business continuity

### FINANCIAL CAPITAL

**GRI 103-2, 103-3 | 201, 201-1**

In 2019, A.C.Camargo maintained a focus on the consolidation of the cancer center model and on investments in infrastructure and technology to ensure the long-term continuity of its business model and its economic and financial strength.

The challenging context for the hospital sector resulted in significant decreases in the numbers of inpatients, outpatient and emergency care attendances, examinations, and chemotherapy and radiotherapy sessions. At the same time, our actions to improve operational efficiency and to adapt our infrastructure to the increased demands of the sector mitigated potential negative impacts on our results, which continued to ensure the financial sustainability of the institution's activities.

In 2019, revenues totaled R\$ 1,286 billion, compared to R\$ 1,351 billion in the prior year. The decrease was mainly due to a reduction in the volume of hospital and education activities. On the other hand, the research-related revenues increased significantly, from R\$ 198 thousand in 2018 to R\$ 3.5 million in 2019. In relation to costs, there were modest increases in total costs, rising to R\$ 1,045 million in 2019 (compared to R\$ 993 million in 2018) and operating costs, rising to R\$ 176.5 million (compared to R\$ 166.5 million in 2018).

At year-end 2019, A.C.Camargo recorded a surplus of R\$ 133.7 million, a decrease compared to the R\$ 280.8 million for the prior year. The total value added for the year amounted to R\$ 548.8 million, compared to R\$ 707.9 million in 2018.

### **GLOBAL PANDEMIC - NEW CORONAVIRUS (COVID-19)**

Risk management is an integral part of the policies for monitoring and mitigating impacts and external factors that may affect the business. At present, Fundação Antônio Prudente is managing the following categories of risk: credit risk; interest rate risk; liquidity risk; and market risk. The A.C.Camargo Risk Management Policy has established a number of procedures and criteria for monitoring and controlling these risks.

On March 11th, 2020, the World Health Organization (WHO) declared a global pandemic for the new corona-virus, which causes the disease called Covid-19. A.C.Camargo has adopted a number of actions to mitigate the effects of the

pandemic in serving its patients and in protecting the health of its employees, in line with the guidelines issued by the WHO and the Brazilian Health Ministry. These initiatives were essential to enable us to continue to offer care to patients undergoing cancer treatment, considering that they were in the high-risk group for the disease due to their pre-existing clinical conditions.

Furthermore, in response to the pandemic, the institution has continued its efforts, in 2020, to improve its cash management, in order to meet demands related to inventories and, also, to its business relations with its main customers (healthcare operators and cooperation agreements), in order to monitor its payment capacity during this period of higher demand.

#### **DIRECT ECONOMIC VALUE GENERATED (R\$'000) GRI 201-1**

<b>GENERATED</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
REVENUES	1,446,580.00	1,570,688.57	1,439,153.36

#### **ECONOMIC VALUE DISTRIBUTED (R\$'000) GRI 201-1**

<b>DISTRIBUTED</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
OPERATING COSTS	702,049.42	862,810.57	890,318.54
EMPLOYEE SALARIES AND BENEFITS	281,698.17	276,849.08	281,767.23
PAYMENTS TO CAPITAL PROVIDERS	16,375.93	27,172.12	20,163.88
PAYMENTS TO GOVERNMENT	1,433.03	2,036.67	2,317.11
COMMUNITY INVESTMENTS	121,654.00	121,011.80	110,925.00
<b>TOTAL</b>	<b>1,123,210.56</b>	<b>1,289,880.25</b>	<b>1,305,491.76</b>

**ECONOMIC VALUE RETAINED (R\$'000) GRI 201-1**

<b>RETAINED</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
DIRECT ECONOMIC VALUE GENERATED LESS ECONOMIC VALUE DISTRIBUTED	323,369.44	280,808.31	133,661.60
<hr/>			
<b>ECONOMIC VALUE DISTRIBUTED (%)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
OPERATING COSTS	62.5	66.89	68.2
EMPLOYEE SALARIES AND BENEFITS	25.08	21.46	21.58
PAYMENTS TO CAPITAL PROVIDERS	1.46	2.11	1.54
PAYMENTS TO GOVERNMENT	0.13	0.16	0.18
COMMUNITY INVESTMENTS	10.83	9.38	8.5
<b>TOTAL</b>	<b>100</b>	<b>100</b>	<b>100</b>

**TOTAL MONETARY AMOUNT OF FINANCIAL ASSISTANCE (R\$'000) GRI 201-4**

<b>TYPE OF ASSISTANCE</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
TAX INCENTIVES/CREDITS	251,000.00	257,486.00	-
GRANTS FOR INVESTMENTS, RESEARCH AND DEVELOPMENT AND OTHER RELEVANT TYPES OF INCENTIVES	1,150,000.00	4,277,605.00	2,892,004.47
<b>TOTAL</b>	<b>1,401,000.00</b>	<b>4,535,091.00</b>	<b>2,892,004.47</b>

# NATURAL CAPITAL

GRI 103-2, 103-3 | 201, 201-2

As well as its efforts to consolidate and advance its cancer center model, A.C.Camargo has sought to improve its instruments for managing access to, and transformation of, natural resources, as well as controlling the impacts on the environment resulting from its activities.

The Sustainability Platform has expanded the institution's perspective on environmental issues and, since 2018, has carried out a number of studies to improve the processes involved in its use and transformation of natural resources. In 2019, an environmental working group was established, with the participation of a number of functional areas, to develop and monitor the progress against the targets of the institution's action plans on environmental topics such as the consumptions of water, energy and waste.

The institution's sustainability guidelines deal with topics such as the rational use of water and energy resources, integrated waste management and the building of partnerships to manage impacts. With the aim of raising awareness, and engaging and training its employees regarding their responsibilities with respect to the environment, the institution has carried out actions to ensure compliance with the legislation and its other environmental commitments.

The A.C.Camargo Cancer Center has implemented an Environmental Management System based on ISO 14001, 2015 version. Although the institution has not yet identified the specific risks and opportunities related to climate change, it seeks minimize the environmental impacts of its operations, with the improvements currently defined in the Sustainability Platform.



Bins for the selective collection of waste in Isaias Raw Square

# ENERGY EFFICIENCY

**GRI 103-2, 103-3 | 302, 302-1, 201-2**

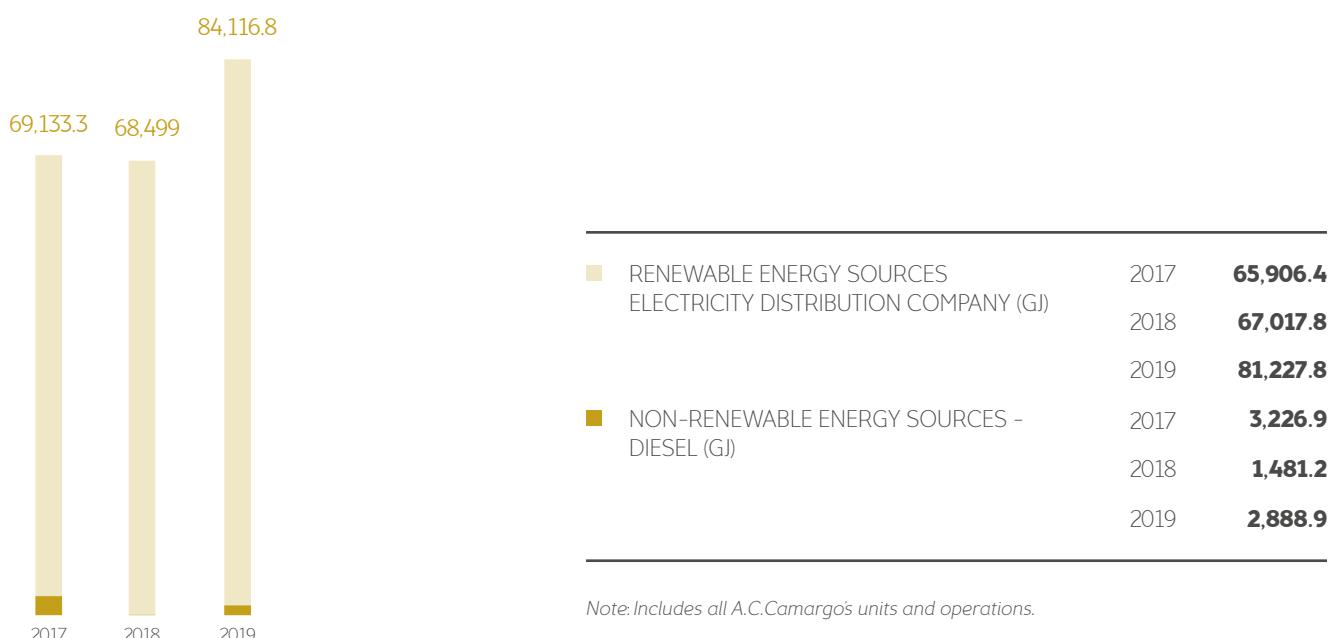
To maintain the effectiveness of its facilities and the quality of patient care, A.C.Camargo uses energy resources continuously and intensively. The institution regularly evaluates its operations and practices in order to optimize and reduce its energy consumption. Some of the important actions taken in recent years, were as follows:

- Shutdown of corridor lighting of inpatient units and outpatient clinics during the night;
- Shutdown of air conditioning, when the work-spaces are not occupied, and of computers, during lunchtime and after working hours;

- Replacement of fluorescent lamp bulbs with LED lighting, which is more economical;
- Modernization of elevators;
- Acquisition of equipment that consumes less energy.

In 2019, the consumptions of fuel oil and electricity increased due to the restructuring of the Castro Alves Unit and the opening of the Pires da Mota building, thus increasing the scope of the reported indicators.

## TOTAL ENERGY CONSUMED (GJ)



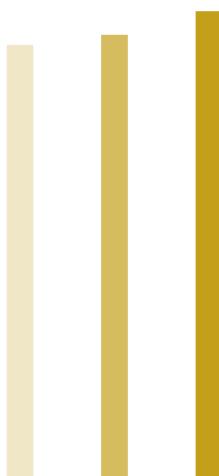
## WATER RESOURCES

**GRI 103-2, 103-3 | 303, 303-1**

A.C.Camargo obtained water from the municipal water system and other suppliers, hired especially for this end. The initiatives to optimize water consumption included the installation of flow reducers in the toilets and the promotion of awareness campaigns for employees.

In 2019, there was an increase in water consumption compared to the previous year of about 5.2%, reflecting the inauguration of the new Pires da Mota Unit. Excluding the consumption in the new building, the increase was 0.4% compared to 2018.

### WATER WITHDRAWN BY SOURCE (M<sup>3</sup>)\*



MUNICIPAL WATER SUPPLY AND WATER SUPPLIED BY OTHER COMPANIES

■ 2017	<b>133,430</b>
■ 2018	<b>136,510</b>
■ 2019	<b>143,727</b>

*Note: Includes all A.C.Camargo's units and operations.*

## SOLID WASTE

**GRI 103-2, 103-3 | 306, 306-2**

The institution employs best practices in its management of the hazardous waste (chemical and infectious) generated in healthcare, such as medicines, syringes and the aprons used in patient care. Furthermore, in 2019, in accordance with guidelines set by the Sustainability Platform, with the objective of increasing the institution's environmental responsibility, A.C.Camargo developed and implemented an Integrated Solid Waste Management Plan. In practice, this led to the implementation of a standard process for all areas of the institution and included a more careful look at the disposal of waste from construction works, infrastructure, maintenance and food preparation.

The healthcare waste is monitored by the waste management area and annual internal and external audits of the Environmental Management System, in line with relevant legislation.

In 2019, there were reductions in the production of both hazardous and non-hazardous waste due to the lower number of attendances compared to prior years. There was an improvement in the separation of recyclable waste such as paper, plastic, scrap from organic waste, reflecting the more rigorous monitoring of the external disposal of waste, and training courses on proper waste disposal. In total, the amount of waste sent to the sanitary landfill reduced by 27%.

<b>DISPOSAL OF HAZARDOUS WASTE (TONNES)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
INCINERATION (MEDICAL AND CHEMOTHERAPY WASTE, MEDICINES AND SOLID REAGENTS)	110	90.4	62.1
INCINERATION (LIQUID REAGENTS)	15.2	18.3	15.9
INCINERATION (ANATOMICAL PARTS)	-	-	1
CREMATION (ANATOMICAL PIECES)	2	2.1	1.1
AUTOCLAVE (INFECTIOUS WASTE)	-	-	650.5
ELECTRO-THERMAL DEACTIVATION (INFECTIOUS WASTE)	982	937.7	-
<b>TOTAL</b>	<b>1,109.2</b>	<b>1,048.6</b>	<b>730.9</b>

1. In 2019, the waste production from the new Pires da Mota Unit was included.

2. Infectious and chemical wastes are monitored by the average weight of the containers collected and by daily weighing.

3. As of 2019, infectious waste began to be treated by autoclave instead of electro-thermal deactivation.

4. From 2019, anatomical parts began to be treated also by incineration

<b>DISPOSAL OF NON-HAZARDOUS WASTE (TONNES)</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>
RECYCLING (PAPER, PLASTIC, METAL AND OTHER RECYCLABLES)	307	396.9	395.4
COMPOSTING (ORGANIC WASTE)	-	47.4	199.7
LANDFILL (SANITARY AND NON-RECYCLABLE WASTE)	802	686.6	501.4
<b>TOTAL</b>	<b>1,112</b>	<b>1,131</b>	<b>1,096.6</b>

1. In 2019, the production of waste from the new Pires da Mota Unit was included. It was monitored by the disposal documents provided by service providers for common and recyclable waste.

2. The composting of non-hazardous waste started in 2018.

# MANUFACTURED CAPITAL

To ensure that its results are robust and consistent, the A.C.Camargo Cancer Center counts on an increasingly diversified range of assets, infrastructure, technologies and number of units in operation. The institution recorded substantial investment activity in 2019 in its expansion plans with the inauguration of the Castro Alves Unit, the consolidation of operations at the Pires da Mota Unit, both located in central districts of the city of São Paulo, and the renovation and expansion of the emergency area at the Antônio Prudente Unit. Furthermore, new equipment was purchased and structural reforms were carried out in several areas of the institution. The total investments amounted to R\$ 43.9 million.

## EQUIPMENT AND TECHNOLOGICAL INFRASTRUCTURE

The use of state-of-the-art technological equipment contributed to A.C.Camargo's reputation as a first-class institution in the fight against cancer and ensured a competitive differential in the healthcare market.

Among the most important investments was the acquisition, for R\$ 22 million, of a particle accelerator, which produces more accurate results and has a lower incidence of side effects in patients undergoing radiation therapy. The institution also invested in the purchase of other important pieces of equipment to improve the efficiency of diagnosis and treatment. In total, 571 pieces of new equipment were purchased during the year. Some of the highlights were:

- 3T magnetic resonance imaging;
- Ultrasound with robotic probe for urology;
- Ultrasonic washer for the Materials Sterilization Center;
- Upgrading of digital dermatoscopy and confocal microscopy equipment.

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2019 was a year  
of continuity in the  
institution's strategic  
investments

Dr. Cecília  
Maria Lima da  
Costa, head  
of pediatrics,  
attending an  
inpatient and  
companion



## 1,378 thousand m<sup>2</sup>

dedicated to laboratories for scientific research in biology tumors, epidemiology, immune oncology, bio-informatics, genomics and molecular biology

## 5,144 m<sup>2</sup>

of new area at the Castro Alves Patient Care Unit

## 571

pieces of new medical equipment installed in 2019

## 7,108

pieces of equipment in the institution's total technological infrastructure

- **The endoscopy area** was completely equipped with video-gastroscopes and video-colonoscopes, which are high definition devices for improving the early diagnosis of cancer using a minimally invasive therapy.
- **In renewal** the emergency area, we purchased 37 pieces of equipment for diagnosis.
- **For the blood bank:** 9 pieces of special equipment for the blood bags.
- Refurbishment of the **Materials Sterilization Center**, at the Antônio Prudente Unit, which will further increase patient safety.

# UNITS AND PROJECTS

GRI 102-10

## CASTRO ALVES

### PATIENT CARE UNIT

**Inaugurated:** October 2019

**Investment:** R\$ 13.8 million

**Total area (m<sup>2</sup>):** 5,144

To increase service capacity and provide more comfort and well-being for the institution's patients and employees, A.C.Camargo inaugurated the Castro Alves Patient Care Unit, nº 131. The building houses the areas for Occupational Medicine, Prevention, Volunteer Network, Outpatient Clinic and the Blood Bank, which has now expanded its collection capacity.

The unit has 135 places in the waiting-room for the outpatient clinic and the blood bank, 15 consulting rooms, and 10 collection chairs for the blood bank.

## RENEWAL AND EXPANSION OF EMERGENCY AREA

**Inaugurated in:** December 2019

**Investment:** R\$ 15.1 million

**Total area (m<sup>2</sup>):** 1,955

Another major project in 2019 was renewal and expansion of the emergency area in the Antônio Prudente Unit. With the inauguration of the Pires da Mota Unit, various services were transferred there and the emergency area gained more space to enable it to improve its service. The renewal, which included a diagnostic medicine area, increased its area by 1,364 m<sup>2</sup>. The area now contains 15 treatment stations, 11 treatment chairs and 3 pieces of equipment for imaging examinations (x-ray, ultrasound and tomography).

## NEW UNITS: FUTURE PLANS

**Locations:** New units in the Itaim Bibi and Tatuapé districts of the city of São Paulo

**Investments:** R\$ 51.93 million in the Itaim Unit and R\$ 96.2 million in the Tatuapé Unit

**Total area (m<sup>2</sup>):** 6,000 m<sup>2</sup> at the Itaim Unit and 12,800 m<sup>2</sup> at the Tatuapé Unit

These projects, which are aimed at expanding capacity, were initiated during the year. The inauguration of the Itaim Unit is planned for the first semester of 2020, and will contain seven consulting rooms. Due to the opening of the Itaim Unit, the Morumbi Unit was closed during 2019. In the same planning cycle, A.C.Camargo's administration approved the implementation of the Tatuapé Unit, which is scheduled to open at the end of 2024.

Facade of  
the Antônio  
Prudente  
Unit.



## NEW SYSTEMS: **IT transformation**

In 2019, the institution implemented the most up-to-date version of an ERP system for the management and control of all its operations. This decision was a part of the strategy for the integration of processes, improved employee time management, increased support for medical practices and greater efficiency in patient care and the fight against cancer. The move to a HTML5 version system was aimed at facilitating and integrating processes throughout the institution, including: the organization of information; the management of patient treatment; the transformation of medical records into tools of the future; connection of units; the approval of documents; and, principally, putting

into practice the much sought after digital transformation of the institution.

The result of this innovation was a greater degree of adherence to the compliance processes, based on the records of activities and transactions carried out in the patient care operations and *the administrative back-office*. The adaptation process for employees, however, was quite complex, since it impacted all of A.C.Camargo's units and operation and, at first, this presented challenges associated with the efficiency of internal processes and transactions. By year-end the system was largely stable but further adjustments will be required in 2020.

# 4

## REPORTING

- GRI Content Index
- Assurance Report
- Appendices

Dra. Maira de Souza  
Miyahara Klinkers,  
pediatrician, talking  
with a patient and  
companion

This Sustainability Report 2019 reinforces A.C.Camargo's commitment to a wide-ranging disclosure of its processes, impacts, management, governance and results. For the ninth consecutive year, the report was prepared according to the methodology of the Global Reporting Initiative (GRI) for sustainability reporting. In addition, the report followed the guidelines for integrated reporting of the International Integrated Reporting Council (IIRC).

The information disclosed was collected, defined and prioritized based on the institution's most material sustainability topics and the targets defined in its Strategic Planning. **GRI 102-46**

Additional important inputs to the institution's reporting methodology were the recommendations of the Sustainability Accounting Standards Board (SASB) for the healthcare sector, and internal guidelines defined by the Sustainability Platform.

The report was prepared according to the comprehensive option of the GRI Standards. The information in the report refers to the period from January 1st to December 31st, 2019 and its scope covers the A.C.Camargo operating units described in the section of the report entitled Institution. Any changes or exceptions of importance are described in footnotes. **GRI 102-50, 102-52, 102-54**

The information on economic and financial indicators is consistent with the audited financial statements of the Antônio Prudente Foundation and is based on the disclosure standards of Brazilian GAAP and the International Financial Reporting Standards (IFRS). The information in the report was subjected to an external independent limited assurance review. **GRI 102-45**

# GRI CONTENT INDEX

GRI 102-55



The GRI Content Index Service evaluates whether all the disclosures are presented in the correct sections in the GRI content index and marked appropriately as to the report content. The service was carried out on the Portuguese version of the report.

## GENERAL DISCLOSURES

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	OBJECTIVES OF SUSTAINABLE DEVELOPMENT
<b>GRI 101: FOUNDATION 2016</b>				
	GRI 101	No disclosures		
<b>ORGANIZATIONAL PROFILE</b>				
	102-1 Name of the organization	Antônio Prudente Foundation		
	102-2 Activities, brands, products and services	Integrated multidisciplinary cancer treatment: diagnosis, teaching and research		
	102-3 Location of headquarters	São Paulo - SP		
	102-4 Location of operations	13		
	102-5 Nature of ownership and legal form	Private non-profit foundation		
	102-6 Markets served	11 and 13		
	102-7 Scale of the organization	11 and 13		
	102-8 Information on employees and other workers	56 and 91	8	
	102-9 Supply chain	40		
	102-10 Significant changes to the organization and its supply chain	70		
<b>GRI 102: GENERAL DISCLOSURES 2016</b>	102-11 Precautionary principle or approach	In its cancer treatments, A.C.Camargo Cancer Center uses only authorized and scientifically-proven techniques and resources.		
	102-12 External initiatives	United Nations Global Compact (UNG) (without a financial contribution)		
	102-13 Membership of associations	ABIFICC - Brazilian Association of Philanthropic Institutions to Fight Cancer ABQV - Brazilian Association of Quality of Life ANAHP - National Association of Private Hospitals Paulista Association of Foundations (APF) Brazilian Institute for Corporate Government (IBGC) ETHOS Institute for Companies and Social Responsibility United Nations Global Compact (UNG) (without a financial contribution)		

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	OBJECTIVES OF SUSTAINABLE DEVELOPMENT
<b>STRATEGY</b>				
GRI 102: GENERAL DISCLOSURES 2016	102-14 Statement from the senior decision-maker	2		
	102-15 Key impacts, risks and opportunities	2		
<b>ETHICS AND INTEGRITY</b>				
GRI 102: GENERAL DISCLOSURES 2016	102-16 Values, principles, standards and norms of behavior	10		16
	102-17 Mechanisms for advice and concerns about ethics	The institution uses various channels to gather information about ethical behavior, compliance with legislation and good institutional practices. Among these mechanisms, the most important are (i) Customer Ombudsman, which registers reports and complaints from patients, companions and third parties, related to the institution's operations; and (ii) the Conduct Channel, which is open to all employees, suppliers and other stakeholders (including the external community). - p. 18		16
<b>GOVERNANCE</b>				
GRI 102: GENERAL DISCLOSURES 2016	102-18 Governance structure	15		
	102-19 Delegating authority	The Board of Trustees meets at least five times a year to establish guidelines for the institution's activities. Its members meet with the Executive Board periodically to provide direction for the institution's strategies and accompany the business and economic, environmental and social topics through indicators which are regularly analyzed.		
	102-20 Executive level responsibility for economic, environmental and social topics	Senior Management.		
	102-21 Consulting stakeholders on economic, environmental and social topics	There is no direct participation by stakeholders on such topics.		16

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	OBJECTIVES OF SUSTAINABLE DEVELOPMENT
	<b>102-22</b> Composition of the highest governance body and its committees	Board of Trustees: composed of 9 independent members without executive functions; 8 men and 1 aged between 64 and 73 years; two doctors, an economist, four engineers, 2 company executives; overlapping mandates of 2 years. Audit, Risks and Compliance Committee: three members, of which two are Board Members and one is an independent member; two men and one woman, between 64 and 66 years old. Strategy, Innovation and Sustainability Committee: four members, of whom three are Board Members and one is an external member; three men and one woman, between 52 and 70 years old. People and Governance Committee: three members, two of whom are Board Members and one is an independent member; one man and two women, between 64 and 68 years old. Scientific Advisory Board: six members, all international scientists with recognized qualifications and experience in the themes; four men and two women. - p. 15		5, 16
GRI 102: GENERAL DISCLOSURES 2016	<b>102-23</b> Chair of the highest governance body	The Chairman of the Board of Trustees does not exercise any executive functions.		16
	<b>102-24</b> Nominating and selecting the highest governance body and its committees	The members of the Board of Trustees are chosen based on criteria of proven good character, academic qualifications, experience and availability, as well as knowledge of economic, environmental and social topics		5, 16
	<b>102-25</b> Conflicts of interest	The Code of Conduct establishes guidelines for the expected conduct of employees, in order to prevent conflicts of interest, prohibiting private relations with suppliers. Questions of potential or actual conflicts of interest are analyzed by the Institutional Ethics Committee. Furthermore, the institution is regulated by the Curator for Foundations of the Public Prosecution Ministry of the State of São Paulo.		16
	<b>102-26</b> Role of highest governance body in setting purpose, values and strategy	The Board of Trustees defines the institution's strategies, policies and goals.		

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	OBJECTIVES OF SUSTAINABLE DEVELOPMENT
	<b>102-27</b> Collective knowledge of the highest governance body	The Board of Trustees meets at least five times a year. Some of its members also participate in advisory committees, overseeing these issues together with the Advisory Committees and the Executive Board. Furthermore, the Board of Trustees receives quarterly reports on the institution's performance on a variety of indicators including those on economic, environmental and social aspects.		4
GRI 102: GENERAL DISCLOSURES 2016	<b>102-28</b> Evaluating the performance of the highest governance body	An evaluation by the Board of Trustees was held in the first semester of 2019. The process had the support of an external consultancy which evaluated, among other topics, aspects related to the Board's governance structure and processes, its composition, role and relations with other statutory and executive bodies, commitment to best governance practices and the environment of controls, processes, risks and compliance.		
	<b>102-29</b> Identifying and managing economic, environmental and social impacts	This work is performed by the Board of Trustees, its Advisory Committees and the Executive Board on various topics, impacts and risks.		16
	<b>102-30</b> Effectiveness of risk management processes			
	<b>102-31</b> Review of economic, environmental and social topics.	The Board of Trustees meets at least five times a year, to establish guidelines for the institution's activities. Its members meet from time to time with the Executive Board to provide guidance on the institution's strategies and related social, environmental and economic issues by means of the regular analysis of indicators.		
	<b>102-32</b> Role of the highest governance body in sustainability reporting	The Board of Trustees is responsible for the final validation of the report, Strategy, Innovation and Sustainability Committee and the Executive Board.		

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	OBJECTIVES OF SUSTAINABLE DEVELOPMENT
	<b>102-33</b> Communicating critical concerns	<p>Stakeholder access to the governing bodies is provided through a number of different communication channels, including: the institutional website; social media; Employee Channel; Customer Support Service (SAC); Customer Ombudsman; and the Conduct Channel. All these channels can be used for communicating suggestions, complaints and incidents of non-compliance to senior management for their evaluation. The institution maintains regular consultations with certain stakeholders, such as the Municipal Secretariat for Health, which acts as the local agent of the SUS, to discuss and evaluate issues related to patient care.</p>		
<b>GRI 102: GENERAL DISCLOSURES 2016</b>	<b>102-34</b> Nature and total number of critical concerns	<p>In 2019, seven critical concerns were communicated to the Foundation's highest governance body. Some of the most important themes were: (i) the implementation of the new ERP system for business administration and hospital management and the impacts on the institution's operations; (ii) review of the institution's strategic plan for 2020-2025; (iii) the evolution of the Foundation's governance model; and (iv) the creation of the Endowment Fund for Education and Research.</p>		
	<b>102-35</b> Remuneration policies	The members of the Board of Trustees act in a voluntary capacity and therefore, do not receive any remuneration for their participation. Senior management receives fixed and variable remuneration components which follow market parameters and are assessed with the support of a specialized consultancy.		
	<b>102-36</b> Process for determining remuneration			
	<b>102-37</b> Stakeholders' involvement in remuneration	The variable component of remuneration is determined by performance in the delivery of predefined goals and in strict compliance with current legislation.	16	
	<b>102-38</b> Annual total compensation ratio		Confidentiality: The institution has a policy of not divulging information on the remuneration of its employees.	
	<b>102-39</b> Percentage increase in annual total compensation ratio			

## STAKEHOLDER ENGAGEMENT

<b>GRI 102: GENERAL DISCLOSURES 2016</b>	<b>102-40</b> List of stakeholder groups	<p>In 2015, the consultations included 12 members of senior management and representatives of a number of other stakeholder groups (operators, competitors, suppliers, groups Government and specialists), as well as an online survey with more than 1,700 respondents - p. 28. More information is available at: <a href="https://bit.ly/38oPueB">https://bit.ly/38oPueB</a></p>
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GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	OBJECTIVES OF SUSTAINABLE DEVELOPMENT
	<b>102-41</b> Collective bargaining agreements	97% of own employees are covered by a collective bargaining agreement. Apprentices are not included in the collective bargaining and represented 3% of the total of own employees in December 2019. The agreement only covers employees contracted under the full-time employment (CLT) regime.		
GRI 102: STANDARD DISCLOSURE 2016	<b>102-42</b> Identifying and selecting stakeholders	In 2015, the consultations included 12 representatives of senior management and representatives of stakeholder groups (operators, competitors, suppliers, an online survey with more than 1,700 respondents. \ p. 28 More information is available at: <a href="https://bit.ly/38oPueB">https://bit.ly/38oPueB</a> (p. 70)	8	
	<b>102-43</b> Approach to stakeholder engagement	18 and 39		
	<b>102-44</b> Key topics and concerns raised	18, 28 and 39		
<b>REPORTING PRACTICES</b>				
	<b>102-45</b> Entities included in the consolidated financial statements	73		
	<b>102-46</b> Defining the report content and topic boundaries	28 and 73		
	<b>102-47</b> List of material topics	28		
	<b>102-48</b> Restatements of information	None		
	<b>102-49</b> Changes in reporting	None		
GRI 102: GENERAL DISCLOSURES 2016	<b>102-50</b> Reporting period	73		
	<b>102-51</b> Date of most recent report	2018		
	<b>102-52</b> Reporting cycle	Annual, p. 73		
	<b>102-53</b> Contact point for questions regarding the report	1		
	<b>102-54</b> Claims of reporting in accordance with GRI Standards	Report prepared in accordance with the GRI Standards: comprehensive option.		
	<b>102-55</b> GRI content index	74		
	<b>102-56</b> External assurance	87		

## GRI MATERIAL TOPICS

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	SUSTAINABLE DEVELOPMENT GOALS
<b>ECONOMIC PERFORMANCE</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	61		1, 5, 8, 16
	103-3 Evaluation of the management approach	61		
	201-1 Direct economic value generated and distributed	61		2, 5, 7, 8, 9
	201-2 Financial implications and other risks and opportunities due to climate change	65		13
	201-3 Defined benefit plan obligations and other retirement plans	<p>Employees can opt for one of two modalities of the A.C.Camargo Cancer Center's private pension program: an income tax deductible plan (PGBL) or a cash value life insurance plan (VGBL). The main difference between the two plans is the income tax treatment*. Joining either plan is voluntary and the amount of the contribution is deducted monthly in the payroll system and is fixed and equivalent to 5% of the employee's salary. As a counterpart, A.C.Camargo makes a monthly contribution corresponding to 3% of the employee's salary. If the employee wishes to contribute more than 5%, he/she may adhere to the extraordinary contribution model, which has a minimum contribution of R\$ 100.00 which can be deducted in monthly installments or from time to time. There is no counterpart by the institution on these contributions. The total number of own employees who opted to join the private pension program was 359 (VGBL-202 / PGBL -157), which represented about 9% of the workforce (excluding apprentices).</p>		
GRI 201: ECONOMIC PERFORMANCE 2016	201-4 Financial assistance received from government	63		
	<b>INDIRECT ECONOMIC IMPACTS</b>			
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material	28		

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	SUSTAINABLE DEVELOPMENT GOALS
GRI 103: MANAGEMENT APPROACH 2016	<b>103-2</b> Management approach and its components <b>103-3</b> Evaluation of the management approach	35 35		
GRI 203: INDIRECT ECONOMIC IMPACTS 2016	<b>203-1</b> Infrastructure investments and services supported <b>203-2</b> Significant indirect economic impacts		Confidential: Information not reported for strategic reasons.	2, 5, 7, 9, 11 1, 2, 3, 8, 10, 17
<b>ENERGY*</b>				
GRI 103: MANAGEMENT APPROACH 2016	<b>103-1</b> Explanation of the material topic and its boundary <b>103-2</b> The management approach and its components <b>103-3</b> Evaluation of the management approach	81 65 65		
GRI 302: ENERGY 2016	<b>302-1</b> Energy consumption within the organization	65		7, 8, 12, 13
<b>WATER*</b>				
GRI 103: MANAGEMENT APPROACH 2016	<b>103-1</b> Explanation of the material topic and its boundary <b>103-2</b> The management approach and its components <b>103-3</b> Evaluation of the management approach	81 66 66		
GRI 303: WATER 2016	<b>303-1</b> Water withdrawal by source	66		6, 7
<b>EFFLUENTS AND WASTE *</b>				
GRI 103: MANAGEMENT APPROACH 2016	<b>103-1</b> Explanation of the material topic and its boundary <b>103-2</b> Management approach and its components <b>103-3</b> Evaluation of the approach <b>306-2</b> Waste, by type and disposal method	81 66 66 66		
				3, 6, 12

\*Although not considered to be material topics, the disclosures GRI 302:Energy 2016 (302-1 Energy consumption within the organization), GRI 303:Water 2016 (303-1 Water withdrawal by source) and GRI 306:Effluents and waste 2016 (306-2 Waste by type and disposal method) were reported as a matter of institutional policy.

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	SUSTAINABLE DEVELOPMENT GOALS
<b>EMPLOYMENT</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	54		
	103-3 Evaluation of the management approach	54		
	401-1 New employee hires and employee turnover	90		5, 8
GRI 401: EMPLOYMENT 2016	401-2 Benefits provided to full-time employees that are not provided to temporary or part-time employees		8	
	401-3 Parental leave	90		5, 8
<b>OCCUPATIONAL HEALTH AND SAFETY</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	58		
	103-3 Evaluation of the management approach	58		

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	SUSTAINABLE DEVELOPMENT GOALS
GRI 403: HEALTH AND SAFETY OCCUPATIONAL 2016	403-1 Workers representation in formal joint management-worker health	100% of employees contracted under the full-time employment (CLT) regime. In the CIPA committees, 50% of members are elected by employees and the other 50% are designated by the institution.	8	
	403-2 Types of injury and rates of injury, occupational diseases, lost days, and absenteeism, and number of work-related fatalities	59		3, 8
	403-3 Workers with a high incidence or high risk of diseases related to their occupation	The organization monitors employees exposed to ionizing radiation on a monthly basis, aiming, in addition to meeting the legal requirement, to ensure the employee's health. In the event that an employee is exposed above the permitted limit, he/she must be removed from his/her activities immediately. It is important to note that there have been no occurrences of this type of situation at A.C.Camargo.		3, 8
	403-4 Health and safety topics covered in formal agreements with trade unions	The institution maintains a formal agreement for the mandatory provision of Personal Protective Equipment (PPE) to employees for the exercise of their respective functions. The institution also has criteria for compliance with the legislation on hygiene, safety and occupational medicine, in order to mitigate any risks. The institution covers and complies with 100% of the health and safety topics.	8	
<b>EDUCATION AND TRAINING</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	54		
	103-3 Evaluation of the management approach	54		
GRI 404: EDUCATION AND TRAINING 2016	404-1 Average hours of training per year per employee	54		4, 5, 8
	404-2 Programs for upgrading employee skills and transition assistance programs	In the case of the termination of managers, the Attraction and Selection area offers the same in partnership with an external consultancy. The institution does not have programs for the management of skills and lifelong learning that support employees' continued employability or for the management of their retirement.	8	
	404-3 Percentage of employees receiving regular performance and career development reviews	In 2019, of the institution's total of 4,134 employees, 81% received regular performance evaluations.		5, 8

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	SUSTAINABLE DEVELOPMENT GOALS
<b>SAFETY PRACTICES</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	34		
	103-3 Evaluation of the management approach	34		
GRI 410: SAFETY PRACTICES 2016	410-1 Security personnel trained in human rights policies or procedures	In 2019, A.C.Camargo carried out training courses in human rights for 154 third-party workers and five own employees working in the security team.		
<b>LOCAL COMMUNITIES</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	41		
	103-3 Evaluation of the management approach	41		
GRI 413: LOCAL COMMUNITIES 2016	413-1 Operations with local community engagement, impact assessments, and development programs	41		
	413-2 Operations with significant actual and potential negative impacts on local communities	The potential negative impacts of A.C.Camargo's operations on the areas surrounding their units are related to water and energy consumption, generation of waste, disposal of hazardous waste, atmospheric emissions and risks of explosions and fires.	1,2	
<b>PUBLIC POLICY</b>				
GRI 103: MANAGEMENT APPROACH 2016	103-1 Explanation of the material topic and its boundary	28		
	103-2 The management approach and its components	18		
	103-3 Evaluation of the management approach	18		
GRI 415: POLICY PUBLIC 2016	415-1 Political contributions	The institution does not make political or electoral contributions due to a specific prohibition in its bylaws.	16	

GRI STANDARDS	DISCLOSURE	PAGE / DIRECT RESPONSE	OMISSIONS	SUSTAINABLE DEVELOPMENT GOALS
<b>CONSUMER HEALTH AND SAFETY</b>				
GRI 103: MANAGEMENT APPROACH 2016	<b>103-1</b> Explanation of the material topic and its boundary	28		
	<b>103-2</b> The management approach and its components	34		
	<b>103-3</b> Evaluation of the management approach	34		
GRI 416: CONSUMER HEALTH AND SAFETY 2016	<b>416-1</b> Assessment of the health and safety impacts of products and services categories	34		
	<b>416-2</b> Incidents of non-compliance concerning the health and safety impacts of products and services		There were no events or facts regarding non-compliance with regulations and / or voluntary codes during the reporting period.	16
<b>MARKETING AND LABELING</b>				
GRI 103: MANAGEMENT APPROACH 2016	<b>103-1</b> Explanation of the material topic and its boundary	28		
	<b>103-2</b> The management approach and its components	18		
	<b>103-3</b> Evaluation of the management approach	18		
GRI 417: MARKETING AND LABELING 2016	<b>417-1</b> Requirements for product and service information and labeling		The Patient Rights Booklet is available on the website: <a href="https://accamargo.org.br/pacientes-acompanhantes/cartilha-dos-direitos-do-paciente-com-cancer">https://accamargo.org.br/pacientes-acompanhantes/cartilha-dos-direitos-do-paciente-com-cancer</a> For the preparation of the booklets of guidelines for patients, in addition to the adequacy of the branding language, the Marketing and Communication area of the A.C.Camargo Cancer Center develops the content of these booklets with the support of the technical areas responsible for the relevant area of knowledge and all materials are approved and certified by a representative of the clinical staff before being made available to patients and other stakeholders.	12, 16
	<b>417-2</b> Incidents of non-compliance concerning product and service information and labeling		There were no cases of non-compliance during the reporting period.	16
	<b>417-3</b> Incidents of non-compliance concerning marketing communication		There were no cases of non-compliance during the reporting period.	

## SASB INDICATORS

MATERIAL TOPIC	INDICATOR	PAGE / URL
TALENT TRAINING DEVELOPMENT AND RETENTION	Description of recruitment and retention efforts for healthcare employees (mentoring, flexible hours, leadership development).	54
QUALITY OF PATIENT CARE	Number of serious reportable events, number of infections acquired in healthcare and readmission rates	34
ACCESS TO QUALITY MEDICAL TREATMENT	Description of the strategy to manage the mix of insured and uninsured patients (SUS), including programs with alternative prices	32

## SUSTAINABLE DEVELOPMENT GOALS

- 1. NO POVERTY
- 2. ZERO HUNGER
- 3. GOOD HEALTH AND WELL-BEING
- 4. QUALITY EDUCATION
- 5. GENDER EQUALITY
- 6. CLEAN WATER AND SANITATION
- 7. AFFORDABLE AND CLEAN ENERGY
- 8. DECENT WORK AND ECONOMIC GROWTH
- 9. INDUSTRY, INNOVATION AND INFRASTRUCTURE
- 10. REDUCED INEQUALITY
- 11. SUSTAINABLE CITIES AND COMMUNITIES
- 12. RESPONSIBLE CONSUMPTION AND PRODUCTION
- 13. CLIMATE ACTION
- 14. LIFE BELOW WATER
- 15. LIFE ON LAND
- 16. PEACE, JUSTICE AND STRONG INSTITUTIONS
- 17. PARTNERSHIPS FOR THE GOALS

# INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT

GRI 102-56

A.C.CAMARGO CANCER CENTER

Independent Auditor's Limited Assurance  
Report

December 31, 2019

# INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT



Tel.: +55 11 3848 5880  
Fax: + 55 11 3045 7363  
[www.bdobrazil.com.br](http://www.bdobrazil.com.br)

Rua Major Quedinho 90  
Consolação - São Paulo, SP - Brasil  
01050-030

## INDEPENDENT AUDITOR'S LIMITED ASSURANCE REPORT

To  
Board of Directors and Stakeholders  
**Fundação Antonio Prudente**  
São Paulo - SP

### Introduction

We were engaged by **Fundação Antônio Prudente** ("A.C.Camargo Cancer Center" ou "Fundação") to present our limited assurance report on the information included in A.C.Camargo Cancer Center Sustainability Report, for the year ended December 31, 2019.

### Management's Responsibilities

**A.C.Camargo Cancer Center**'s management is responsible for the fair preparation and presentation of the information included in **A.C.Camargo Cancer Center**'s Sustainability Report, according to the criteria determined by the Global Reporting Initiative (GRI), in its Standards version and reporting option 'Comprehensive', and for the internal controls considered necessary to allow the preparation of this information free of material misstatement, whether due to fraud or error.

### Independent auditor's responsibility

Our responsibility is to express an opinion on the information included in **A.C.Camargo Cancer Center**'s Sustainability Report 2019, based on the limited assurance engagement performed according to Technical Notice of Ibracon (CT) 07/2012, approved by the Federal Association of Accountants (CFC) and prepared based on Standard NBC TO 3000 - Assurance Engagement Different from Audit and Review, issued by CFC, which is equivalent to ISAE 3000 - International Standard on Assurance Engagements, issued by CFC, applicable to non-historic information. These standards require that we comply with relevant ethical requirements, including independence requirements, and that the engagement be performed to obtain limited assurance as to whether the information included in **A.C.Camargo Cancer Center**'s Sustainability Report 2019, taken as a whole, is free from material misstatements.

A limited assurance engagement performed in accordance with NBC TO 300 (ISAE 3000) mainly consists of making enquiries to Management and to other professionals of the Company involved in the preparation of the information included in **A.C.Camargo Cancer Center**'s Sustainability Report 2019. A limited assurance engagement also requires the adoption of additional procedures, if we become aware of issues that lead us to believe that the information included in **A.C.Camargo Cancer Center**'s Sustainability Report 2019, taken as a whole, may show material misstatements.

The procedures selected were based on our understanding of the aspects related to the gathering and presentation of the information included in **A.C.Camargo Cancer Center**'s Sustainability Report 2019 and of other circumstances of the work, and on our consideration about areas where relevant misstatements may exist. The procedures included:

- (a) Planning of the work, considering the relevance, volume of quantitative and qualitative information, and the operating and internal control systems used as basis for the preparation of the information included in **A.C.Camargo Cancer Center**'s Sustainability Report 2019;



- (b) Understanding the methodology for calculations and the procedures for gathering indicators by means of interviews with the managers responsible for the preparation of the information;
- (c) Following analytical procedures on the quantitative information and questioning on the qualitative information, and its correlation with the indicators disclosed in the information included in A.C.Camargo Cancer Center's Sustainability Report 2019;
- (d) Crosschecking financial indicators against financial statements and/or accounting records.

The works of limited assurance also included adherence to the guidelines and criteria of structure preparation of Sustainability Reports in the standard GRI, in its Standard version and reporting option 'Comprehensive', applicable in preparing the information contained in the A.C.Camargo Cancer Center's Sustainability Report 2019.

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

#### **Scope and limitations**

The procedures applied in the limited assurance report are substantially in scope than those applied in an assurance engagement intended to express an opinion on the information included in A.C.Camargo Cancer Center's Sustainability Report 2019. Consequently, they do not allow us to obtain assurance that we were aware of any or all significant matters that might be identified in an assurance engagement intended to express an opinion. Had we performed an engagement for the purpose of expressing an opinion, we could have identified other issues and possible misstatements that may exist in the information included in A.C.Camargo Cancer Center's Sustainability Report 2019. Consequently, we do not express an opinion on such information.

Non-financial data are subject to more inherent limitations than financial data, due to the nature and diversity of the methods used to determine, calculate or estimate them. Quantitative interpretations on the materiality, relevance and accuracy of data are subject to individual assumptions and judgments. Also, we did not perform any engagement on data informs for prior periods, or in regard to future projections and targets.

#### **Conclusion**

Based on the procedures adopted, and described in the present report, nothing has come to our attention that would make us believe that the information included in A.C.Camargo Cancer Center's Sustainability Report 2019 was not gathered, in all material respects, in accordance with the GRI, in its Standards version and reporting option 'Comprehensive', and according to the records and files that served as the basis for their preparation.

São Paulo, June 17, 2020.



**BDO RCS Auditores Independentes**  
CRC 2 SP 013846/O-1

**Viviane Alves Bauer**  
Accountant CRC 1 SP 253472/O-2

# APPENDICES

## HR INDICATORS GRI 102-8, 401-1, 401-3, 404-3

### EMPLOYEES BY TYPE OF WORK CONTRACT AND GENDER \*

TYPE OF CONTRACT	2017			2018			2019		
	MEN	WOMEN	TOTAL	MEN	WOMEN	TOTAL	MEN	WOMEN	TOTAL
PERMANENT: FULL-TIME	844	1,455	2,299	789	1,390	2,179	1,091	2,615	3,706
PERMANENT: PART-TIME	495	1,463	1,847	493	1,337	1,830	125	142	267
APPRENTICES	40	71	111	46	49	95	58	56	114
TOTAL NUMBER OF OWN EMPLOYEES**	1,379	2,989	4,257	1,328	2,776	4,104	1,274	2,813	4,087

\*All employees work in the Southeast region of Brazil.

\*\* Total own employees = permanent full-time and part-time, and apprentices.

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**TEMPORARY EMPLOYEES BY TYPE OF WORK CONTRACT AND GENDER \***

<b>TYPE OF CONTRACT</b>	<b>2017</b>			<b>2018</b>			<b>2019</b>		
	<b>MEN</b>	<b>WOMEN</b>	<b>TOTAL</b>	<b>MEN</b>	<b>WOMEN</b>	<b>TOTAL</b>	<b>MEN</b>	<b>WOMEN</b>	<b>TOTAL</b>
TEMPORARY: FULL-TIME	0	2	2	2	2	4	0	0	0
TEMPORARY: PART-TIME	0	0	0	0	0	0	0	0	0
INTERNS	9	39	48	10	31	41	6	41	47
TOTAL NUMBER OF TEMPORARY EMPLOYEES	9	41	50	12	33	45	6	41	47

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**OWN EMPLOYEES BY AGE RANGE** **2019**

< 30 YEARS OLD	955
FROM 30 TO 50 YEARS OLD	2,809
> 50 YEARS OLD	323
<b>TOTAL</b>	<b>4,087</b>

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**MEMBERS OF GOVERNANCE BODIES** **2019**

BOARD OF TRUSTEES	9
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EMPLOYEES WHO RECEIVED PERFORMANCE EVALUATIONS (%)	2019		
	MEN	WOMEN	TOTAL
DIRECTOR AND OFFICER	66.6	80	71.4
MANAGER	36.8	82.6	61.9
HEAD OF DEPARTMENT/COORDINATOR/SUPERVISOR	62.1	73.3	70.1
TECHNICIAN	88.1	87.3	87.5
ADMINISTRATOR	81.7	80	80.6
OPERATOR	78.8	75.3	76.2
APPRENTICE	20.6	32.1	26.3
INTERN	100	53.6	59.5
TOTAL	79.8	81	80.6

**OWN EMPLOYEES AND NEW HIRES BY AGE RANGE**

AGE RANGE	2017			2018			2019		
	TOTAL	NEW HIRES	RATE	TOTAL	NEW HIRES	RATE	TOTAL	NEW HIRES	RATE
< 30 YEARS OLD	1,218	349	0.29	1,028	272	0.26	955	363	0.38
FROM 30 TO 50 YEARS OLD	2,742	324	0.12	2,764	258	0.09	2,809	449	0.16
> 50 YEARS OLD	297	19	0.06	312	8	0.03	323	24	0.07
TOTAL	4,257	692	0.16	4,104	538	0.13	4,087	836	0.2

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**OWN EMPLOYEES AND NEW HIRES BY GENDER**

<b>GENDER</b>	<b>2017</b>			<b>2018</b>			<b>2019</b>		
	<b>TOTAL</b>	<b>NEW HIRES</b>	<b>RATE</b>	<b>TOTAL</b>	<b>NEW HIRES</b>	<b>RATE</b>	<b>TOTAL</b>	<b>NEW HIRES</b>	<b>RATE</b>
MEN	1,379	238	0,17	1,328	176	0,13	1,274	272	0,21
WOMEN	2,878	454	0,16	2,776	362	0,13	2,813	564	0,2
<b>TOTAL</b>	<b>4,257</b>	<b>692</b>	<b>0,16</b>	<b>4,104</b>	<b>538</b>	<b>0,13</b>	<b>4,087</b>	<b>836</b>	<b>0,2</b>

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**OWN EMPLOYEES WHO LEFT THE ORGANIZATION, BY AGE GROUP**

<b>AGE RANGE</b>	<b>2017</b>			<b>2018</b>			<b>2019</b>		
	<b>TOTAL</b>	<b>TERMI-NATIONS</b>	<b>RATE</b>	<b>TOTAL</b>	<b>TERMI-NATIONS</b>	<b>RATE</b>	<b>TOTAL</b>	<b>TERMI-NATIONS</b>	<b>RATE</b>
< 30 YEARS OLD	1,218	264	0.22	1,028	223	0.22	955	310	0.32
FROM 30 TO 50 YEARS OLD	2,742	354	0.13	2,764	309	0.11	2,809	519	0.18
> 50 YEARS OLD	297	32	0.11	312	36	0.12	323	61	0.19
<b>TOTAL</b>	<b>4,257</b>	<b>650</b>	<b>0.15</b>	<b>4,104</b>	<b>568</b>	<b>0.14</b>	<b>4,087</b>	<b>890</b>	<b>0.22</b>

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**OWN EMPLOYEES WHO LEFT THE ORGANIZATION, BY GENDER**

<b>GENDER</b>	<b>2017</b>			<b>2018</b>			<b>2019</b>		
	<b>TOTAL</b>	<b>TERMI-NATIONS</b>	<b>RATE</b>	<b>TOTAL</b>	<b>TERMI-NATIONS</b>	<b>RATE</b>	<b>TOTAL</b>	<b>TERMI-NATIONS</b>	<b>RATE</b>
MEN	1,379	224	0.16	1,328	186	0.14	1,274	340	0.27
WOMEN	2,878	426	0.15	2,776	382	0.14	2,813	550	0.2
<b>TOTAL</b>	<b>4,257</b>	<b>650</b>	<b>0.15</b>	<b>4,104</b>	<b>568</b>	<b>0.14</b>	<b>4,087</b>	<b>890</b>	<b>0.22</b>

<b>MATERNITY/PATERNITY LEAVE</b>		<b>2017</b>	<b>2018</b>	<b>2019</b>
EMPLOYEES ELIGIBLE FOR MATERNITY / PATERNITY LEAVE	MEN	1,439	1,327	1,274
	WOMEN	2,818	2,777	2,813
EMPLOYEES WHO TOOK MATERNITY/ PATERNITY LEAVE IN THE CURRENT YEAR	MEN	62	55	48
	WOMEN	122	90	123
EMPLOYEES WHO TOOK MATERNITY/ PATERNITY LEAVE IN THE CURRENT YEAR, ENDING IN THE YEAR	MEN	62	55	48
	WOMEN	122	90	97
EMPLOYEES WHO TOOK MATERNITY/ PATERNITY LEAVE IN THE CURRENT YEAR, ENDING IN THE NEXT YEAR	MEN	-	0	0
	WOMEN	-	44	26
EMPLOYEES THAT EXPECT TO RETURN IN THE CURRENT YEAR	MEN	62	55	48
	WOMEN	122	90	141
EMPLOYEES WHO RETURNED TO WORK, IN THE CURRENT YEAR, AFTER ENDING MATERNITY/PATERNITY LEAVE	MEN	62	55	48
	WOMEN	117	82	108
EMPLOYEES WHO DID NOT RETURN TO WORK, IN 2018, AFTER ENDING MATERNITY/PATERNITY LEAVE	MEN	0	0	0
	WOMEN	9	8	33
EMPLOYEES WHO RETURNED TO WORK AFTER LEAVE AND WERE STILL EMPLOYED 12 MONTHS AFTER RETURNING TO WORK	MEN	62	62	N/A *
	WOMEN	113	70	N/A *
RETURN RATE	MEN	100%	100%	100%
	WOMEN	100%	100%	77 %
RETENTION RATE	MEN	-	100%	N/A *
	WOMEN	-	62%	N/A *

\* N/A: Information was not available in A.C.Camargo's reporting systems. We will divulge this data more accurately in the next reporting cycle.



# CREDITS

## **A.C.Camargo Cancer Center**

Luciana Spring, Marcos Cunha,  
Melissa Pimentel and Vanessa Flora  
*supervision*

Hugo Pacifico  
*production coordination*

Aline Alvarenga, Clayton Ribeiro  
and Monique Silva  
*editorial production*

Fabiana Sant'Ana  
*review of layout*

Cecilia Silveira Castro  
*review of indicators*

## **GRI consulting, editorial coordination and design**

Report Sustentabilidade

## **English translation**

Richard Wightwick

## **Photography**

Pola Fotografia, Bruna Nassar,  
Julia Duarte and Talent Marcel (production)

## **Typographic family**

Carmen