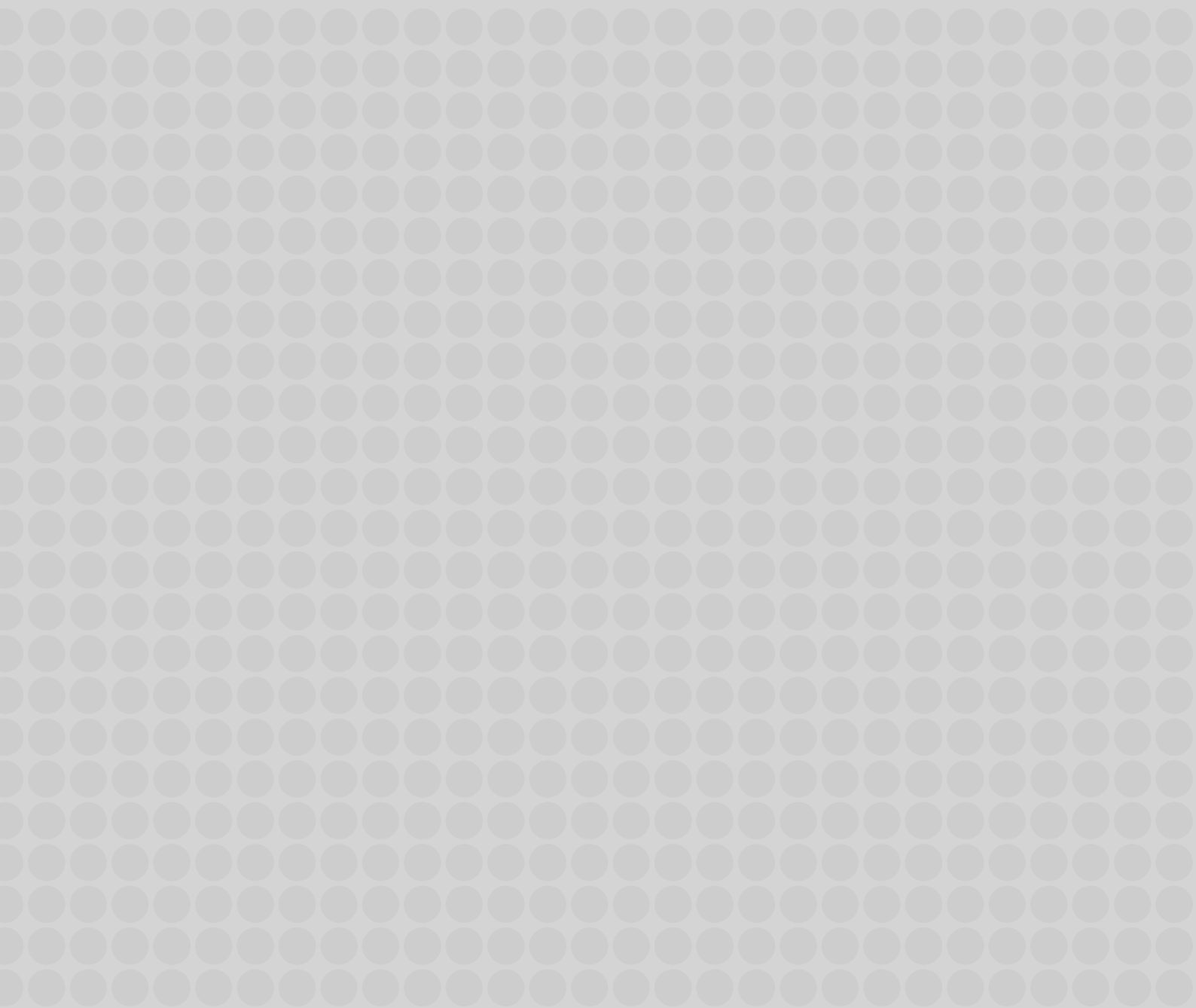


2014 SUSTAINABILITY REPORT





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MESSAGE FROM THE BOARD OF TRUSTEES AND MANAGEMENT

GRI G4-1

The A.C. Camargo Cancer Center continued its history of success in 2014. The Institution consolidated its economic and financial B model, a key factor in strengthening its position as a benchmark in multidisciplinary and integrated cancer diagnosis and treatment, cutting-edge and translational research, oncology education and cancer prevention initiatives.

In addition, it reaffirmed its prominent role in providing medical care for cancer patients both from the SUS [Sistema Único de Saúde, or Public Unified Health System] and from HMOs, based on a commitment to offering the best diagnostic and treatment practices, contributing to Brazil's health policies and ensuring quality for all.

Since its foundation, the A.C. Camargo Cancer Center has stood on four pillars (prevention, treatment, education, and research) in an integrated manner and based on the model of a Cancer Center. More than 4,400 professionals are engaged in fulfilling the core of its mission: "To fight cancer patient by patient."

We recorded 3.5 million visits, treatments, procedures and admissions, 62% of which were for SUS patients in 2014. This is how we reaffirm our social commitment, through not only health care but also prevention programs. More than 33,000 people received care under the Cancer Early Diagnosis and Prevention Program and those diagnosed with cancer were treated in the Institution itself. The A.C. Camargo Cancer Center was honored as "Outstanding Hospital--State Capital" in the 2014 Best Hospitals in the State of São Paulo Award granted by the government of the State of São Paulo.

The A.C. Camargo Cancer Center has consistently contributed to Oncology education and knowledge dissemination. In December 2014, its Medical Residency Program had 177 doctors, 68 of whom graduated that same year. The Graduate Program had 70 Masters and 122 doctoral candidates--an average of 69 and 115 per month, respectively--and 36 professionals received their degrees. The Corporate University, created to meet the need for

**OVER 4,400
PROFESSIONALS
ARE COMMITTED TO
FULFILLING THE CORE
OF OUR MISSION:
"TO FIGHT CANCER
PATIENT BY PATIENT"**

workforce training and development, is part of our employee skills training strategy. We offered more than 420 courses, with a total of over 72,000 hours of development. In addition, the A.C. Camargo Cancer Center granted its employees about 160 scholarships for undergraduate and graduate programs.

Our scientific production helps promote the quality and progress of science as well as Oncology knowledge and scientists' expertise significantly in Brazil. In 2014, its professionals had 163 articles published. Additionally, the A.C. Camargo Cancer Center has been Brazil's health institution with the largest number of papers published in prominent scientific journals since 2011 (Q1).

We were proud to gain market recognition for our practices, such as the Valor 1000 Award for the best performance in the Medical Services industry and the seal of the 150 Best Companies to Work for, by Guia Você S/A. We were ranked first among Brazilian hospitals by the Center for Science and Technology Studies (CWTS) of Leiden University in the Netherlands for scientific productivity over the past 10 years.

Our health professionals and other employees reaffirm their commitment to our values and principles by disseminating information and knowledge, offering prevention and early diagnosis of cancer programs and providing treatment based on the best medical and scientific evidence. We constantly seek to overcome internal challenges and in the Health Care System and to innovate, boost rates of efficiency and cost-effectiveness and achieve the highest treatment success rates by focusing closely on quality of service and patients' well-being.

The A.C.Camargo Cancer Center has amassed financial reserves over the past few years to implement its future expansion plan, adopt new technologies and methodologies, fund its research and educational activities and invest in its professionals' development, thus mitigating the great risks of a dynamic Health Care System.

As a result, the A.C.Camargo Cancer Center continues to fulfill its mission day by day, with support from the Fundação Antônio Prudente.

José Ermírio de Moraes Neto

Chairman of the Board of Trustees

José Hermílio Curado

CEO of the Antônio Prudente Foundation

Vívien Navarro Rosso

Superintendent-General of the A.C.Camargo Cancer Center

3.5

visits, treatments, procedures,
and admissions in 2014

42,692

consultations in prevention
campaigns

68

oncologists graduating from our
Medical Residency Program

19

MMSc's and 17 DMSc's earned
in the Graduate Program

163

articles published in leading
international scientific journals

ABOUT THE REPORT

This is the fourth year the A.C. Camargo Cancer Center has published its Sustainability Report following the guidelines of the Global Reporting Initiative (GRI), an international standard for reporting economic, social and environmental performance. This document was prepared based on the GRI G4 version and covers all the Institution's operations between January 1 and December 31, 2014. [GRI G4-28, G4-30](#)

The accounting disclosures follow the International Financial Reporting Standards (IFRS) and were audited by KPMG Auditores Independentes. Social and environmental indicators were established internally by employees from all departments based on Brazilian standards for personnel management and occupational safety as well as indicators from the Ibase Social Report. [GRI G4-33](#)

MATERIAL ASPECTS [GRI G4-18](#)

We identified the material aspects by consulting the Institution's executives and officers based on previously selected topics from the following areas: the A.C. Camargo Cancer Center's strategy, mission, vision and values; press mentions of the industry and the Institution; topics considered relevant by other health care institutions in Brazil and other countries; concerns employees expressed in surveys and the Employee Channel; topics patients identified as priorities in satisfaction surveys; data gathered by the Client Service Center and through institutional surveys with doctors and opinion leaders in 2014.

We rated these topics 1 to 4 in Risk/Probability and Impact on the Organization. The process was based on the GRI guidelines and the AA1000 (Accountability 1000) standard to cover the economic, social and environmental impacts that either are relevant to the A.C. Camargo Cancer Center or may influence stakeholders' assessments and decisions significantly.

TOPICS OF GREATEST RELEVANCE GRI G4-19, G4-27

THE TOPICS CONSIDERED OF GREATEST RELEVANCE BASED ON THIS ASSESSMENT ARE AS FOLLOWS

Topic	Boundaries <small>GRI G4-20, G4-21</small>	GRI Content Related
People's health and safety	Inside A.C.Camargo: in all operations Outside A.C.Camargo: clients	G4-PR1, PR2, G4-LA5, G4-LA6, G4-LA7, LA8
Economic balance and philanthropy	Inside A.C.Camargo: in all operations Outside A.C.Camargo: clients, suppliers, government, society	G4-EC1, G4-EC7, G4-EC8
Patient satisfaction	Inside A.C.Camargo: in all operations Outside A.C.Camargo: clients, society	G4-PR5
People's education and development	Inside A.C.Camargo: in all operations Outside A.C.Camargo: clients, suppliers, government, society	G4-9, G4-EC7, G4-EC8, G4-LA9, G4-LA10, G4-LA11
Research	Inside A.C.Camargo: in all operations Outside A.C.Camargo: clients, government, society	G4-9, G4-EC7, G4-EC8

In 2015 the A.C.Camargo Cancer Center is formalizing its adherence to the Global Compact, which advocates corporate practices based on 10 principles established by the UN focusing on human rights, labor rights, environmental and anti-corruption issues in keeping with the best corporate governance practices and its commitment to transparency. This decision will further strengthen our internal and external conduct in these areas. GRI G4-15



A.C. Camargo
Cancer Center



A.C.CAMARGO

TO FIGHT CANCER PATIENT BY PATIENT

Since it was founded in 1953, the A.C. Camargo Cancer Center has based its activities on four pillars: prevention, treatment, education and cancer research. This policy reflects an Institution that encompasses all aspects of Oncology, from the research board to each patient's bed. **GRI G4-3, G4-4**

A.C. Camargo, a private not-for-profit institution maintained by the Fundação Antônio Prudente [Antônio Prudente Foundation], is among the world's top cancer treatment centers. It is the result of the pioneering work of Antônio and Carmen Prudente in their relentless effort to revolutionize cancer treatment and research in Brazil. In more than 60 years of activity, it has followed the belief that successful cancer treatment is inherently connected with prevention, early diagnosis and specialized care. **GRI G4-7**

In 2014, the A.C. Camargo Cancer Center recorded more than 3.5 million visits, treatments, procedures and admissions of insured and self-pay patients as well as those covered by the SUS—the latter of whom comprised 62% of all patients—in its three units, in the cities of São Paulo and Santo André and its International Research Center. **GRI G4-6, G4-8**

For this structure to work in a harmonious and synchronized manner, A.C. Camargo relies on the active engagement of its 3,749 employees, a clinical staff of 691 professionals—584 doctors, 81 physical therapists, 11 speech and hearing therapists, 6 physicians, 6 dentists and 3 psychologists—in addition to an experienced team of nurses and nutritionists, all committed to the mission of fighting cancer patient by patient. **GRI G4-9**

Yet its philanthropic initiatives go beyond providing care for SUS patients. In 2014, the A.C. Camargo ran prevention campaigns targeted at the community, resulting in 42,692 visits. Out of the 33,583 patients seen, 33,228 had screening examinations. This demonstrates the increasing strength of our efforts to contribute to the quality and coverage of the health care system.

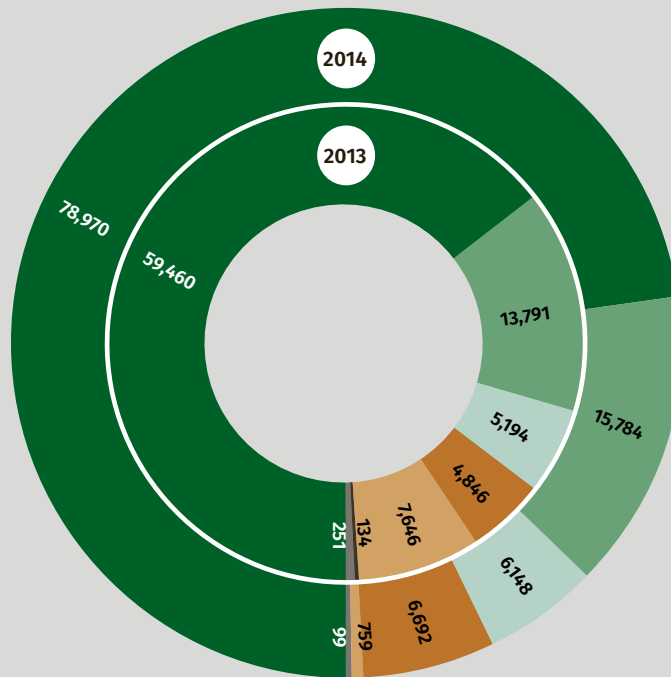
A.C.CAMARGO STATS GRI G4-9

	2012	2013	2014	Change 2014 vs. 2013	
Outpatient clinic visits, treatments, procedures	297,032	329,115	352,048	7.0%	<div style="width: 70%;"></div>
Emergency admissions	21,697	23,986	25,180	5.0%	<div style="width: 50%;"></div>
Surgeries ¹	17,790	19,602	22,382	14.2%	<div style="width: 142%;"></div>
Diagnostic imaging procedures	218,091	253,101	262,604	3.8%	<div style="width: 38%;"></div>
Pathology tests	140,893	174,528	191,863	9.9%	<div style="width: 99%;"></div>
Chemotherapy (sessions)	60,322	72,743	85,921	18.1%	<div style="width: 181%;"></div>
Radiation therapy (visits) ²	7,084	7,082	7,134	0.7%	<div style="width: 7%;"></div>
Inpatients	17,144	21,351	24,244	13.5%	<div style="width: 135%;"></div>
Patients/day	103,038	129,679	144,915	11.7%	<div style="width: 117%;"></div>

¹ The figures for 2012 and 2013 have been corrected according to the same criteria used for 2014, which take into account the general surgical center, the outpatient operating suite and the cath lab units.

² The criterion was changed in 2014 to number of visits, replacing the number of sessions GRI G4-22

FREE MEDICAL CARE AND EDUCATIONAL FUNDING (IN THOUSANDS OF R\$)



	2013	2014
Funding for SUS procedures	59,460	78,970
Research funding <small>GRI G4-EC4</small>	13,791	15,784
Graduate programs (masters, doctoral, postdoctoral programs and undergraduate research mentorship)	5,194	6,148
Medical residency funding	4,846	6,692
Free care for SUS patients (amounts above the upper limit)	7,646	759
Scholarships for specialization courses	134	-
Donations through Rede Voluntária [Volunteer Network] (toys, diapers, donated snacks, examinations not covered by SUS)	251	99
Total	91,322	108,452

HIGHLIGHTS IN 2014



94.7%

satisfaction rate among
privately insured and
self-pay patients



62%

of all visits,
treatments,
procedures and
admissions for
SUS patients



98.9%

satisfaction rate among
SUS patients



177

residents in
December 2014



384

graduate students



68

oncologists graduating
from the Medical
Residency Program



163

articles published in
leading international
scientific journals



7,351

new samples in the
Biobank

UNITS GRI G4-4

MAIN CENTER

The A.C.Camargo Cancer Center's main center is at Rua Professor Antônio Prudente, 211, in the Liberdade District. It consists of three towers forming a complete cancer treatment center, with 360 beds (315 for hospitalization and 45 in the ICU) in the main building. Outpatient Clinics, Diagnostic and Imaging facilities and an Operating Suite as well as Pathology, Chemotherapy and Radiation Therapy units.

SANTO ANDRÉ UNIT

Our facilities in Vila Bastos (Av. Lino Jardim, 171) offer comfort and convenience for cancer patients from the ABCD area [Santo André, São Bernardo do Campo, São Caetano and Diadema] who do not have to go to our main center in São Paulo for chemotherapy. It has the capacity for 552 visits, treatments and procedures per month; comfortable chemotherapy facilities; an emergency and wound dressing rooms; consultation rooms for the Medical Oncology and Nutrition Departments; and a pharmacy specialized in compounding chemotherapeutic drugs.

MORUMBI UNIT

Our Morumbi unit is at Avenida Francisco Morato, 512, in the southern part of São Paulo. It has the capacity for 414 visits, treatments and procedures per month; comfortable individual rooms for chemotherapy procedures; an emergency and wound dressing room; consultation rooms for the Medical Oncology and Nutrition Departments; and a pharmacy specialized in compounding chemotherapeutic drugs.

INTERNATIONAL RESEARCH CENTER

Our CIPE (Centro Internacional de Pesquisa, or International Research Center) at rua Taguá, 440, has an infrastructure comparable to that of the best international institutions, with a constructed area of over 4,000 square meters and two laboratories. It integrates medical care with educational and research activities—its distinguishing feature—and promotes exchange among doctors and scientists. At the end of 2014, CIPE employed 55 researchers (graduate school mentors) and 82 professionals who support research.



The A.C. Camargo Cancer Center's values, goals and vision serve as guidelines for the Institution's present and future, for its organizational culture and for its employees' conduct. GRI G4-56

MISSION

To fight cancer, patient by patient

VISION

To be a Cancer Center universally recognized for its excellence in fighting cancer, premised on the principle of life as a right and well-being as a value, supported by cutting-edge research and educational excellence.

VALUES

- Ethical behavior;
- Therapeutic efficacy based on science;
- Development and dissemination of knowledge about cancer;
- Humanized health care;
- Fighting cancer, patient by patient;
- Valuing human resources;
- Social and environmental responsibility;
- Economic and financial sustainability.



TIMELINE

1934

Dr. Antônio Cândido de Camargo, a professor at FMUSP (Faculdade de Medicina da Universidade de São Paulo, the Medical School of the University of São Paulo) creates APCC (Associação Paulista de Combate ao Câncer, or the São Paulo State Association for the Fight Against Cancer), which would eventually become Hospital do Câncer (Cancer Hospital).

1943

Entrepreneur Giuseppe Martinelli, a patient of surgeon Dr. Antônio Prudente, donates 100 contos de réis, which quickly becomes 1,000 contos de réis through campaigns to build the hospital.

1946

Journalist Carmen Prudente creates Rede Feminina de Combate ao Câncer (Women's Network for the Fight against Cancer) and engages the public in São Paulo in promoting the hospital's construction.

1947

Young medical student Humberto Torloni wins the fundraiser for the construction of the Hospital do Câncer.

1953

The Hospital do Câncer is founded on April 23 with a clinical staff of 92 specialists including doctors, surgeons, radiation therapists, and laboratory technicians as well as 35 nurses from the German chapter of the Red Cross. The Medical Residency Program is created in the same year.

1964

The Hospital creates Brazil's first Pediatric Oncology Unit. Specialized care changes conventional concepts about the specialization and helps increase the potential for successful treatments.

1971

A new building is constructed, doubling the area of the Hospital.

1973

APCC becomes the Fundação Antônio Prudente, currently an officially recognized charity that maintains the A.C. Camargo Cancer Center.

1987

The Escola Especializada Schwester Heine (Schwester Heine Specialized School), Brazil's first teaching hospital at a private institution, is opened.

1990

Dr. Ricardo Renzo Brentani, the first full professor of Oncology at FMUSP, becomes Chairman of the Fundação Antônio Prudente.

1997

The first graduate program in Oncology at a private hospital outside of a university is created. The A.C. Camargo Cancer Center founds its Nursing School and the Biobank, Brazil's first cancer sample bank, a key resource for research.



1999

FAPESP (Fundação de Amparo à Pesquisa do Estado de São Paulo, the São Paulo State Research Foundation) launches Projeto Genoma Humano do Câncer (Human Cancer Genome Project) jointly with the Ludwig Institute for Cancer Research, an institution that the A.C.Camargo Cancer Center hosted for more than 20 years.

2000

Brazil's first PET-CT (Positron Emission Tomography-Computed Tomography) equipment, designed to monitor cancer, is installed at the hospital.

2001

The A.C.Camargo Cancer Center starts its 11-year participation in FAPESP's Program for Research, Innovation and Dissemination Centers.

2007

FAPESP, CNPq (Conselho Nacional de Desenvolvimento Científico e Tecnológico, Brazilian National Council for Scientific and Technological Development) and the Ministry of Science and Technology award the A.C.Camargo Cancer Center the title of INCiTO (Instituto Nacional de Ciência e Tecnologia em Oncogenômica, Brazilian National Institute of Science and Technology in Oncogenomics), leading a network of more than 50 researchers from Brazil and other countries in a pioneering study in Brazil on heredity in breast, prostate, intestinal and head and neck tumors.

2009

The A.C.Camargo Cancer Center's Santo André unit is opened for the care and convenience of cancer patients in the ABCD area undergoing chemotherapy.

2010

The A.C.Camargo Cancer Center's CIPE headquarters opens to integrate patient care, education and research as well as to promote exchange among doctors and scientists.

2012

The Prof. Dr. Ricardo Renzo Brentani Tower is opened as part of the A.C.Camargo Cancer Center complex.

2013

The A.C.Camargo Cancer Center's Morumbi Unit and Patient Care Wing of the Hilda Jacob Tower are opened and the Hospital A.C.Camargo brand is changed to A.C.Camargo Cancer Center.

2014

The A.C.Camargo Cancer Center creates the EPOAHT (Escola de Patologia Oncológica Avançada Humberto Torloni, or the Humberto Torloni School of Oncologic Pathology), named after the first head of the Institution's Pathology Department and its oldest professional, who turned 90 years old in 2014.

AWARDS AND CERTIFICATIONS

QUALITY CERTIFICATIONS

GRI G4-DMA

Canadian Accreditation

Certification from the Canadian Council on Health Services Accreditation, an important seal of quality attesting to our conduct in adopting the best medical practices worldwide. Canadian Accreditation adopts an international methodology that health care organizations use to implement processes designed mainly for patient safety, thus promoting quality and ongoing improvement in health care. This certification confirms our position as a cancer center of international excellence on a par with the world's top cancer centers. It also allows patients to identify the most highly qualified hospitals since it shows that accredited institutions adopt safe, monitored processes.

ISO 14001

The quality certification for our Environmental Management System confirms that we follow the strict standards established by the International Organization for Standardization in this regard. The international standard specifies the requirements for an environmental management system and allows organizations to develop and implement policies and goals in compliance with legal provisions, internal procedures and information about significant environmental aspects and impacts. In 2014, the Brentani Tower as well as the Santo André and Morumbi units also obtained this certification.

ONA (Organização Nacional de Acreditação, Brazilian National Accreditation Organization)

We obtained accreditation in the top level of excellence in health care and management from ONA, an agency that assesses and certifies the quality of health care services. This certification shows how serious we are about providing the best cancer treatment, with a strong commitment to patient safety. In 2014, it was granted to the Brentani Tower.

The A.C.Camargo Cancer Center received important awards and certifications in 2014.

Awards

Valor 1000

The A.C.Camargo Cancer Center won the Valor 1000 Award, granted by the Valor Econômico newspaper, for best performance in the Medical Services industry. The market recognizes this award as an indicator of organizations' financial health, a key factor in sustainable growth. We won the same award in 2012. Our score, 61, was 21 points above the average of the ten top-ranking Medical Services institutions. We were also ranked among the 1,000 largest companies by the publication in 2009, 2010 and 2013.

Best Companies to Work For

Guia Você S/A ranked the A.C.Camargo Cancer Center among the 150 Best Companies to Work For in Brazil for the sixth time—the fourth in a row.

Exame Melhores & Maiores (Exame Magazine's Best & Biggest)

The Institution has been included in Exame magazine's ranking since 2008.

Outstanding Hospital—State Capital

Recognized as the most outstanding Institution in providing care for SUS patients in 2014. The Best Hospitals in the State of São Paulo Award was based on a satisfaction survey conducted by the São Paulo State Secretariat of Health with 158,000 users of 950 health care facilities.

Prêmio Líderes do Brasil 2014 (2014 Brazil's Leaders Award)

One of the three winners in the Health Leader category in the fourth Prêmio Líderes do Brasil by Grupo Doria and SBT.

Prêmio Site do Ano (Website of the Year Award)

The A.C.Camargo Cancer Center's website was chosen the best in the health industry for the second consecutive year by MetrixLab online research agency. In 2014, the contest received 105,000 votes on 228 websites in 19 categories.

Center for Science and Technology Studies

The A.C. Camargo Cancer Center was ranked first among Brazil's Private/Academic Public Hospitals, with the largest number of publications and the highest normalized average of citations in a study by the Center for Science and Technology Studies of the University of Leiden, Netherlands. This ranking was compiled based on Thomson Reuters' Web of Science bibliographic banks.

Lions Health Award

The A.C. Camargo Cancer Center's cancer prevention campaigns and cancer patient care gained international recognition and won the Lions Health Award at the Cannes Lions, one of world's top festivals of creativity, in France. The Superformula to fight cancer campaign, created by JWT, was shortlisted in the Outdoor category. In turn, The Anticancer Paste Up campaign, also by JWT, was shortlisted in the PR category, and Ogilvy Brazil's Tattoo Skin Cancer Check, won a Silver Lion in the Outdoor category.

Clio Healthcare Awards

In 2014, the Anticancer Paste Up campaign won the gold award in the Out-of-Home category, for pieces to which audiences have access only out of their homes, such as on billboards and posters. Superformula won the silver award for Innovative Media. The Clio Awards are among the top international advertising, design and communications awards.

Wave Festival

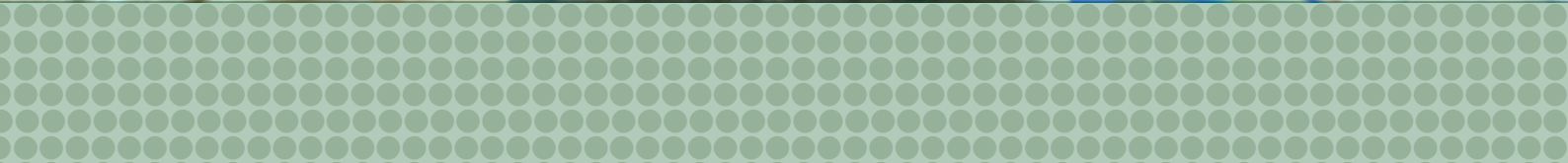
The Meio & Mensagem newspaper granted several awards to the Superformula campaign, in categories such as direct marketing strategies in alternative media, corporate communication and packaging.

One Show

Superformula won gold and silver medals in the physical products and design for the greater good categories.

CCSP's (Anuário do Clube de Criação de São Paulo, São Paulo Creative Club)

Superformula won a Black Star, awarded to campaigns that take the market one step ahead of creativity and help envision the future of the communications industry, as well as a special mention in design.



CORPORATE GOVERNANCE

A COMMITMENT TO TRANSPARENCY

The A.C. Camargo Cancer Center follows the best corporate governance practices adopted by its parent company, the Fundação Antônio Prudente, to ensure transparency so that its different stakeholders can monitor its institutional decision-making processes. These practices include:

- Management and Control
- Integrity and ethical values
- Communication and accountability
- Risk management
- Compliance with Internal Policies
- Strict observance of legal provisions

The Fundação Antônio Prudente's organizational structure is formed by the Board of Trustees, the body responsible for setting strategic guidelines, electing the Executive Board and selecting its management staff (Executive Management Team), among other duties. [GRI G4-34](#)

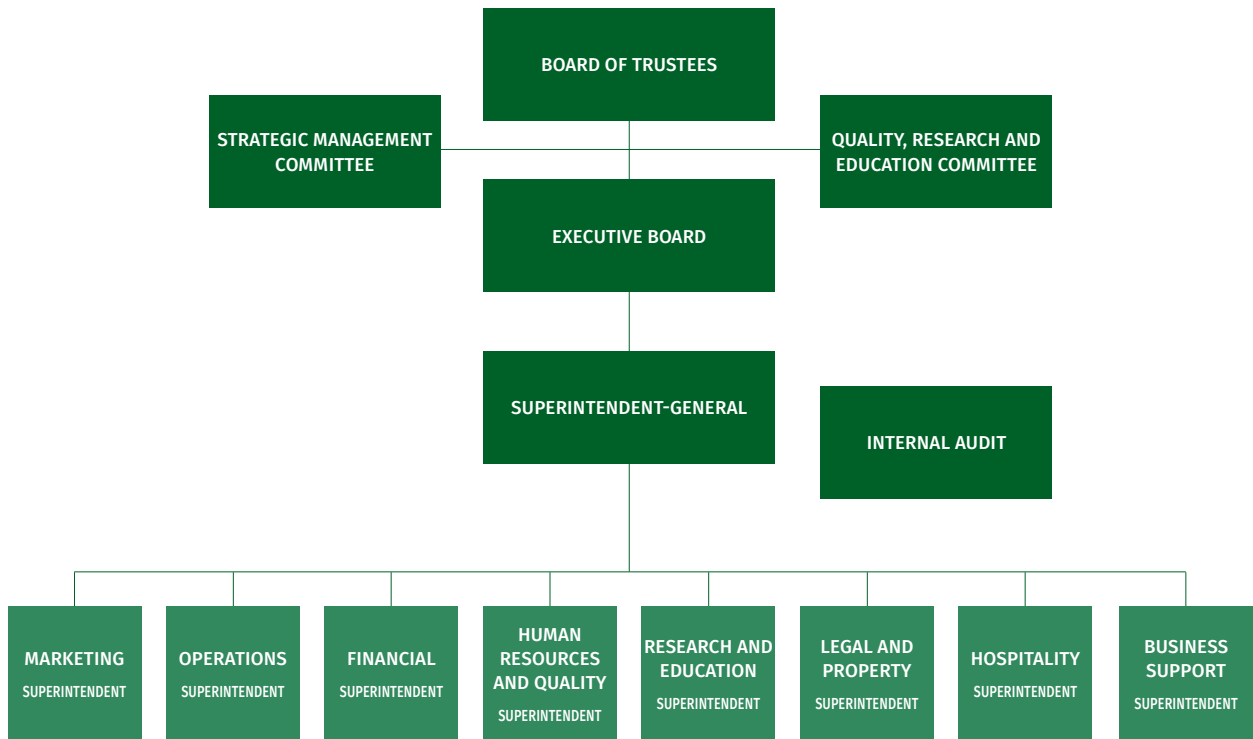
The trustees and executives were involved in creating and approving the mission statement, vision and values, as well as in setting strategies, policies and goals related to the Organization's economic, environmental and social impacts. They also enforce all these guidelines on all the Organization's teams and hold forums to discuss updates. [GRI G4-42](#)

The Board of Trustees is composed of 11 independent members who serve four-year terms of office and may be re-elected. There are four engineers, three doctors, two economists, a physicist and a business administrator, all men between 58 and 82 years of age. Board members are chosen from among persons of recognized standing to ensure the continuity of the Fundação Antônio Prudente's strategic activities and appointees nominated by trustees. Educational background, career, experience and availability are also taken into account. Board members must also have skills and knowledge related to economic, environmental and social issues. [GRI G4-34, G4-38, G4-40](#)

An integral part of the Foundation's organizational structure, the Executive Board is appointed by the Board of Trustees based on candidates' specific health care knowledge and educational background. It consisted of six members—one woman (a business administrator) and five men (a production engineer, a civil engineer, two doctors and a sociologist)—until March 2014, when the Bylaws were amended so that the Board of Trustees is now comprised of four members—one woman (a business administrator) and three men (two doctors and a sociologist). [GRI G4-34](#)

The Executive Management Team is also part of the organizational structure. Its top-ranking executive is the Superintendent-General, also appointed by the Board of Trustees. At the close of 2014, the Executive Management Team was composed of nine members—five women and four men—in the following positions: Superintendent-General, Operations Superintendent, Legal and Property Superintendent, Financial Superintendent, Human Resources and Quality Superintendent, Hospitality Superintendent, Business Support Superintendent, Marketing Superintendent and Research and Education Superintendent. [GRI G4-36](#)

ORGANIZATIONAL STRUCTURE



COMMITTEES

Two committees provide support for the Board of Trustees:

GRI G4-38

Strategic Management Committee: It is formed by the Chairman and the Deputy Chairman of the Board of Trustees as well as another trustee appointed by the Chairman.

Quality, Research and Education Committee: It consists of the CEO and the Deputy CEO, as well as one or two independent members with recognized skills and experience in these fields.

The following permanent committees and commissions, composed of members approved by the Chairman of Fundação Antônio Prudente, are also involved in management.

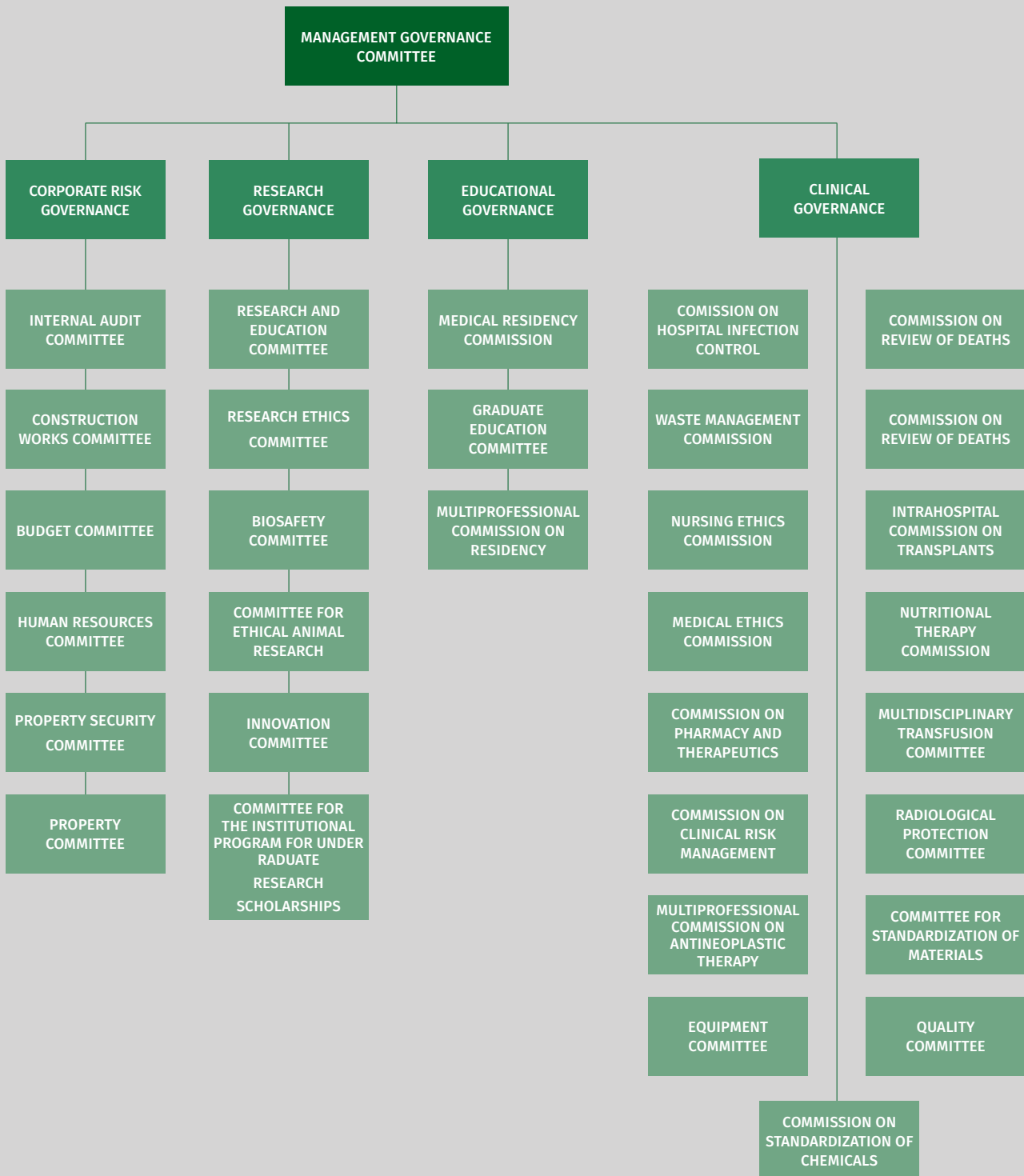
Commissions: Nursing Ethics Commission, Medical Ethics Commission, Equipment Commission, Multiprofessional Commission on Antineoplastic Therapy, Commission on Hospital Infection Control, Commission on Standardization of Materials, Research Ethics Commission, Commission on Ethical Animal Research, Risk Management Commission, Biosafety Commission, Canadian Accreditation Commission,

Radiological Protection Commission, Multidisciplinary Transfusional Commission, Research and Education Commission, Intrahospital Commission on Transplants, Commission on Health Products Processing, Waste Management Commission, Commission on Standardization of Chemicals, Nutritional Therapy Commission, Pharmacy and Therapeutics Commission.

Committees: Risk Committee, Quality Committee, Brazilian Patient Safety Program, Internal Audit Committee, Construction Works Committee, Budget Committee, Human Resources Committee, Property Security Committee, Property Committee, Innovation Committee, Institutional Program for Undergraduate Research Scholarships, Graduate Education Committee.

The Organization also has the following bodies in compliance with legislation: Death Review Commission, Patient Record Review Commission, Medical Residency Commission, Multiprofessional Commission for Residency and Internal Commission for Accident Prevention, as well as a Patient Safety Center. The clinical staff and clinical board elections are ruled by the Internal Medical Rules and Regulations.

MANAGEMENT SUPPORT COMMITTEES AND COMMISSIONS



ACTIVITIES

The Board of Trustees meets at least five times a year to set guidelines for the Institution. Its members also attend meetings with the Executive Board, superintendents and other executives to monitor business performance and deploy strategies. The discussions at these meetings deal with general matters related to finances, human resources, legal and regulatory risks, environmental impacts, acquisitions, operations (patient care), education, research, marketing, new businesses and technology, always with a focus on the client. **GRI G4-35, G4-44, G4-46, G4-47**

The trustees and officers receive monthly reports about institutional indicators and news about the market, the institution and its positioning so they can monitor compliance with the guidelines. The trustees also attend meetings addressing management, revenue and philanthropy (SUS) issues on a monthly basis. **GRI G4-43**

Some trustees also meet with the Executive Board and the Executive Management (Superintendent-General) to discuss major concerns related to client services as well as health care, economic and environmental issues. Stakeholders can access the governance bodies through different channels such as the institutional website, social media, the Employee Channel and the Client Service Center, which take suggestions and criticisms directly to senior management for examination. **GRI G4-49**

A major issue in 2014, for example, involved private HMOs with high default rates or numbers of payment refusals. As a result, we spread the portfolio concentration risk as a precaution. In terms of the social aspect, the main issues were compliance with the SUS quota and patient care quality. Regarding environmental issues, we focused on compliance with regulation. **GRI G4-50**

The Board of Trustees hires external independent audit and consulting firms to assess the impacts, risks and opportunities arising from these economic, social and environmental issues as well as to conduct due diligence processes. We also have specific processes to consult stakeholders such as the Municipal Secretariat of Health, responsible for SUS locally, on issues related to SUS patient care. **GRI G4-45**

COMPENSATION **GRI G4-51, G4-52, G4-53**

The members of the Fundação Antônio Prudente's Board of Trustees and Executive Board are unpaid volunteers. The members of Executive Management receive a fixed salary as well as occasional bonuses, depending on targets reached, the amounts of which follow limits based on annual market surveys. The HR Committee, formed by executives and trustees, discusses compensation and personnel management issues. Board decisions are made by consensus.

The salaries are based on the point methodology adopted by the market and applied by the A.C.Camargo Cancer Center, with support from an independent consulting firm. The compensation and bonus system fosters the engagement of executives and their teams, thus helping us reach our strategic goals, improve our organizational climate, strengthen our financial health and gain external stakeholders' recognition for our services.

COMPOSITION OF FUNDAÇÃO ANTÔNIO PRUDENTE

BOARD OF TRUSTEES

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José Ermírio de Moraes Neto

Deputy Chairman

Edson Vaz Musa

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Liana Maria Carraro de Moraes – **Second Deputy CEO**

Celso Marques de Oliveira – **Secretary**

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Jarbas José Salto Jr. – **Superintendent of Operations**

Lino José Rodrigues Alves – **Legal Superintendent**

Alexandre José Sales – **Superintendent of Finance and Controls**

Maurício Alves da Silva – **Superintendent of Human Resources**

Lourdes Marques – **Superintendent of Business Support**

Mari Galvão – **Superintendent of Hospitality**

José Marcelo de Oliveira – **Business Superintendent**

Vilma Regina Martins – **Superintendent of Research and Education**

Cláudio Correa Rey – **Supply Chain Superintendent**



ETHICS AND INTEGRITY

GRI G4-DMA, G4-56

Ethical behavior is one of the values of the A.C. Camargo Cancer Center. This principle governs the conduct and serves as a basis for the reputation of the Institution. The Code of Conduct and Ethics establishes behavior parameters for relations with different stakeholders, covering issues such as information and records management; donations; gift-giving; employee hiring; business activities; rational use of natural resources; and occupational safety and relations with suppliers.

**CODE OF ETHICS
AND CONDUCT
ESTABLISHES THE
BEHAVIOR STANDARDS
ADOPTED BY THE
ORGANIZATION AND
EXPECTED FROM
ALL EMPLOYEES**

The document was developed to address the perceived need for strategic planning, in a process that involved Superintendents. It is available on the intranet, and all new hires receive a copy, sign a commitment form and undergo training in the Code of Conduct and Ethics during Onboarding program. **GRI G4-DMA**

In 2014, all employees and 34% of the suppliers were notified of ethical issues related to the Code. Training in ethical issues involved 186 employees, or 4.9% of the workforce, in 710 hours, focusing on issues such as philanthropy, compliance and harassment.

The Governance Committee is responsible for managing control mechanisms and ethical behavior guidelines. Several channels, such as a hotline, social media, the Client Service Center and personal contacts, are made available (some of them 24 hours a day) for communications about ethical and integrity issues. Internal stakeholders can also communicate through the Employee Channel. Depending on the case at issue, it is referred to the superintendents and the HR Committee or to the direct head of the department involved; they examine the situation and decide how the investigation will be conducted. In 2014, this channel received no complaints about behaviors at odds with our ethical standards.

GRI G4-57, G4-58

COMMUNICATION AND TRAINING ON ANTI-CORRUPTION POLICIES AND PROCEDURES **GRI G4-SO4**

	# of employees by position	# of employees notified	% of employees notified	# of employees trained	% of employees trained
Officers/Superintendents	8	8	100.0%	2	25.0%
Managers/Supervisors/Leaders	202	202	100.0%	125	61.9%
Technicians	1,627	1,627	100.0%	18	1.1%
Administrative staff	1,229	1,229	100.0%	34	2.8%
Operational staff	683	683	100.0%	7	1.0%

Suppliers	# of partners	# of partners notified	% partners notified
Suppliers of services	323	110	34.1%
Suppliers of materials	58	20	34.5%

* Approximate numbers

RISK MANAGEMENT

GRI G4-DMA, G4-2, G4-46

The A.C. Camargo Cancer Center has been investing in building a Unified Risk Management platform to follow the good governance practices more closely and mitigate operational and financial risks. Accordingly, it developed a Risk Matrix covering strategic risks, financial risks and the risks of its activities. The initiative involved all business areas and identified the risks related to corporate governance, clinical governance, education and research. Additionally, the Board of Trustees meets to review economic, environmental and social impacts, risks and opportunities.

The systemic risk management matrix covers the following items:

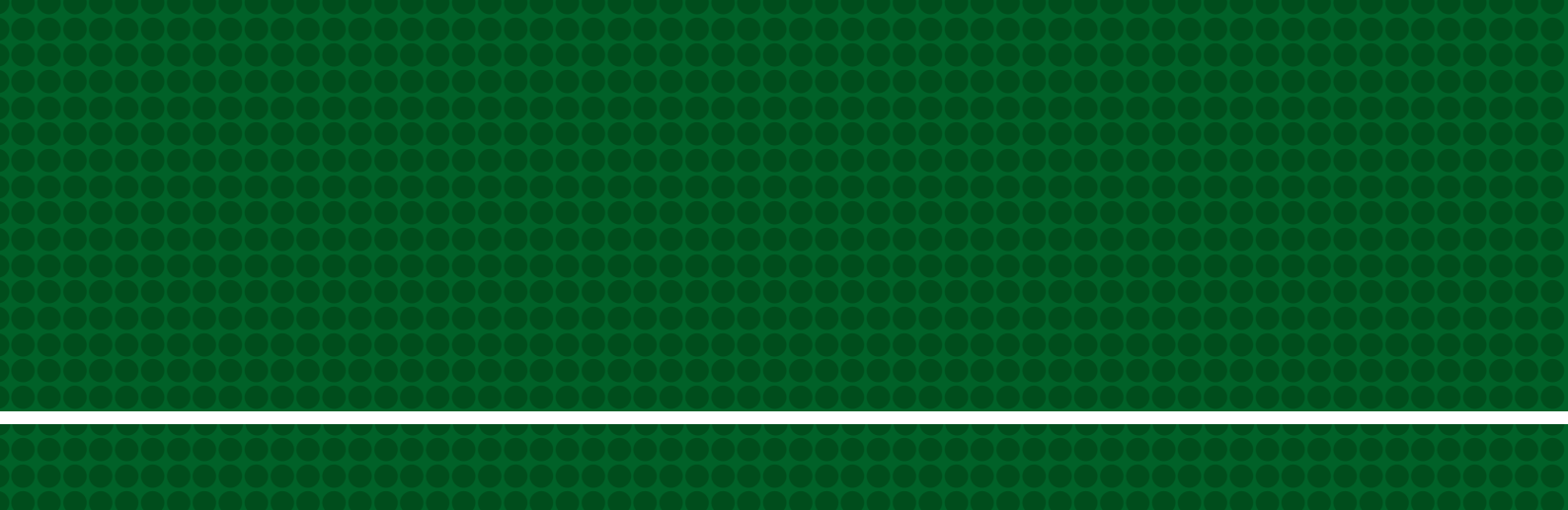
- Conceptual standardization of the specific terms of the project
- Approval of the systemic requirements
- Alignment of the system resources with the methodology applied (COSO)
- Validation of the data entered into the system
- Tests performed by Internal Audit (GRC)
- Validation of adherence to the methodology by External Audit.

The management software (DOCNIX), which incorporated the International Financial Reporting Standards (IFRS) into the accounting process and uses the COSO methodology for financial control, played an important role in building a platform for the systemic risk management matrix. This system makes it possible to strengthen management for the ongoing improvement of processes to consolidate the corporate governance pillars in keeping with best practices recommended by the IBGC (Instituto Brasileiro de Governança Corporativa, the Brazilian Institute of Corporate Governance).

In 2014, specific training focused on promoting executives' engagement and understanding of the concepts of institutional risks, such as Management Corporate Governance, Clinical Governance, Education and Research. The purpose was to establish an even stronger, ever-improving culture of internal controls. We also started introducing specific provisions in compliance with the Anti-Corruption Law as well as social provisions to fight child and slave labor, in addition to good environmental practices. In 2015, the A.C. Camargo Cancer Center is committed to extending its anti-corruption practices to all its contracts with suppliers.



THE DEVELOPMENT OF A SINGLE RISK MANAGEMENT PLATFORM INCLUDED ALL BUSINESS AREAS, WITH THE IDENTIFICATION OF FACTORS THAT MAY HAVE IMPACT ON THE ORGANIZATION'S PERFORMANCE



Prevention

Treatment

Education

Research

BUSINESS MODEL

GRI G4-DMA

With philanthropy at its core, the A.C.Camargo Cancer Center focuses on four pillars: prevention, treatment, education and cancer research.

This model is reflected in the very name of the Institution, which concentrates all the fields of Oncology—from basic research to patient care—under the same roof.

It excels in benefiting each patient with multidisciplinary approaches and customized therapies. This is made possible by integrating the entire clinical staff—surgeons, clinical oncologists, radiation therapists and pathologists, among others—with scientists who discover molecular changes associated with each type of tumor. This process is complemented by sharing knowledge with society, both in prevention initiatives targeting the general public and in educational initiatives such as training new specialists.

This is accomplished with the support of a strategic map that is based on the Balanced ScoreCard (BSC) methodology, which makes it possible to assess the Organization as a whole from four different perspectives considered essential to its performance: finances, clients, internal processes, and learning and knowledge. We set goals and targets for each perspective to be achieved within a given period. The current strategic map has Philanthropy as a basis and Sustainability as a driver. Based on periodic reviews, a new strategic plan is being developed in 2015.

For greater transparency, for example, we use the **Gestão à Vista** (Management by Sight) channel to monitor patient care indicators, with panels placed in different areas showing the performance of these indicators, as a practice of transparent management and collaborative work involving each team. In addition, the process is supported by the DOCNIX document management system (further details in the Risk Management section) and weekly monitoring meetings.



PREVENTION

Initiatives focusing on the risk factors that may lead to the development of different cancer types and raising awareness of the importance of undergoing tests regularly so the disease can be diagnosed at an early stage.



TREATMENT

Multidisciplinary approaches and the use of standardized treatment protocols to offer customized therapeutic procedures focusing not only on a successful cancer treatment but also on patients' well-being and quality of life.



RESEARCH

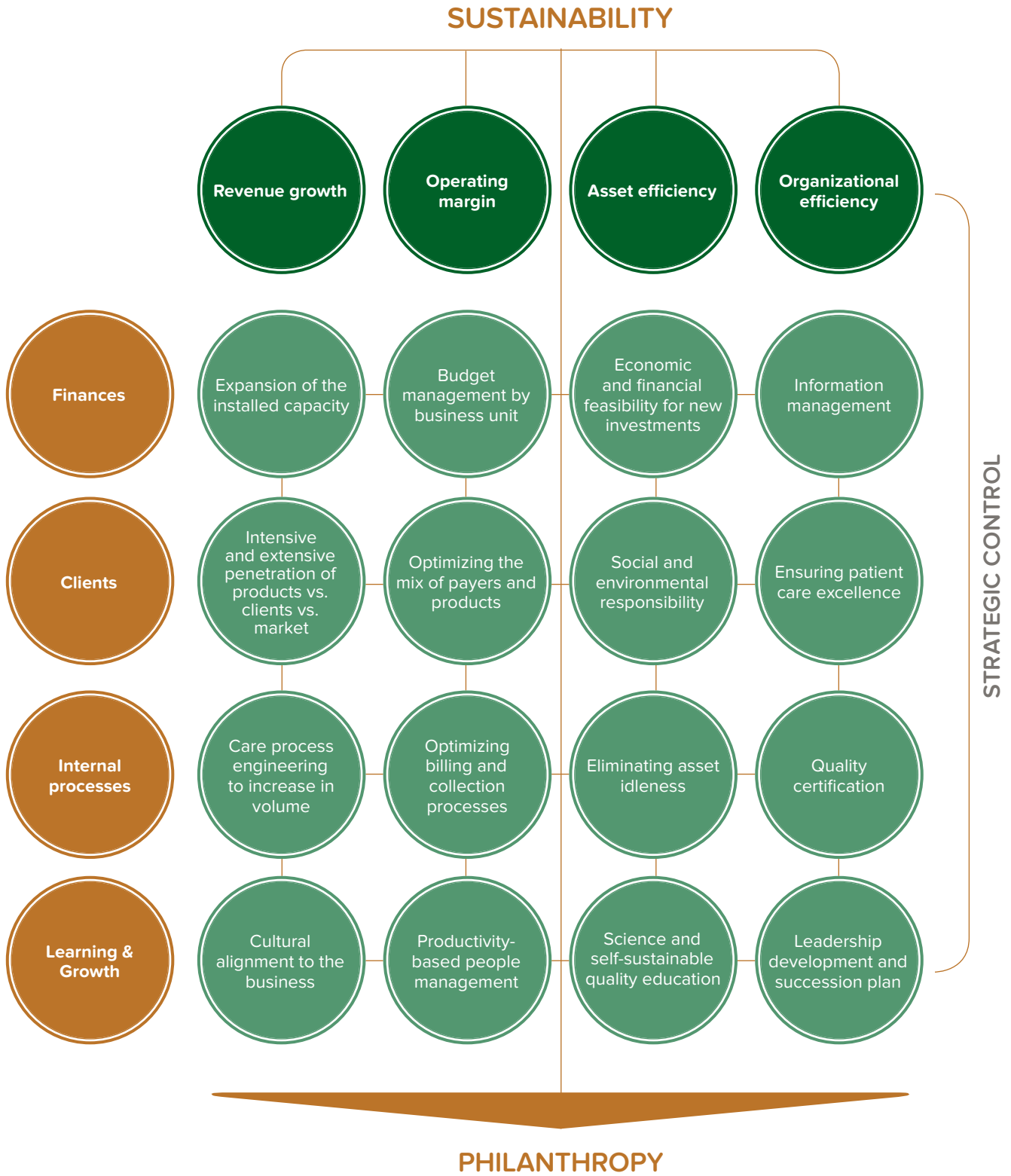
Excellence in acquiring, developing, organizing and disseminating knowledge. Education and research are directly associated with clinical practices, thus allowing us to develop the best diagnostic methods and therapeutic approaches for treating patients.



EDUCATION

Disseminating knowledge by integrating multiprofessional teams, scientists, doctors and other health care professionals.

STRATEGIC MAP



RELATIONS WITH STRATEGIC STAKEHOLDERS

Establishing clear, direct communication with different stakeholders is one of the main commitments of the A.C.Camargo Cancer Center. Internal meetings have identified clients, employees, suppliers and government agencies as our main stakeholders. GRI G4-25

INTERNAL AND EXTERNAL STAKEHOLDER ENGAGEMENT GRI G4-24, G4-26

Stakeholder Group	Communication Channels	Main initiatives in 2014
Clients: Patients (21,953) Health insurance companies (93) Companies (170)	Print and online channels Booklets Satisfaction Survey Client Service Center Exhibitions and talks Frequency: daily and/or constantly	Satisfaction Survey, Support Groups Atuação Newsletter (8 editions in 2014) Health Tips Prevention Programs
Employees: Direct employees (3,749) Third-parties' employees (323) Interns (52) Apprentices (107) Trade Unions: Trade unions in São Paulo State: Employees of health care Establishments, Nurses, Biomedical Professionals, Pharmacists, Doctors, Nutritionists, Nutrition and Dietetics Technicians, Telecommunications Employees, Radiology Technicians and Assistants, Engineers and Secretaries	Print and online channels Training programs Meetings Frequency: daily and/or constantly	Motivational initiatives: A.C.Camargo's anniversary 150 Best Companies to Work For End-of-Year Party Training and awareness initiatives: Hand-Washing Technique Occupational Safety Flu Vaccination Anti-Smoking Campaign Juntos pelo Cliente (Together for Clients) SIPATMA (Semana Interna de Prevenção de Acidentes do Trabalho e Meio Ambiente, Internal Occupational and Environmental Accident Prevention Week) ISO 14001 Canadian Accreditation
Doctors and other health care professionals in the clinical staff: 691	Print and online channels Scientific events Meetings Frequency: daily and/or constantly	<i>Boletim Médico (Medical Bulletin. bimonthly publication for the clinical staff) 15 scientific meetings Manual de Condutas em Ginecologia Oncológica (Handbook on Oncologic Gynecology) Application</i>
Researchers: 55	Print and online channels Scientific events Meetings Frequency: daily and/or permanently	15 scientific events
Suppliers: 1,104	E-mail Phone number Meetings	-
Medical Community: 13,000 doctors' mail contacts 2,279 participants in events in 2014	Print and online channels Scientific events Frequency: daily and/or permanently	<i>15 scientific meetings (2,279 participants Manual de Condutas em Ginecologia Oncológica Application Direct Mail Oncologia no Dia a Dia (Oncology in Everyday Life) newsletter</i>





ENGAJAMENTO DE PÚBLICOS INTERNOS E EXTERNOS | GRI G4-24, G4-26

Stakeholder Group	Communication Channels	Main initiatives in 2014
<p>Students: 384 graduate students 17 DMSc's and 19 MMSc's in 2014 68 residents in 2014</p>	<p>Print and online channels Scientific events Meetings In-person classes Frequency: daily and/or permanently</p>	<p>Graduation and orientation of residents Presentations of Dissertations and theses</p>
<p>Associations: Association of São Paulo State Hospitals (AHESP); Federation Benevolent Hospitals of São Paulo State (FEHOSP), connected with the National Confederation; Brazilian Association of Philanthropic Cancer-Fighting Institutions (Abifcc), São Paulo State Association of Foundations (APF), Brazilian National Quality Foundation–Brazilian Association for Quality of Life (ABQV); Brazilian National Association of Private Hospitals (ANAHP); Brazilian Training and Development Association (ABTD); Brazilian Institute for Business Hospitality (IBHE); São Paulo State Medicine Association (APM); Philanthropic Hospital Sector Association (Sindhosfil); Association of Health Care Establishments of the ABC Area, São Paulo State Regional Council of Medicine (Cremesp), Regional Council of Engineering and Architecture (CREA), Brazilian Society of Cancer Science</p>	<p>Online newsletters Face-to-face meetings Consultation materials E-mail, Technical groups Annual Conferences Discussion forums Research materials about good practices. Frequency: variable (daily, monthly or annual), depending on the entity</p>	<p>Industry newsletters Legislative amendments Discussions and guidelines for the implementation of IN (Instrução Normativa, Regulatory Instruction) 54-ANS (Agência Nacional de Saúde Suplementar, Brazilian National Supplemental Health Care Agency): Electronic protocol for appeals in hybrid administrative proceedings for reimbursements to SUS RN [Resolução Normativa, Regulatory Resolution] 358 – ANS: physical and hybrid administrative proceedings for reimbursement to SUS RN 359 – ANS: Amends RN 190, corporate Internet portal, appointment of a professional to provide information (TISS [Troca de Informação em Saúde Suplementar, Information Exchange on Supplemental Health Care] Standard) RN 363: Rules for written contracts entered into between health plan companies and health care providers Motion to adapt to the SUS table Accelerating the release of funds to be invested in institutions providing care for SUS patients Discussions and studies about: information for assessing whether institutions should seek to obtain certification Mailing companies about talks on cancer prevention Studies of comparative indicators and data about the (health care) market and hospitals' operating performance Different studies on market compensation modules, DRG (Diagnosis Related Groups) and market profile Improvement by attending a Training and Development Conference Corporate training and development practices Discussions about Quality, Social Media and Multichannel Client Services, Innovative Client Relations Centers, best practices to engage and encourage patient care teams, Client Satisfaction Surveys and Ombudsman Service.</p>
<p>Local communities (associations, leadership)</p>	<p>Frequency: ongoing</p>	<p>Campaigns Integrated prevention initiatives</p>
<p>Government (Municipal Secretariat of Health)</p>	<p>SUS regulation system Phone number E-mail Face-to-face Frequency: ongoing</p>	<p>Meetings to set guidelines for public oncological health policies in the state capital Patient care reporting and analyses</p>
<p>Press/media</p>	<p>Releases E-mail Phone number Face-to-face Frequency: permanently/on demand</p>	<p>(Telephone, e-mail, face-to-face) interviews</p>
<p>Development agencies and other funders (FAPESP, CAPES, CPNq)</p>	<p>Phone E-mail Face-to-face Frequency: permanently</p>	<p>Meetings Reports</p>



Advertising campaign 2013/2014

We undertook important initiatives in 2014 to strengthen our relations with different stakeholder groups. Some of the most important are:

Institutional campaign – We ran an institutional advertising campaign on major TV channels in the second half of 2014 to reinforce our brand positioning as the A.C. Camargo Cancer Center.

Advertising campaigns – Two campaigns about our services in 2013 and 2014 won several awards at top advertising festivals in Brazil and other countries. The Superformula to Fight Cancer campaign was designed to encourage children in their fight against cancer (further details in the Humanization section). The Anticancer Paste Up campaign involved graffiti artists who depicted female nudes in different spots in the city of São Paulo, with one breast removed and the tagline “Any woman can be a victim of breast cancer. Go for a breast exam before it’s too late.”

Social media and website – With 202,605 fans on Facebook at the close of 2014, the A.C. Camargo Cancer Center’s page ranks first among cancer hospitals worldwide in number of followers. It also has about 5,000 followers on Twitter and

over 400 videos—with 800,000 views—on YouTube. Our website had more than 3 million hits in 2014. We are active in producing our own content and posted on our website 68 news reports, 45 press releases, 57 articles and 16 new content pages.

Press – The A.C. Camargo Cancer Center is a benchmark for cancer treatment, education and research and as such, serves as a source of reliable information for Brazilian media. In 2014, it had 134 TV/radio mentions and 916 print and online mentions.

Membership in Brazilian and international entities – We have representatives in scientific committees and professional associations such as the Brazilian Association of Philanthropic Institutions to Fight Cancer, the Brazilian Society of Surgical Oncology, the Brazilian Society of Urology, the Brazilian National Association of Private Hospitals (ANAHF), the Federation of Hospitals of São Paulo and the Brazilian National Quality Foundation (FNQ). The Institution has joined efforts with the Union for International Cancer Control (UICC) and the MD Anderson Cancer Center.

GRI G4-16



SATISFACTION SURVEY

GRI G4-DMA, G4-PR5

The 2014 Patient Satisfaction Survey confirmed that we provide excellent patient care. In fact, the general satisfaction rate with the different services the hospital provided was 98.9% among SUS patients and 94.7% among insured and self-pay patients.

The survey was conducted by an independent research institute through interviews at the A.C. Camargo Cancer Center in August and September. A total of 1,297 people were surveyed, 865 with health insurance and self-pays (584 patients and 281 companions) and 432 from the SUS (274 patients and 158 companions). The survey followed the procedures determined by the codes of ethics of the ABEP (Brazilian Association of Research Companies) and ESOMAR (European Society for Opinion and Market Research).

IMPROVEMENT

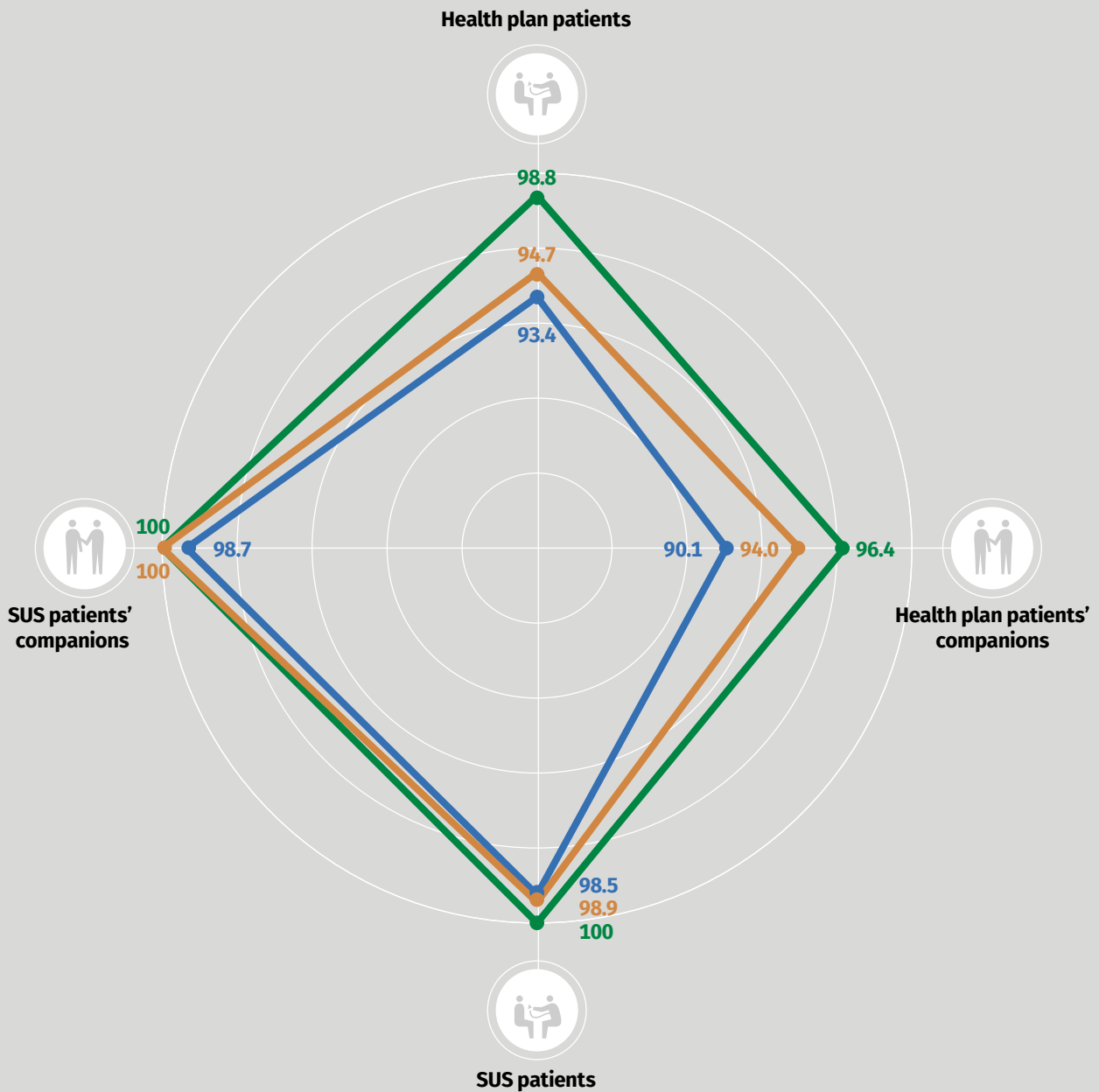
A similar survey was conducted in 2011 but only with insured patients. There has been a significant improvement in some areas between 2011 and 2014. For example, 98.8% of the respondents said they would most certainly recommend the A.C. Camargo Cancer Center and 98.5% that they wanted to continue using the hospital if necessary in 2014, compared to 98% and 97.9%, respectively, in 2011.

The perception of good patient care also is high: 93.4% of insured and self-pay patients (versus 90.2% in 2011) and 90.1% of their companions said they felt they got better care at the A.C. Camargo Cancer Center than any other hospital.

SURVEY CONDUCTED BY THE SÃO PAULO STATE SECRETARIAT OF HEALTH

The A.C. Camargo Cancer Center also had high satisfaction rates among SUS patients in a survey conducted by the São Paulo State Secretariat of Health's Foundation for Administrative Development. Letters were sent to 2,044,365 patients from 349 cities and towns who received care in 950 institutions. There were 158,230 valid responses. The average overall satisfaction rate with hospitalization and outpatient care was 95.1% and 93.8%, respectively.

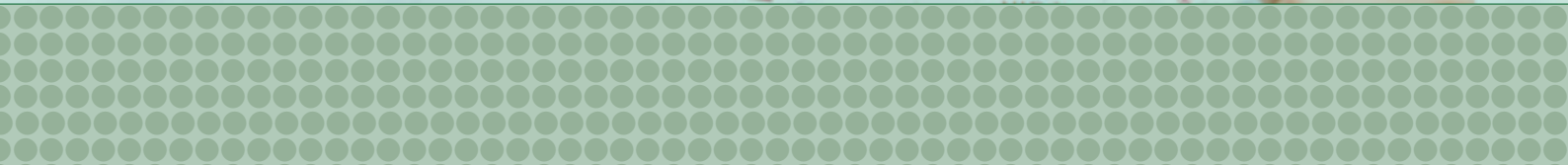
CLIENT SATISFACTION INDICATORS (%) GRI G4-PR5



RECOMMENDATION
I would most certainly recommend the A.C.Camargo Cancer Center – 4 and 5 points

OVERALL SATISFACTION
I am fully satisfied with the A.C.Camargo Cancer Center – 4 and 5 points

DISTINCTION
I get better care here than at any other hospital – 4 and 5 points



PREVENTION FIRST



GRI G4-DMA

The A.C. Camargo Cancer Center opened its doors to the public in 1953 guided by the conviction that prevention combined with early diagnosis and followed by highly qualified and specialized treatment increases the likelihood of treatment success. Since then, prevention consistently has been part of patient care, strengthened by periodic actions reaching companies, communities, and the general public interested in learning and disseminating knowledge about cancer risk factors and prevention measures.

Corporate events: In 2014, the Institution offered 98 corporate events: 41 lectures for 2,400 attendees, 8 workshops for 4,300 participants, and 49 exhibitions for 40,700 visitors.

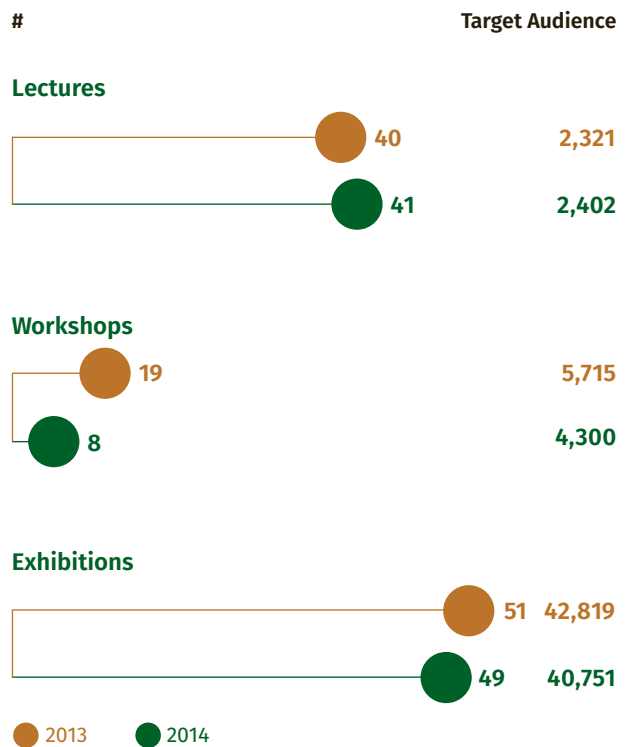
Meet the specialists: A.C. Camargo specialists participated in 11 meetings for the community. The lectures were open to the public, and the 2,003 people who attended had the opportunity to ask questions during the lectures or via social media. Following the events, the lectures were made available on the website (under Paciente/Mais informações, or Patient/More information) and social media (Facebook and Twitter) so that the community can use the content as reference material. In 2014, were published 114 videos that reached 19,833 views.

ACCESS TO INFORMATION

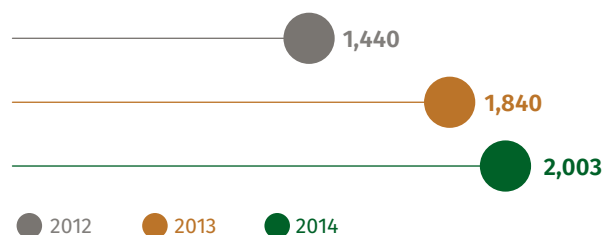
A.C. Camargo has a role as a reference center for disseminating knowledge about cancer and demystifying the various misconceptions and prejudice about it by sharing information with different audiences through direct communication channels such as the following.

Dicas de Saúde (Health Tips): Content developed every two weeks or once a month with information about cancer prevention and early diagnosis, health, and quality of life. The content is sent to companies to be shared with their employees by newsletters, intranet, or text messages. Content is provided free of charge. In 2014, the content generated was sent to 170 companies, reaching approximately 2.9 million employees.

CORPORATE EVENTS



PRESENCAS EM ENCONTROS COM ESPECIALISTAS

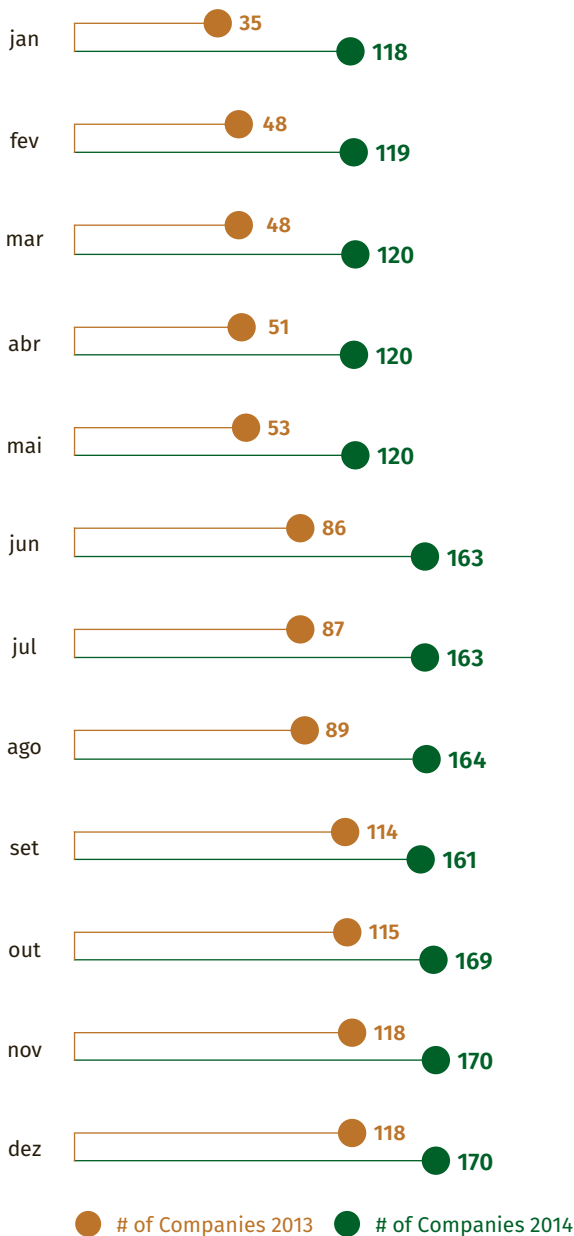


Newsletter Atuação: This electronic newsletter was sent to approximately 3,000 human resource managers and occupational physicians to share institutional information in addition to items on cancer prevention, diagnosis, treatment, education, and research. Eight issues were published in 2014.

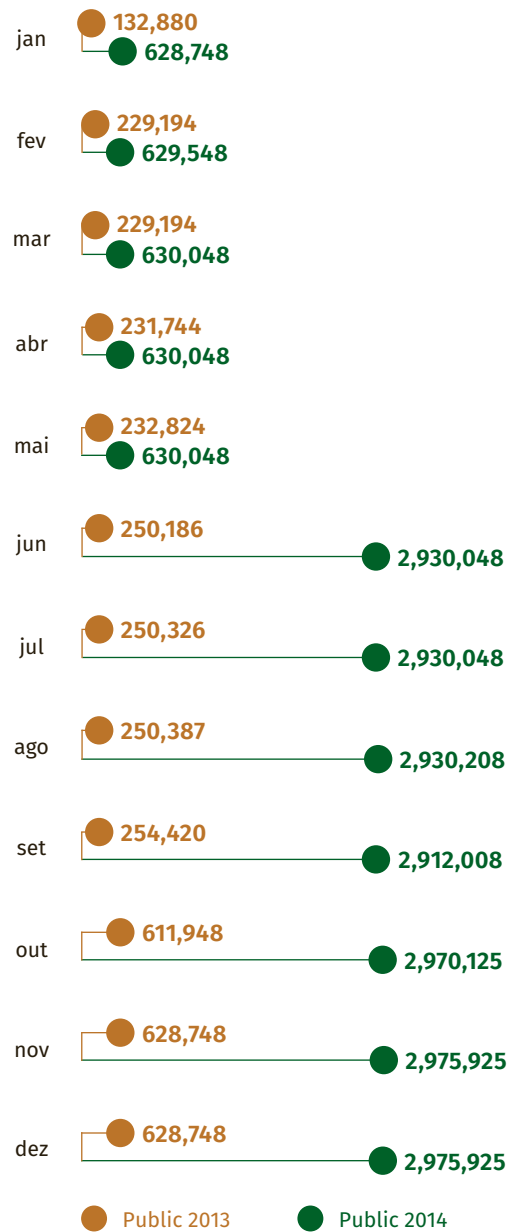
Newsletter Oncologia no Dia a Dia: This newsletter is published every two months and sent to approximately 13,000 physicians. The newsletter highlights diagnosis, treatment, and research as well as scientific activities.

Booklet - Cancer Patient Rights (Cartilha dos Direitos do Paciente com Câncer): This booklet has 27 chapters about the rights of cancer patients and can be downloaded free of charge. The goal is to support and help cancer patients to manage practical, social, and financial issues. The content helps these patients understand and benefit from laws that can mitigate the financial and social impacts on them. In 2014, the webpage had 69,335 views (compared to 56,000 in 2013), and the booklet was downloaded 39,497 times. *More information is on the website under Pacientes / Mais informações.*

HEALTH TIPS - # OF COMPANIES



HEALTH TIPS - PUBLIC REACHED





Campanha Combata o Câncer com Sorriso

PHONE APP FOR PHYSICIANS

This app with iOS and Android support was launched in 2014 especially for physicians and health professionals. A.C. Camargo Cancer Center uses the app to share guidelines for managing gynecologic tumors in the Manual de Condutas em Ginecologia Oncológica (Handbook in Oncologic Gynecologic) This is the second app created by our hospital; the first was the Manual de Padronização de Condutas e Rotinas Terapêuticas de Uro-Oncologia (Handbook in Urologic Oncology). By offering this service, the institution is broadening its scope of initiatives for disseminating professional information about cancer. In 2014, the first app had 1,162 downloads and the urology app 2,976.

The application describes the profiles of patients in each risk group for each type of tumor and provides information on chemotherapy, radiation therapy, surgery, and adjuvant treatments; pre-operative, intraoperative, and postoperative management; risk of recurrence (emergence of disease signs after treatment); and specific management of metastatic disease (when the disease spreads and affects other organs).

CAMPAIGNS GRI G4-DMA

Another initiative in prevention entails information campaigns to educate the public about cancer prevention and early diagnosis. All are published on our website and social media. Several 2014 campaigns stood out.

Combata o Câncer com Sorriso (Fight Cancer with a Smile):

This campaign shares life stories that surprise the public and are examples of success in overcoming the disease. Patients share their fears and challenges, achievements and dreams. The goal is to encourage other patients who have just being diagnosed with cancer or those who are already being treated and are fighting the disease. The website had 84,000 visits, and more than 900,000 people were reached through social media plus approximately 11 million by other media. Between August 6 and 8, the campaign was taken

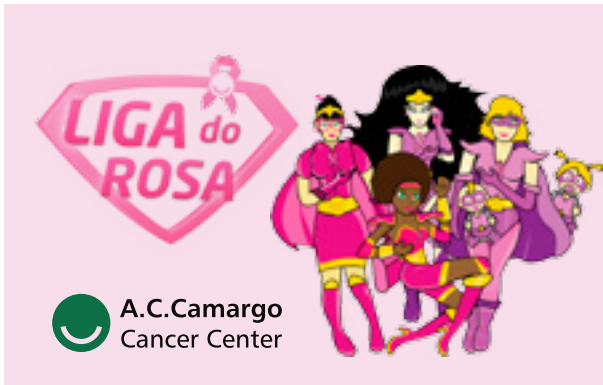
to Paulista Avenue, where promoters distributed balloons with positive messages, for example, that smiling can help people recover from diseases.

National Anti-Smoking Day: As a means to evoke the usual traffic in the city of São Paulo, A.C. Camargo Cancer Center had bags of sugarless candies placed on the rearview mirrors of cars with the message “Switch your cigarette for 10 minutes of life.” For this date, May 31, a phone app was also developed illustrating daily situations that become more pleasant without cigarettes. The user can choose an image, share it on Facebook page, and post messages to friends. This event reached 389,861 people.



Dê Mais Amor (Give More Love):

As part of World Day to Fight Cancer, on April 8, the #DêMaisAmor event was promoted. It invited the public to send out a message of love and hope on social media using the hashtag DêMaisAmor. Afterward, the messages were delivered to our inpatients. The initiative engaged 696,744 people by social media, 6,854 views on YouTube, and 20,058 likes, comments and shares on Facebook. This event was mentioned in the press and on the Bem-Estar show on the Globo TV network.



Pink October: A.C. Camargo Cancer Center traditionally participates in this world campaign to raise awareness of breast cancer. In 2014, four characters from the A.C. Camargo Pink League - the Superprofessional, the Supermother, the Superathlete, and the Superconnected, spread relevant dispensed information about the important role of mammograms, the key tool for diagnosing breast cancer at its earlier stages and the best method to screen the asymptomatic population. The campaign reached more than 850,000 people on social media in addition to almost 3,000 visits to the website. The Pink League was present at Applebee's restaurants and Amoraos Pedacos stores. The league also participated in an event at Morumbi Stadium during a soccer match of the house team, São Paulo Futebol Clube, with a banner about cancer prevention. Journalist Bruno Astuto also invited all women to paint at least one of their nails pink and to challenge three friends to do the same; 234 pictures supporting the cause were posted on the Internet.



A.C. Camargo Men's Health Walk/Run and Movember: In November, prostate cancer awareness month, approximately 2,500 people enrolled to participate in the 4th A.C. Camargo Men's Health Walk/Run that took place on November 16 at the University of São Paulo campus. Athletes and the general public participated in the 5km walk/run and 10km run. Their goal was to reach the end, all for prostate cancer prevention and early diagnosis. Moustaches, the campaign

symbol, were distributed during the event. The character Running Finger was also present to remind men about the importance of visiting a urologist routinely for DRE (Digital Rectal Exam) and blood tests (PSA) as a means of early diagnosis of prostate cancer. Besides reinforcing the need to take care of their health, men were also encouraged to take care of their looks: they could benefit from the Moustache Club (Espaço Clube do Bigode), a tent where professionals trimmed men's moustaches, beards, and hair.



Doe Sorrisos (Donate Smiles): This campaign was developed to highlight the National Day to Fight Cancer, November 27. The focus for 2014 was to stress the risk factors for developing cancer. A booth was set up at Morumbi Shopping Center in São Paulo where people could have pictures taken of their smiles. Masks, wigs, hats, and feathers were used and the pictures were shared on social media. The 943 pictures taken were displayed at the mall's digital display, our website, and printed out as mementoes for participants. The message added to the photos to raise awareness was "With early diagnosis, the likelihood of a successful cancer treatment is above 90%." This event was also broadcast live, and it reached 221,320 people.

Curiosidade sim. Dúvida não (Curiosity yes. Uncertainty no.): Information about cancer was also shared with children. A lecture was given to students attending Colégio Santo Agostinho in São Paulo. The objective was to show that information to fight cancer is important to different age groups. Children interacted, recorded questions, and wrote comments and messages about pediatric cancer before the lecture. This event resulted in a video that is available on the A.C. Camargo Cancer Center channel on YouTube. The video had more than 4,000 views in 2014. The successful format led to the production of a second video based on the theme "Curiosity, Yes; Uncertainty, No: Girls' Health" to answer questions about gynecology, which had 4,300 views.

PHILANTHROPY GRI G4-DMA, G4-EC7

As part of its philanthropic arm, the Department of Community Medicine promoted educational campaigns focusing on underprivileged communities. As part of a program called Cancer: Prevention Is the Best Solution, 37 lectures were given at public schools, union facilities, community associations, churches, and the APAE (Association of Parents and Friends of Individual with Special Needs). The focus was to discuss tumor prevalence in the population and the importance of having periodic screening tests and to arrange medical appointments and, if necessary, treatment at the A.C. Camargo Cancer Center.

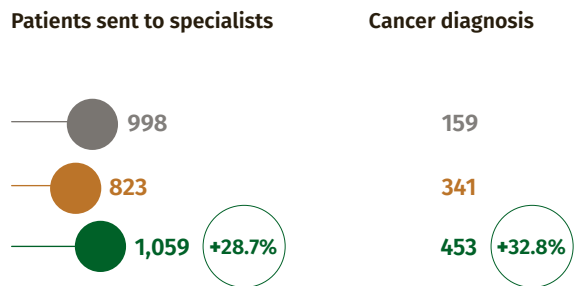
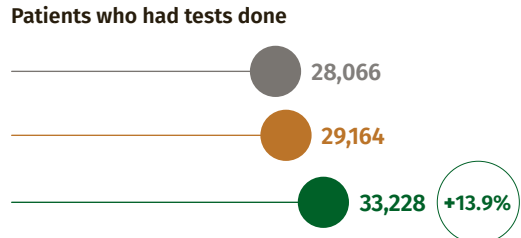
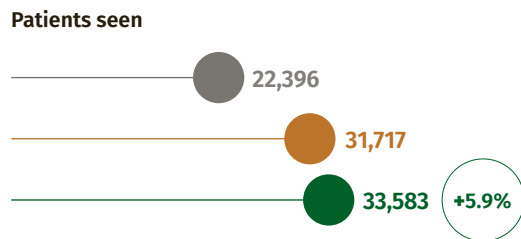
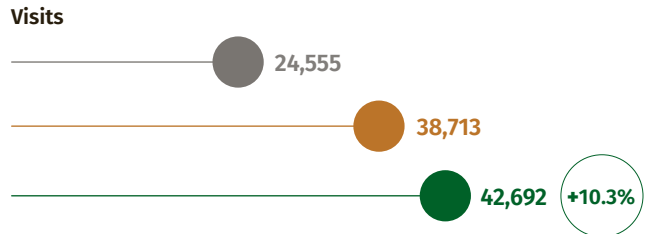
As part of the Early Prevention and Diagnosis Program, there were 42,692 doctor visits in 2014. Out of the 33,583 patients seen, 33,228 men and women had tests done. Their mean age was 49 years. From 2013 to 2014, testing increased 14 percent. As prevention and follow-up measures, 1,059 people were referred to specialists for treatment, 29 percent more than in 2013, resulting in 453 cases diagnosed, 33 percent more year over year.

FECAL OCCULT BLOOD TEST

Another initiative in 2014 was screening by fecal occult blood test kits to detect colorectal cancer (large bowel and rectum), the third most common type of cancer in Brazil among men and the second among women, according to 2014 estimates by Brazil's National Institute of Cancer (INCA). This program is part of a scientific cooperation agreement established with the Japanese government for assessing this kit and comparing it to the kit previously used.

Of the 1,500 people who were tested between February and July 2014, using both kits, 94 asymptomatic individuals tested positive and colonoscopies were ordered. Early lesions were identified in 35 individuals, and 5 were diagnosed with bowel cancer. All of them are now being treated at the A.C. Camargo Cancer Center. The agreement also will mean an exchange program of Japanese physicians and professors from the University of Medicine and Dentistry of Tokyo and their Brazilian counterparts. Besides the A.C. Camargo Cancer Center, the University Hospital of the University of São Paulo and the Rio Grande do Sul Gastroenterology Foundation participate in this program.

REFERRALS TO SPECIALISTS



● 2012 ● 2013 ● 2014 ○ Increase



MULTIDISCIPLINARY TREATMENT



The A.C. Camargo Cancer Center offers cancer patients a center that provides comprehensive treatment. Surgery, chemotherapy, radiation therapy, and rehabilitation services are offered to improve quality of life.

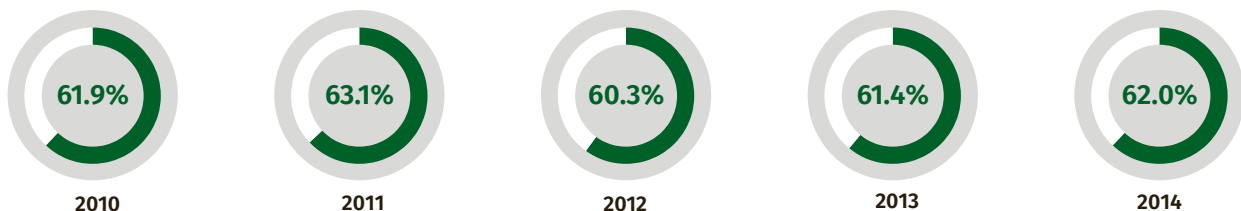
Because it is a reference center in oncology with forty specialty, the A.C. Camargo Cancer Center has a very large number of patients in the country. Thus, our specialists enhance their expertise and establish customized and multidisciplinary approaches for fighting cancer, which leads to standardized and more effective care.

The health care team has 584 physicians (including 66 with master's degrees and 74 with doctoral degrees), 81 physical therapists, 11 language and hearing therapists, 6 medical physicists, 6 dentists, and 3 medical psychologists. The team also includes nurses, dietitians, and 177 residents who support patient care. For becoming a resident in medical or surgical oncology at the A.C. Camargo Cancer Center, professionals need to have at least two years of previous training.

HEALTH CARE TEAM

Title	2013				2014			
	Diagnostic/Therapeutic Support	Surgical Oncology	Medical Oncology	Total	Diagnostic/Therapeutic Support	Surgical Oncology	Medical Oncology	Total
Associate Professor	2	2	-	4	2	2	-	4
Ph.D. degree	23	37	11	71	24	37	13	74
Master's degree	12	31	14	57	12	36	18	66
Specialist	185	35	23	243	122	87	231	440
Total	222	105	48	375	160	162	262	584

SUS COVERAGE (%)



In 2014, more than 3.5 million admissions, visits, treatments, and procedures took place, a 4.4% growth over 2013. Aligned with its philanthropic mission, 62 percent of those tests, treatments, and hospitalizations were for patients without private health insurance but covered by the Unified Health System (SUS). There were 352,048 outpatient visits and 22,382 surgeries,

counting general surgery, ambulatory surgery, and catheterizations procedures. There were 7,134 radiation visits, 85,921 chemotherapy sessions, 191,863 pathology tests, and 262,604 imaging tests, and approximately 2,000 hospital admissions per month to the 360 beds in the main building (315 regular beds and 45 ICU beds).

The A.C.Camargo Cancer Center maintains a policy that the best care should be provided to all, as determined by its philanthropic mission. This is why patients with health insurance, self-pays, and patients covered only by the SUS are seen by the same health care teams with the same technological apparatus available. Above all, this demonstrates the A.C.Camargo Cancer Center's commitment to and respect for patients regardless of their origins or social backgrounds.

Since its establishment, A.C.Camargo Cancer Center has had the support of the Volunteer Network to Fight Cancer. In 2014, 204 volunteers were responsible for different activities such as sewing mastectomy bras, drainage holders, and tracheostomy protectors, in addition to helping patients walk and move around during their hospital stays.

VISITS, TREATMENTS AND PROCEDURES IN OUR CORE ACTIVITY –OUTPATIENT CLINICS

	2013	2014
Total # of visits, treatments and procedures	3,406,764	3,557,834
SUS covered # of visits, treatments and procedures	2,091,481	2,205,626
% of patient care covered by the SUS	61.4%	62.0%

EXPENSES WITH FREE OF CHARGE SERVICES

	2013	2014
Total (R\$) thousands	7,646	759

VOLUNTEERISM

YEARS AS VOLUNTEER

	2013		2014	
	Number	% do total	Number	% do total
More than 50	2	1%	1	0.5%
More than 30	17	8%	12	5.9%
More than 20	32	15%	19	9.4%
More than 10	67	31%	68	33.3%
More than 5	20	9%	79	38.7%
Between 0 and 5	80	37%	25	12.2%
TOTAL	218	100%	204	100%











PATIENT CARE

Patient care was enhanced in 2014 with the expansion of the Together for Clients (Juntos pelo Cliente) program, which contributes to strengthening the commitment of professionals who continuously work with external and internal clients in cultivating attitudes that promote excellent care.

This program Together for the Client adds to the Welcome Program (Programa Bem-Vindo), a consolidated initiative that was implemented in 2010. The Welcome Program is based on attitudes, whereas Together for the Client focuses on reflection as a means to foster continuous improvement of patient care systems.

TOGETHER FOR THE CLIENT

The program is based on 10 behaviors:

-  Listen to the client
-  Willingness to serve
-  Think like the client
-  Proud to belong
-  Multiply good examples
-  Overcome client's expectations
-  Be obstinate about quality and innovation
-  Simplify the client's life
-  Clear communication
-  Seek the best solution

WELCOME

The program includes ten recommendations for providing excellent services:

- Greet patients warmly
- Be humble when accepting compliments
- Answer the phone in a professional manner
- Say good-bye warmly
- Be polite and listen to the patient
- Take care of your appearance
- Personally follow the patient
- Work safely and hygienically
- Promptly solve complaints
- Preserve your work environment

FIRST CARE

First care seeks to welcome new patients and reduce the time between diagnosis and the start of oncological treatment to ensure the best client care and reduce anxiety among patients and their families throughout the process.

HEALTH AND SAFETY AT THE CORE OF EVERYTHING

GRI G4-DMA, G4-PR1, G4-14

Patients' health and safety are the focus of our organization. As prevention and control measures, patients' health and safety are assessed in 100 percent of the services provided, including Surgery, Medical, Hospital Admissions, Diagnoses, Outpatient Clinics, Diagnostic Studies, and Therapeutic Support Areas. Management is guided by the principle of precaution and processes are accredited by the National Accreditation Organization (ONA) and the Accreditation Canada.

As a standard procedure, a patient is sent to the OR (operating room) only after the site of the surgery is marked. Procedures take place only after the team goes over a detailed checklist that encompasses three steps: before anesthesia induction (sign in), before skin incision (time out), and before the patient leaves the OR (sign out). The checklist includes items such as the patient's name, surgical site, risk of blood loss, critical points or intraoperative risks, equipment check, sponge count, and specimen labeling. All professionals participating in the procedure are accountable for performing this checklist, which is recorded on a board in the OR. Later a form is entered into the patient's records.

At chemotherapy, two measures are taken to ensure the patient's safety. When patients begin chemotherapy, they sign a consent form for chemotherapy. The form provides information to raise the awareness and educate patients or their caregivers about the risks and benefits of the treatment proposed. During the nurse's visit, the consent form is verified and validated.

These procedures comply with regulations and codes applied to Hospital Health Care and set by the National Health Surveillance Agency (ANVISA), the Coordination of Health Surveillance, and the Regional Boards of Medicine, Nursing, Pharmacy, and Nutrition, among others. Besides other accreditations, the A.C. Camargo Center is accredited by the Canadian Council on Health Services (CCHSA) and the Brazilian National Organization of Accreditation (ONA).

Another indication of ongoing concern with patients' safety in every single procedure is the our affiliation with the Sentinel Network for Health Surveillance, an important strategy for product marketing and post-use surveillance. This cooperation supports managing risks to health and allows for collaborative and effective work with the National System of Health Surveillance (SNVS).

RISK MANAGEMENT GRI G4-DMA

Risk management is responsible for ensuring that different procedures and protocols are followed to prevent risks to patients' health and well-being. Preventive measures are in place for falls, phlebitis, leakage of antineoplastic drugs, unplanned extubation, displacement of nasogastric tube, bronchoaspiration, pressure ulcer, and loss of central line.

Multidisciplinary teams manage risk. For example, one team has 42 professionals (Nursing, Pharmacy, Physical Therapy, Hygiene and Cleaning, and Nutrition), and they meet regularly to discuss and implement measures to prevent falls. In 2014, the team was responsible for the Fall Zero campaign that addressed factors that jeopardize a patient's recovery and alerts about the importance of measures to avoid this type of accident such as keeping the bed side rails up, the bed locked and low, and the nurse call button and frequently used objects near the patient, among others.

INFECTION CONTROL

Active vigilance and numerous measures are taken to control infections throughout the various steps of oncology treatment. The multidisciplinary team in charge of the Hospital Infection Control Service (Serviço de Controle de Infecção Hospitalar, SCIH) provides support to all patients because of their weakened immune systems, especially among those who undergo transplants. The immune system may be affected by cancer or cancer treatment (chemotherapy and radiation therapy, for example).

The SCIH supports prevention, diagnosis, and treatment of infectious diseases. The team follows specific guidelines regarding the use of antibiotics, immunization (vaccines), and prevention of surgical infections. The broad initiatives go from hand hygiene, audits of the suitability of precautions, and isolation to monitoring the Intensive Care Units (ICUs) and Bone Marrow Transplant Service for resistant pathogens and the use of antibiotics.



PREVENTIVE ACTIONS

- Application of bundles for preventing ventilator associated pneumonia, bloodstream infection, and urinary tract infection;
- Implementation and audits of a protocol to prevent bronchoaspiration in ICUs, and implementation on floors;
- Audits regarding the suitability of precautions and isolations;
- Weekly monitoring of ICUs and BMT units for VRE (vancomycin resistant Enterococcus sp), multidrug-resistant Acinetobacter baumannii, and extended-spectrum carbapenemase-producing pathogens (KPC);
- Use and daily changing of disposable curtains in ICUs in the presence of VRE, KPC, and multidrug-resistant Acinetobacter baumannii infection;
- Chlorhexidine for hand washing in ICUs and BMT units;
- Prevention protocols for orthopedic, breast, and brain surgeries, wash with chlorhexidine;
- Engagement with Environment and Surgery teams: interdisciplinary initiative to discuss issues and opportunities related to patients' safety;
- Control of broad-spectrum antibiotics;
- Suitability assessment of prophylactic antibiotics;
- Hand Hygiene Campaign every six months and whenever necessary. The campaign is based on the World Health Organization (WHO) Five Moments for Hand Hygiene approach.

EXCELLENCE IN EPIDEMIOLOGICAL SURVEILLANCE:

- Active surveillance in all sectors at A.C.Camargo Cancer Center;
- Multidisciplinary visits at Intensive Care Units;
- Post discharge surveillance of surgical site infections (SSI);
- Interaction with the Microbiology laboratory;
- Interaction with the medical staff and residents;
- Monthly discussions of indicators and health care-associated infections (HAI) with ICU, regular floor, and OR managers;
- Monthly analysis and design of joint action plans with managers;
- Health care-associated infections (HAI) Criteria based on the Centers for Disease Control and Prevention (CDC).

HUMANIZATION GRI G4-DMA

Different actions target lowering the burden of cancer treatment, particularly for children. In 2014, many cartoon characters such as Batman, Turma da Mônica, and Xuxinha as well as celebrities and artists visited children at the hospital. On February 15, 2014, International Childhood Cancer Day, we had a visit by clowns from the US Gesundheit Institute (Patch Adams).



As part of the Superformula campaign, Pediatric Oncology was turned into the Justice Hall, a reference to a team of superheroes (Batman, Wonder Woman, Green Lantern). In addition to decorating the room, IV covers were developed for delivering chemotherapy to children. The covers feature superheroes. This campaign was awarded the Silver Lion in the Pharma Section at the Cannes Lions festival in 2014. There have been more than 200 requests to use the idea in approximately 30 countries including the United States, Italy, Japan, and the United Kingdom. The campaign has been conducted since 2013 and has received other awards such as from the Clio Healthcare, Wave Festival, D&AD, One Show, and CCSP.

SUPPORT GROUPS

Many support groups coordinated by multidisciplinary teams arrange meetings to inform and welcome patients and their family members.

Affection Group (Grupo Afeto), Support for Families during Oncology Treatment – This group is dedicated to parents of children undergoing treatment. Monthly meetings are organized by the Department of Pediatric Oncology. Families have the opportunity to learn more about the disease, demystify the misconceptions about cancer, and develop defense mechanisms to fight the disease in addition to expanding their horizons about ways to cope and help the child or adolescent go through the treatment steps. This is an action aligned with the A.C. Camargo Cancer Center philosophy of providing humanized and appropriate treatment focusing on the quality of life of patients and those who love them.

Amor à Vida (Love of Life) Group - This group for adult patients gets together every two weeks and shares information on the different types of cancer. It is an opportunity for patients and their caregivers to exchange information and experiences in a relaxed and comforting environment. The objective of this group is to improve the physical and mental well-being of patients through informal lectures and playful workshops (makeup course, fashion shows, dance, and arts and crafts). Patients who feel comfortable may also share their experiences.

Smoker Support Group (GAT) - Established in 1997 and led by the Psycho-Oncology Team, this was the first service for smoking prevention and treatment offered to patients at a cancer center. Strategies to stop smoking, benefits of quitting smoking, and other related subjects are discussed in weekly meetings. Participants have the opportunity to exchange experiences and ask questions of specialists.

Grupo Sua Voz (Your Voice Group) - This program was established in 2011 and focuses on voice rehabilitation. It is coordinated by an interdisciplinary group that sees patients who underwent laryngectomies. Experience has shown that all participants improve compared to the baseline, and most of them achieve very good results.

Support Group for Ostomy Patients - This group is for patients with ostomies, and their family members and caregivers. The objective is to share information about intestinal and urinary ostomies through talks that also address how to take care of the equipment, surgical aspects, sexuality, emotional support, and rights. Patients can also exchange their personal experiences of surgeries that expose organs to the outer environment.

Meet the Caregiver - These workshops are especially for family members and caregivers. The goal is to provide information and answer questions about different subjects related to care of patients with cancer and the role played by caregivers.

Culinary Workshops - These workshops consist of free classes open to the community. The project started in 2009, and the workshops are provided by the Food and Nutrition Service. Besides issues related to a cancer prevention diet, the group also discusses the role played by food in controlling diabetes, hypertension, gluten and lactose intolerance, and other conditions. Dietitians and nutritionists show how to obtain the most nutrition from each food and how to prepare the different recipes related to the theme of the month. Special workshops are exclusively offered to our pediatric patients and their parents and caregivers. In 2014, there were six workshops for adults (76 participants) and five for children (66 participants).



SCHOOL AT THE HOSPITAL

The Schwester Heine Specialized School, the first school inside a private hospital in Brazil, opened in 1987 to provide regular teaching to children and adolescents admitted to the hospital, from pre-school to high school. This initiative was developed through an agreement with the Municipal Secretariat of Education, which is responsible for hiring teachers for pre-school and elementary school, and with the State of São Paulo Secretariat of Education, which is responsible for hiring teachers for middle school and high school.

The pedagogic content of the classes is customized and takes into account the clinical status of the patient. Classes are supported by playful methodologies and multimedia tools. In 2014, the school had 5,805 sessions for children and adolescents from 0 to 21 years of age.

SCHWESTER HEINE SCHOOL – # OF SESSIONS

	2013	2014
Outpatients	3,584	3,186
Patients	2,274	2,619
Gender		
Female	2,909	3,020
Male	2,949	2,785
Age (years)		
0 – 16	2,907	2,496
7 – 10	1,582	1,885
11 – 14	841	774
15 – 18	370	486
19 and older	158	164

Technology benefiting patients

An example of how technology supports cancer treatment, robotic surgery is gaining space as planned by the A.C. Camargo Cancer Center. In 2014, there were 274 robotic procedures. Since 2013, the Da Vinci robot has been used for treating patients with prostate cancer because of the high frequency of this type of cancer and the large number of patients affected by it and being treated at our hospital. Its use was soon extended to surgeries of other types, such as colorectal, gynecologic, head and neck, abdominal, and skin cancer.

The A.C. Camargo Cancer Center has the most modern version of the Da Vinci platform, the SI model, with rotating hands and two consoles. The system allows two surgeons to work simultaneously, executing high-precision movement, which ensures greater safety to patients. The rest of the team can follow the entire procedure with excellent visualization on a 3D monitor.



HOSPITALITY = INCREASING QUALITY

In addition to patient care, the A.C. Camargo Cancer Center vision also embodies high-quality services. The Superintendency of Hospitality, with its 1,300 employees, is responsible for ensuring patient's comfort and convenience. The superintendency oversees the following areas: Customer Service, Service Center, Parking, Housekeeping, Waste Management, Hospitality, Nutrition, Reception, Doormen, Bell Captain, Laundry Services, Asset Protection, Housekeeping, Pest Control, Landscaping Services, Administrative Services to inpatients, Bed Management, and Surgical Scheduling.

To meet the goal of providing better services, 904 professionals participated in the Be Hospitality program in 2014. The program had seven modules and addressed topics such as customer service, personal appearance, the importance of teamwork, and emotional intelligence, among others.

NUTRITION

Additional care was taken by Food and Nutrition Services in considering the impact of cancer treatment on a patient's sense of taste, with the objective of encouraging patients to eat at meal times. Toward that objective, a consulting company led by a French chef developed an in-house program to provide training on gastronomy basics and techniques. Ninety-one people were trained—cooks, prep cooks, chefs, food service assistants, dietitians, and nutrition technicians--in addition to 74 food service aides who deliver the meals to patients.

All Food and Nutrition Service efforts focus on encouraging patients to eat, which is important for their recovery, while also changing the perception that hospital food is poor. Now patients have the opportunity to try even feijoada with special ingredients, and patients receive their meals nicely set to be visually appealing and protected by a dish cover. Meals are distributed with the support of a closed and ergonomic cart that retains the food's temperature and enhances the workers' agility and safety. The program is progressing in 2015 with the refinement of menus.

SERVICE CENTER

The objective of the Service Center is to ensure patients' comfort during their hospital stays and services that exceed their expectations. The team consists of hosts and support professionals who routinely visit inpatients to check on their satisfaction and needs. Service aides assist in procedures related to hospital discharge. Since its creation in 2011, the Service Center has steadily grown in the number of services provided to patients and their family members.

SERVICE CENTER – NUMBER OF CALLS

2011	2012	2013	2014
10,511	14,082	23,232	32,751



INVESTIMENTOS

In order to continue improving patient care, the A.C. Camargo Cancer Center earmarked approximately R\$ 56 million in 2014 to ensure the level of excellence of the institution. The hospital invested R\$ 23 million in purchasing more sophisticated equipment.

Two new systems were implemented, one for digitizing imaging tests for diagnostic purposes (PACS) and another for Digital Certification. For 2015, plans for improvements in technology include updating the system platform used for patient care and implementing a new technological platform for managing personnel to optimize team management.

R\$ 56 million
were earmarked for ensuring
high excellence level in 2014

R\$ 23 million
were allocated for buying more
sophisticated equipment

PHILANTHROPY

GRI G4-EC7

As part of the center's social role, 62 percent of care is dedicated to patients under the Unified Health System (SUS), and the following activities were carried out in 2014 as well:

778

donations of assets to the University of São Paulo, the Santa Casa de Misericórdia de Jacareí, the Fundação Dona Carolina Tamandaré, the Centro Espírita Nosso Lar Casas André Luiz.

2,314

diapers were distributed for children and adult patients.

1,602

temporary breast implants for patients with breast cancer were distributed, including patients from other institutions.

550

tracheostomy protectors were distributed free of charge to patients.

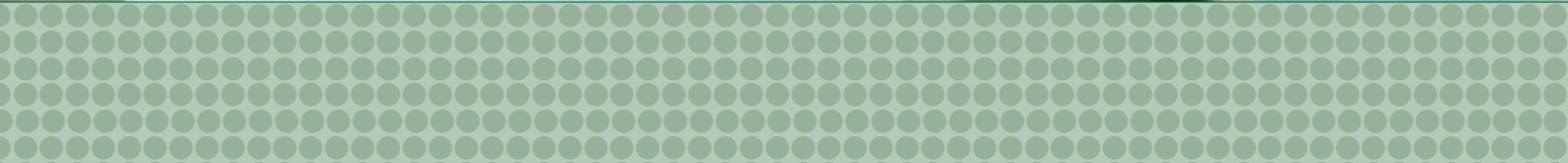
6,720

drainage holders were distributed to patients free of charge.

Support to the Casa de Apoio à Criança Carente com Câncer (House of Support for Underprivileged Children with Cancer). The hospital does not charge rent for this property located on Avenida Aclimação, in São Paulo, waiving **R\$ 84,000 /year.**

Support to the Dona Carolina Tamandaré Foundation. This project has benefited **61 underprivileged children** and adolescents living in the Glicério neighborhood in São Paulo, providing general health care and the donation of food, toys, and books.

In 2014, approximately **R\$ 144,000** were donated to support and **R\$ 55,000** were waived for rent of the property used by Dona Carolina Tamandaré Foundation.



RESEARCH FOR ONCOLOGY PROGRESS



GRI G4-EC7, G4-EC8, G4-DMA

Research is essential for oncology progress and allows for the discovery and enhancement of different methods to diagnose and treat cancer. Given its importance, research is one of the four pillars that guide our Institution.

Developing its research mission began in 1980 when the A.C.Camargo Cancer Center established a partnership with the Ludwig Cancer Research Institute, and it was strengthened in 2010 with the opening of the International Research Center (Centro Internacional de Pesquisa, CIPE) by scientist and Nobel laureate Harald Zur Hausen.

With an infrastructure comparable to the best international centers and more than 4,000 square meters, CIPE has two broad laboratories where 55 researchers (graduate advisors) and 82 professionals support research. This strengthens the institution's commitment to integrating care, education, and research.

CIPE also houses the National Institute of Science and Technology in Oncogenomics (Instituto Nacional de Ciência e Tecnologia em Oncogenômica, INCITO). Research and education also are supported by the Biobank, Project Office, Ethics Committee, Institutional Projects, Information Management, and health care professionals who actively participate in scientific projects.

Research has become an important pillar for the Institution. Today the A.C.Camargo Cancer Center is at the top of a world list prepared by Scimago Lab that ranks specialized research centers with regard to factor of impact normalized by field of knowledge and publication rate (considering the 25% most credible journals in the world). It ranks the Institution among the top producers of scientific papers in indexed journals, totaling 163 publications in 2014.

NUMBER OF PAPERS PUBLISHED

2013¹



A.C.Camargo

2014



A.C.Camargo

● No FI (national and international)

● With FI JCR²

¹ Numbers were corrected when compared to the previous report according to the year in which online pre-publication (epubs) were allocated

GRI G4-22

² Organization recognized for assessing journals

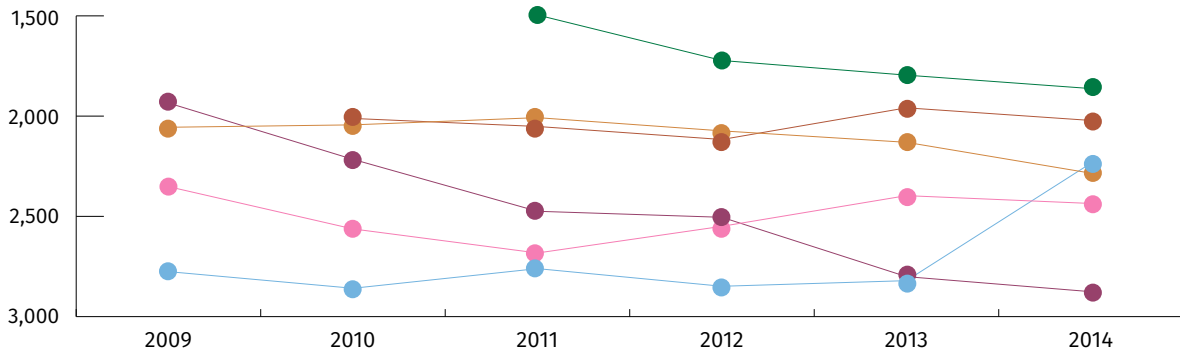
Total – papers by the A.C.Camargo Cancer Center health professionals and graduate studies advisors

A.C.Camargo – papers affiliated to the A.C.Camargo Cancer Center

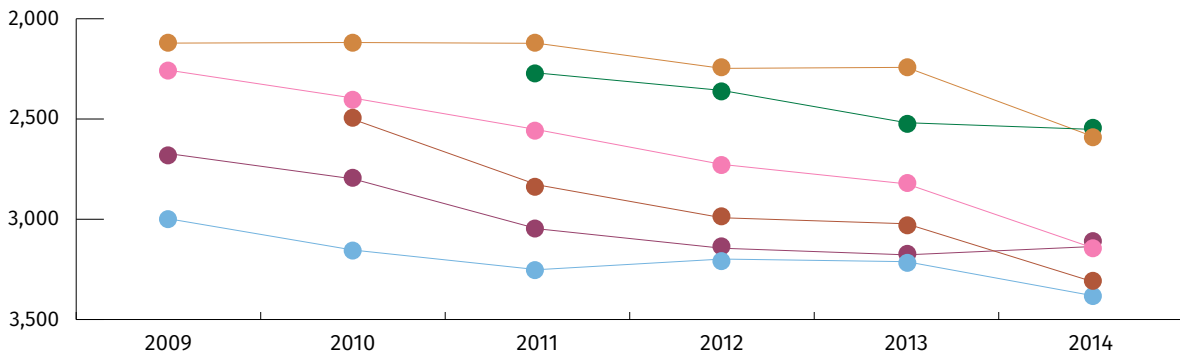
WORLD RANKING OF THE A.C.CAMARGO CANCER CENTER AND OTHER BRAZILIAN HEALTH INSTITUTIONS IN 2014

ACCORDING TO THE SCIMAGO INSTITUTIONS RANKING THE GRAPH PRESENTS THE RANKING OF A.C.CAMARGO CANCER CENTER AMONG MORE THAN 5,100 INSTITUTIONS.

Q1 RANK (high quality journals): list of publications that an institution publishes in the most influential academic journals worldwide, among the top quartile (25%) according to their categories. A.C.Camargo ranks first among the Brazilian health institutions that most publish in scientific journals with greatest impact and influence.



NORMALIZED IMPACT: the figures reveal the relationship between the mean scientific impact of the Institution and the world mean.



● Institution 1 ● Institution 2 ● Institution 3 ● Institution 4 ● Institution 5 ● A.C. Camargo

The A.C. Camargo Cancer Center, together with health care professionals, seeks to continuously contribute to oncology through its six research groups in basic and translational sciences: Genomics and Molecular Biology of Cancer,

Cytogenetics and Molecular Genetics, Investigative Pathology, Medical Genomics and Bioinformatics, Cellular and Molecular Biology, and Molecular Oncogenetics. In 2014, there were 150 projects, for a total of 916 since 2008.

RESEARCH HIGHLIGHTS

A.C. Camargo Cancer Center researchers developed the following studies in 2014:

- The Research Center and the Departments of Pediatric Oncology and Urology conducted a unique study to characterize a recurrent mutation in the DROSHA gene found in a pediatric renal tumor known as Wilms tumor. The product of this gene plays a very important role in processing a type of RNA known as miRNA, which performs many regulatory activities in the cells. This finding indicates molecular targets that will allow for the development of therapies to fight these tumors.

Torreza et al. Recurrent somatic mutation in DROSHA induces microRNA profile changes in Wilms tumour. Nat Commun 2014 Jun 9; 5:4039)

- The Research Center, the Head and Neck Team and the Department of Pathology found that a second gene, called TWIST1, presented overexpression in oral tumors. This increase is a predictive factor for metastases and poorer survival rates of patients; that is why TWIST1 may be considered an important therapeutic target for these tumors.

Da Silva et al., TWIST is a molecular marker for a poor prognosis in oral cancer and represents a potential therapeutic target. Cancer 2014;120(3):352-362.

- Researchers from CIPE and the Department of Oncogenetics in collaboration with international research groups identified a specific region in the TP53 gene that is usually polymorphic (variable in population) and that seems to be responsible for disparities of age at cancer onset. Germ line mutations (hereditary) of this gene predispose individuals with Li-Fraumeni syndrome to multiple tumors. This finding indicates that the follow-up of patients with some polymorphisms should start earlier.

Ariffi et al., Whole-genome sequencing analysis of phenotypic heterogeneity and anticipation in Li-Fraumeni cancer predisposition syndrome. *Proc Natl Acad Sci U S A*. 2014 Oct 28; 111(43):15497-501.

- The CIPE Team collaborated in a study that demonstrated the influence of a bioenergetic profile and oxygen consumption that involves a protein called PGC1 α , which plays a key role in cell invasion and the formation of distant metastases in breast cancer.

LeBleu et al., PGC-1 α mediates mitochondrial biogenesis and oxidative phosphorylation in cancer cells to promote metastasis. *Nat Cell Biol*. 2014 Oct; 16(10):992-1003.

- The Head and Neck Team and CIPE researchers conducted a metagenomic study demonstrating that tobacco and alcohol consumption affects the diversity of bacterial flora of the oral cavity. Strategies to preserve and restore the microbioma can prevent and treat diseases related to tobacco use and alcohol consumption.

Thomas et al., Alcohol and tobacco consumption affects bacterial richness in oral cavity mucosa biofilms. *BMC Microbiol* 2014 Oct 3; 14(1):250).

- The Department of Urology and Pathology participated in a multicenter study and assessed the largest series of penis tumors. The study revealed that the greater the presence of metastases in the lymph nodes at the beginning of treatment, the shorter time it takes for local recurrence or distant metastases; these are factors that directly influence cancer-specific mortality.

Rieken et al., Predictors of cancer-specific mortality after disease recurrence in patients with squamous cell carcinoma of the penis. *Eur. Urol*. 2014; 46(9):609-614.

- The Intensive Care Unit Team participated in a second multicenter study that assessed clinical characteristics and treatment outcome of patients with lung cancer who needed mechanical ventilation. Data revealed that the mortality rates were lower in patients without recurrence and with good performance status (good health status) even in the presence of sepsis or multiple organ dysfunction. A second publication confirmed these findings; half of cancer patients with different types of tumors and good performance status survive if they receive comprehensive intensive care including mechanical ventilation.

Azevedo et al., Outcomes for patients with cancer admitted to the ICU requiring ventilatory support: results from a prospective multicenter study. *Chest* 2014 Aug 1; 146(2):257-66).

- Out of the many publications in cutaneous oncology, two papers stood out. The researchers applied state-of-the-art dermoscopic approaches to distinguish benign from malignant lesions. These approaches proved to be effective in preventing diagnostic errors and unnecessary surgeries.

Tavoloni et al., Early detection of melanoma arising within nevus spilus. *J Am Acad Dermatol*. 2014 Feb; 70(2):e31-2; and Nascimento et al., Inner gray halo, a novel dermoscopic feature for the diagnosis of pigmented actinic keratosis: Clues for the differential diagnosis with lentigo maligna. *J Am Acad Dermatol* 2014 Oct;71(4):708-15).

- The Diagnostic Imaging Service compared the accuracy of multiparametric assessments using PET-MRI (positron emission tomography, magnetic resonance imaging) to assess breast lesions. Results indicated good accuracy in identifying benign and malignant lesions. Consequently, this approach should be considered for reducing the number of unnecessary biopsies without lowering the capacity to diagnose cancer.

Bitencourt et al., Multiparametric evaluation of breast lesions using pet-mri: initial results and future perspectives. *Medicine (Baltimore)*. 2014 Nov;93(22):e115.

COMITÊ DE ÉTICA E PESQUISA (CEP) GRI G4-DMA

The **Ethics and Research Committee** of the A.C.Camargo Cancer Center monitors all stages of every study. Each project must describe the study objectives and the mechanisms to control for results and test the study's relevance. The committee has twenty members and four alternate members. There are physicians, social workers, psychologists, biologists, nurses, pharmacists, speech and hearing therapists, and lawyers, in addition to one representative from the community (Forum dos Portadores de Patologia do Estado de São Paulo) in this committee. Half of the committee is appointed by the management team of the Institution, and the other half is elected by the different specialty departments that make up the committee.

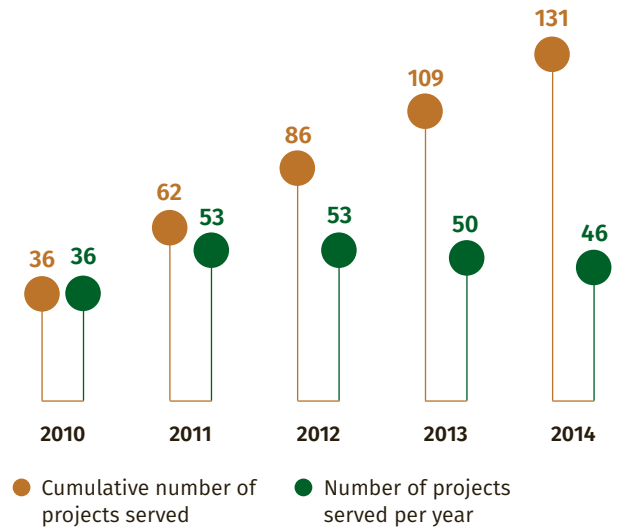
BIOBANK

The Biobank of the A.C. Camargo Cancer Center includes the Tumor Bank and the Macromolecule Bank. The Biobank is one of the largest and most comprehensive in Latin America and serves as a reference source for studies. Since its establishment, the Tumor Bank has collected 54,230 samples (leukocytes, plasma, frozen tissue, and PFA and FA fixed tissues). In 2014, it added 4,015 frozen samples and 1,884 blood samples (leukocytes and plasma). Approximately 29,000 samples are stored. The Macromolecule Bank has processed approximately 17,000 samples since 2004. The Biobank samples are used to better understand the processes that cause cancer.

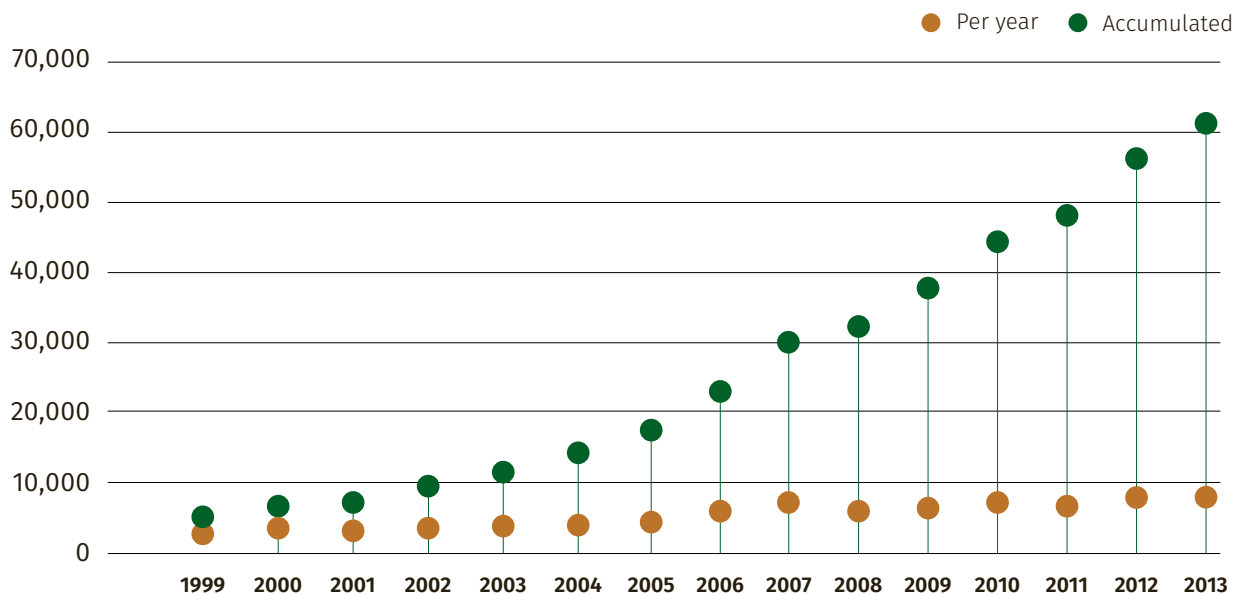
The Biobank has DNA, blood, and different tissue samples, among other molecules. In 2014, the Biobank provided samples to 46 research projects conducted at the institution, including collaborations by Brazilian and foreign researchers.

The Biobank represents a key tool for obtaining molecular information from tumors. The knowledge of changes found in tumors leads to the design of new diagnostic markers and therapeutic targets. Tissues collected from normal individuals and stored in this bank can help identify marker molecules for mapping those individuals' risk of developing tumors or even allowing for early detection and improved therapeutic approaches. By sharing this knowledge with the scientific community in publications, the A.C. Camargo Cancer Center supports potential discoveries and new products to improve cancer treatment.

NUMBER OF RESEARCH PROJECTS THAT USED SAMPLES FROM THE BIOBANK



TUMOR BANK – SAMPLES COLLECTED





RNA AND DNA EXTRACTIONS CONDUCTED BY THE BANK OF MACROMOLECULES

	Até 2007	2008	2009	2010	2011	2012	2013	2014
DNA (Blood)	94	268	731	1142	1027	675	865	433
DNA (Frozen tissue)	269	566	857	581	1057	743	706	413
RNA (Frozen tissue)	960	631	839	693	864	1092	1147	606
Total	1323	1465	2427	2416	2948	2510	2718	1452

CLINICAL TRIALS

Clinical trials represent an essential tool for oncology. The main objective of clinical trials is to study new drugs and innovative therapies with improved efficacy and lower patients' risks of adverse events.

Clinical trials conducted at the A.C. Camargo Cancer Center are generally sponsored by pharmaceutical and medical device companies or by national or international bodies interested in the development of specific areas of care.

In 2014, there were 55 clinical trials conducted at the A.C. Camargo Cancer Center (compared to 54 in 2013), totaling 142 studies involving 2,520 patients since 2001. The center complies with international rules to ensure that trials meet scientific and ethical standards while also respecting subjects.

SPONSORED CLINICAL TRIALS

	2013	2014
# of trials started	5	13
# of trials recruiting patients	12	18
# of trials on follow-up	23	17
# of trials completed	14	7

INCENTIVES

A program to foster research was created in 2013. It awards grants to medical teams according to the academic activity developed, including support for graduate students and funds to medical teams publish and participate in scientific committees.

In 2012, the Professor Ricardo Renzo Brentani award was established. It supports projects developed by A.C. Camargo Cancer Center cancer health professionals. Awards ranging from R\$ 3,000 to R\$ 100,000 were given for nine research projects, totaling R\$ 500,000. The goal of these projects is to improve cancer diagnosis and treatment.

SUPPORT FOR RESEARCH

Research coordinated by A.C. Camargo Cancer Center scientists and physicians are also supported by national and international funding agencies such as the State of São Paulo Research Foundation (Fundação de Amparo à Pesquisa do Estado de São Paulo, FAPESP), the CAPES Foundation (Coordination for the Improvement of Higher Education Personnel), the National Council for Scientific and Technological Development (Conselho Nacional de Desenvolvimento Científico e Tecnológico, CNPq), the Financing Agency for Studies and Projects (Financiadora de Estudos e Projetos, FINEP), the US National Institutes of Health (NIH) National Cancer Institute (NCI), and the European Commission CHIBCHA (Genetic Study of Common Hereditary Bowel Cancers in Hispania and the Americas). The A.C. Camargo Cancer Center also strongly supports research.

The A.C. Camargo Cancer Center also received more than R\$ 1.5 million in donations coming from the Nota Fiscal Paulista Program (State of São Paulo tax return program) in 2014.

INVESTMENT ON RESEARCH¹

	2013	2014
FAPESP <small>GRI G4-EC4</small> ²	7,134,266	5,878,805
Others	2,063,187	378,898
A.C. Camargo Cancer Center	11,505,000	10,780,064
Professor Ricardo Brentani Award	500,000	500,000
A.C. Camargo Program to Foster Research	2,500,000	2,002,577
Total	23,702,453	19,540,346

¹ decimal cases were deleted

² The government does not participate in the capital of A.C. Camargo. GRI G4-EC4

TAX INCENTIVE PROGRAMS: PRONON AND PRONAS

The A.C. Camargo Cancer Center's ongoing projects are supported by the National Program of Oncology Care Support (Programa Nacional de Apoio à Atenção Oncológica, PRONON) and the National Program of Health Care Support for Persons with Disabilities (Programa Nacional de Apoio à Atenção à Saúde da Pessoa com Deficiência, PRONAS), which allow for income tax deductions up to 1%. The amount is allocated to projects approved by the Ministry of Health

Regional Center for Cancer Education – The priority of this project is to create and implement a center to educate and train health care professionals to work in oncology. The goal is to educate and train professionals to work throughout the country to meet the shortage of these professionals and to improve their social and geographic distribution nationwide. Three training programs are scheduled to educate 572 professionals in the entire country, 52 directly trained by the programs and the other 520 professionals trained by the professionals directly educated. Total project amount: R\$ 4,686,835.

Tumor Bank for Cancer Treatment, Prevention, and Early Diagnosis Research Studies – The objective is to develop and expand our current tumor bank to continue collecting human biological samples obtained from patients in preventing, diagnosing, and treating cancer. The samples are used for oncology research. Thus the project will increase the capacity to store human biological samples to be collected in the near future. This will support future research on the most common types of cancer that affect the Brazilian population (with the population of the city of São Paulo as a baseline), thus producing knowledge that will improve strategies to prevent, provide early diagnosis of, and treat cancer. Total project cost: R\$ 6,486,935.

Rehabilitation Program of Patients Undergoing Cancer Treatment or Already Treated – The objective of this project is to increase the activities carried out by our Rehabilitation Center for Cancer Patients. It involves a broad and progressive multidisciplinary process that supports patients with cancer to optimize their physical, social, psychological, and vocational functions considering the limits established by the disease and its treatment. All patients are identified, and when necessary, rehabilitation programs are provided to treat their physical, emotional, and functional disabilities (mobility, voice, speech, deglutition affected by cancer treatment). Total project cost: R\$ 3,575,958.



PARTNERSHIPS

Partnerships and agreements with many reference institutions in different fields support the A.C. Camargo Cancer Center in maintaining excellence in operations.

The A.C. Camargo Cancer Center National Institute of Science and Technology in Oncogenomics (Instituto Nacional de Ciência e Tecnologia em Oncogenômica, INCITO) has established agreements with the following international organizations since 2007: MD Anderson Cancer Center (USA); McGill University (Canada); International Agency for Research in Cancer, IARC (France); Memorial Sloan-Kettering Cancer Center (USA); National Cancer Institute, NCI (USA); International Prevention Research Institute, IPRI (France); Princeton University (USA); Institut Gustave Roussy (France); University College of London (England); Universidad de Córdoba (Argentina); University of Toronto (Canada); University of Western Ontario (Canada); Georgetown University (USA); University Paris-Decartes (France); Kings College of London (England); and Universidade de Lisboa (Portugal).

In Brazil, the A.C. Camargo Cancer Center has partnerships with the Universidade Estadual Paulista (UNESP) and the National Laboratory of Biosciences (LNBio) of the National Center for Research in Energy and Materials (Centro Nacional de Pesquisa em Energia e Materiais, CNPEM).

A.C. CAMARGO CANCER CENTER MAINTAINS ITS EXCELLENCE IN CANCER DIAGNOSIS AND TREATMENT BY WORKING IN PARTNERSHIP WITH NATIONAL AND INTERNATIONAL ORGANIZATIONS



EDUCATION – DISSEMINATING KNOWLEDGE



GRI G4-EC7, G4-EC8, G4-DMA

The A.C. Camargo Cancer Center vision includes disseminating knowledge and developing didactic-scientific activities. This was a foundational principle from the hospital's beginnings. When the hospital was established in the 1950s, physicians interested in specializing in oncology had to study abroad. Soon after its establishment, the hospital anticipated its teaching role by offering the first medical residency program in oncology in Brazil.

Since 1953, the School of Oncology Celestino Bourroul (ECCB) has trained 1,169 oncologists, 68 of them in 2014. Twelve different residency programs were offered in 2014: Surgical Oncology, Medical Oncology, Pediatric Oncology, Cytopathology, Head and Neck Surgery, Nuclear Medicine, Pathology, Radiology and Diagnostic Imaging Studies, Radiation Therapy, BMT, Endoscopy, and Intensive Medicine, in addition to specialization courses in Thoracic Surgical Oncology and Urologic Oncology. Other residency programs include Nutrition, Nursing, Speech and Hearing Pathology, Physical Therapy, Psychology, Medical Physics, and Dentistry. The programs encourage residents to participate in developing research, theses, and dissertations and to study papers that enrich their learning and résumés. All programs are recognized by the National Commission of Medical Residency (Comissão Nacional de Residência Médica, CNRM-MEC).

The A.C. Camargo Cancer Center was also a pioneer in 1997 as the first private organization not part of a university to offer graduate studies in Oncology. In 2014 in the program, 36 students finished their master's and Ph.D. degree studies, bringing the total to 525 graduates since 1997. At year end, 384 students were attending the lato sensu and stricto sensu programs – 115 in the Ph.D. program, 69 in the master's degree program, 17 in postdoctoral studies and 17 in the undergraduate studies research program.

The programs are supported by weekly seminars given by graduate advisors, physicians, and graduate students. They are responsible for delivering lectures and presenting clinical cases. In 2014, there were 43 sessions in addition to the 33 seminars led by the International Research Center (CIPE). *(More information available in the Research chapter)*

The Fulbright Institute of International Education in partnership with MD Anderson trained professors in scientific English in 2013. These professors now teach graduate courses (Scientific Communication in English). In 2014, eleven students went abroad as part of their training. They visited distinguished organizations such as the NIH, MD Anderson, King's College, Harvard Medical School, and the Institute for Research in Immunology and Cancer (IRIC) of the Université de Montréal in Canada.

NEW PROGRAMS

The A.C. Camargo Cancer Center established partnerships with the State of Mato Grosso Cancer Hospital in Cuiabá (MT), the State of Pernambuco Cancer Hospital, and the State of Pernambuco Society to Fight Cancer (Sociedade Pernambucana de Combate ao Câncer) in Recife to promote scientific and technological exchanges for research, education, and training to develop human capacity in oncology.

The CAPES Foundation also funded interinstitutional master's (MINTER) and Ph.D. (DINTER) programs to train qualified staff for social, economic, cultural, scientific and technological development, and innovation. A DINTER program has been in place since 2013 with the Federal University of Ceará. A MINTER program in partnership with the Federal University of Vale do São Francisco (UNIVASF) was approved by CAPES in 2014.



SCIENTIFIC EVENTS

With a focus on the medical community, the A.C. Camargo Cancer Center holds scientific events that set a standard in oncology research and education because they gather professionals from all over the world to exchange knowledge and disseminate the most advanced techniques for diagnosing and treating cancer. In 2014, the center hosted 15 conferences, with 2,279 participants.

- Immersion in Oncology (Chapters I to VI)
- Global Postlaryngectomy Rehabilitation Academy
- 14th Dermatoscopy Course and 4th Course of Cutaneous Oncology
- 17th Pathology Meeting, 7th Meeting of Investigative Pathology, 3rd Consulting the Specialist
- 10th International PECOGL Symposium
- 1st International Symposium of Oncology Imaging
- PECOGL: 3rd International Symposium of Oncologic Surgery – Minimally Invasive Surgery of the Upper Digestive Tract
- 2nd International Oncology Biennial
- 2nd Meeting of Pharmacy
- 1st Meeting of Nutrition

TOTAL # OF STUDENTS GRI G4-9

	2013		2014	
	# of attendees	% of total	# of attendees	% of total
Latosensu				
Courses	162	34.3%	77	20.1%
Enhancement	54	11.4%	65	16.9%
Distance Learning	49	10.4%	12	3.1%
Technical courses	12	2.5%	12	3.1%
Total latosensu	277	58.7%	166	43.2%
Stricto sensu				
Ph.D. degree programs	98	20.8%	115	29.9%
Master's degree programs	66	14%	69	18%
Scientific scholarships	18	3.8%	17	4.4%
Post-doctorate	13	2.8%	17	4.4%
Stricto sensu	195	41.3%	218	56.8%
Total	472	100.0%	384	100.0%

School of Pathology: a pioneer action

The School of Pathology Humberto Torloni (EPOAHT) was established in August of 2014. The School seeks to overcome the shortage of new findings in diagnostic and investigative pathology. The school was named after the first director of the Department of Pathology and oldest pathologist at the A.C. Camargo Cancer Center. Dr. Torloni turned 90 years old in 2014 with more than 60 years dedicated to oncology.

PHILANTHROPY GRI G4-EC7, G4-DMA

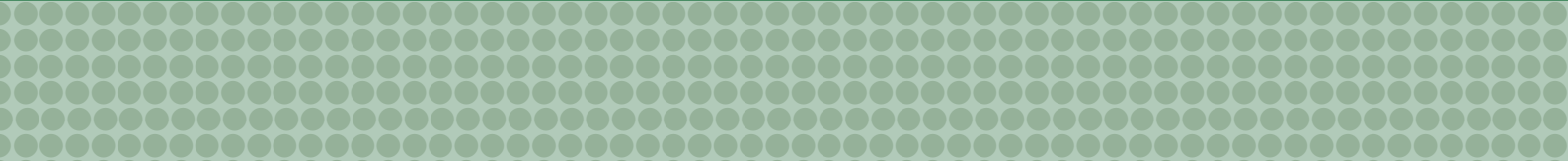
The A.C. Camargo Cancer Center is accredited as a teaching hospital by the Ministry of Education and the Ministry of Health. The hospital plays a role in educating health professionals. Teaching hospitals provide comprehensive care to patients according to what is determined by the Unified Health System through an integrated and organized approach. As a means

to disseminate knowledge, the hospital provides full scholarships to students attending master's or Ph.D. studies, postdoctoral work, scientific scholarships to undergraduate students, residency programs (to physicians and other health care professionals), and scholarships for *lato sensu* courses.

SCHOLARSHIPS OFFERED IN 2014

	2013 ¹		2014	
	Revenues (Mean – R\$/month)	# of students	Revenues (Mean – R\$/month)	# of students
Lato sensu				
Technical courses	3,555.55	6	2,645.58	6
<i>Lato sensu</i> courses	130,183.73	161	64,781.42	77
Enhancement courses	24,554.18	54	35,817.25	65
Distance learning	12,694.36	49	3,698.58	12
Total # of students (self-pay and scholarship recipients)	170,987.82	270	110,036.55	166
Scholarships offered	4,175.73	7	3,093.71	6
Percentage of scholarships	2.44%	2.59%	2.81%	3.61%
Stricto sensu				
Master's degree program	146,457.45	66	163,129.17	69
Ph.D. degree program	216,362.18	98	269,270.83	115
Scientific scholarships	36,080.49	18	36,483.75	17
Post-doctorate program	31,245.64	13	43,083.75	17
Total # of students (scholarship recipients)	430,145.76	195	511,967.08	218
Scholarship offered	430,145.91	195	511,967.08	218
Percentage on scholarship	100%	100%	100.08%	100%
Total	601,133.58	465	622,003.63	384
<i>Scholarship for Lato and Stricto Sensu programs</i>	434,321.64	202	515,477.46	224
Percentage on scholarship	72.3%	42.8%	82.87%	58.33%

¹ Values as of December 9, 2013



PROFESSIONAL EXCELLENCE

GRI G4-DMA

The greatest asset of the A.C.Camargo Cancer Center is its multiprofessional team. Altogether the hospital has 3,749 highly qualified and engaged employees in providing and promoting excellent care to patients.

Policies regarding personnel management are integrated into the organization's strategic foundations, and its mission, vision, and values seek to include and offer opportunities for the growth and development of the professional team.

The A.C.Camargo Cancer Center was included for the sixth time, and fourth consecutive, among the Top 150 Best Companies to Work For in Brazil by Guia Você S/A. This demonstrates employees' recognition of the model established in the institution.

In 2014, employees included 191 individuals with disabilities who worked in the hospital's administrative and health care support areas.

EMPLOYEES

GENDER

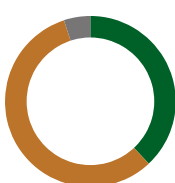
GRI G4-10



68.5% Women
31.5% Men

AGE

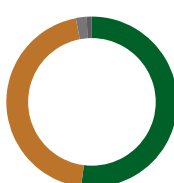
GRI G4-LA12



38.1% less than 30 years of age
30-50 years of age
4.8% 51 years old and older

RACE

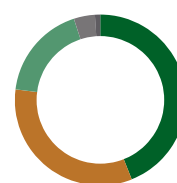
GRI G4-LA12



53.7% white
45.9% black (black and brown)
0.3% yellow
0.1% indigenous people

FUNCTIONAL CATEGORY

GRI G4-LA12



43.4% technicians
32.8% administrative staff
18.2% operating staff
5.4% managers and supervisors
0.2% other categories

TOTAL # OF EMPLOYEES GRI G4-10

ACCORDING TO TYPE OF CONTRACT AND TYPE OF WORK

		Men	Women	Total
Direct employees		1,180	2,569	3,749
Permanent	full time	695	1,302	1,997
	part time	432	1,213	1,645
Temporary	full time	0	1	1
	part time	2	1	3
Outsourced staff				
Permanent	full time	187	69	256
	part time	0	47	47
Temporary	full time	0	0	0
	part time	0	0	0
	sporadic	2	0	2
Interns		9	43	52
Young apprentices		53	54	107

HOURS OF TRAINING GRI G4-LA9

Functional category	# of employees in this function	# of participants in trainings	Total # of training hours	Mean # of hours per employee
Directors	8	101	350	43.75
Managers and supervisors	202	2,081	7,212	35.70
Technicians	1,627	7,661	26,551	16.31
Administrative staff	1,229	2,616	9,066	7.37
Operating staff	683	8,094	28,050	41.06
Others (interns)	52	472	1,636	31.46

Gender

Male	1,189	5,438	18,846	15.85
Female	2,612	15,587	54,019	20.68
Total	3,801	21,025	72,865	19.17



DEVELOPMENT

GRI G4-DMA, G4-LA10

The Corporate University opened its doors in 2014. This reflects the hospital's commitment to training and developing its personnel. Since it was established, more than 21,000 attendees have participated in sessions. The Corporate University was established to value and professionally develop our employees and to provide them with high-quality training. The programs cover technical and behavioral areas, mandatory training, leadership, and the development of young leaders. All training programs are directly related to employees' competencies and institutional strategies. The total investment was R\$ 645,000, and the goal is to increase participation by 20% in 2015.

Training activities totaled 72,865 hours, with 21,025 participants, or 19.17 hours per employee.

The A.C. Camargo Cancer Center contributes to educating employees by offering scholarships for undergraduate and graduate studies. In 2014, the hospital invested R\$ 391,000, and 166 employees benefited from this action.

PERFORMANCE ASSESSMENT

Our employees' performance is assessed every six months. Two methodologies are used: 360° for the leadership (managers are assessed by their superiors, subordinates, and peers, in addition to their self-assessments) and 180° for all the other employees (self-assessment and assessment by their immediate superiors). The process includes feedback, which means that managers talk individually to each member of the team and share their professional assessment by recognizing their strengths and opportunities for improvement; together they create a customized development plan, which is considered essential. This step has a special chapter in the Organizational Leadership Development Program.

Performance assessments take into account the competencies that are considered essential to our institution: business vision; performance management, integrated action, commitment to clients; innovation, and empowerment. For leaders, three other competencies are assessed: personnel development, inspiring leadership, and partnership development. For each area, specific skills are also measured.

Every two years the hospital maps prospective leaders, which allows for planning their development for succession plans in the short, medium, and long term. The last mapping took place in the second half of 2013.

PERFORMANCE ASSESSMENT GRI G4-LA11

The table below displays the percentage of employees whose performance was formally assessed and followed together with their career development in 2014.

Functional category	Men	Women	Total
Directors	100.0%	80.0%*	87.5%
Managers and supervisors	94.7%	93.1%	93.6%
Technicians	87.0%	86.8%	86.8%
Administrative staff	92.2%	82.0%	86.8%
Operating staff	75.4%	78.9%	78.2%
Total	88.6%	84.3%	85.6%

* Because new leaders took over at the General Superintendency only in December 2014, there was not enough time for assessing their performance.



ESSENTIAL COMPETENCIES

- **Business Vision** – Capacity to monitor the market and to follow national and international trends, seeking to anticipate the demands and to guide future actions for the success of the entire hospital.
- **Performance Management** – Capacity to plan, set goals, and ensure that every team member meets her or his individual objectives. It encompasses defining standards, assessing performance, and being accountable for results achieved.
- **Integrated Action** – Capacity to understand the impact of their actions in the different areas of the organization and the need to integrate people and processes to achieve excellence. Actively support not only team members but all who work for the company in a synergistic fashion.
- **Commitment to clients** – Capacity to prioritize clients' needs by demonstrating understanding, agility, and appropriate communication plus ensuring safe patient care. Capacity to anticipate expectations, be aware that each contact is an opportunity to enhance relationships, and focus on the pursuit of excellence.
- **Innovation** – Capacity to recognize opportunities, generate new options, suggest new approaches, and implement ideas that have an impact on the A.C. Camargo Cancer Center's strategies and future.
- **Empowerment** – Capacity to actively check day-to-day issues, make decisions, and act according to the hospital strategic objectives and values. Make it happen.

BENEFITS

The A.C. Camargo Cancer Center continually seeks to assess the market's best practices related to personnel management and to implement them as a means to value employees. Besides the compensation policy, which is in line with the health care market, the Institution offers a benefits package for direct employees that includes: [GRI G4-LA2](#)

- Scholarship for technical, undergraduate, and graduate courses
- Free medical and dental care and a discount on orthodontic care
- Meal voucher and transit pass
- *Cesta básica**/ Meal ticket (*allotment of staple foods)
- Employer-sponsored retirement plan
- Day care allowance
- Life insurance with funeral support
- Car and home insurance with discount
- Agreements with pharmacies
- *Good Card*™ benefit card
- Employee lounge
- Bicycle parking
- Coffee machine
- Staff lounge
- Bank branch
- Partnerships with other institutions, such as universities, language institutes, health clubs, restaurants, and others.

HEALTH AND SAFETY GRI G4-DMA

Many programs are in place to promote the well-being and quality of life of our employees. Out of the many activities, some stand out:

- **Program Live More (Programa Viva Mais)** – Control of chronic conditions with medical follow-up and free medication to our employees diagnosed with diabetes and hypertension, for example.
- **Dietary Re-education Program** – Dietitians support employees selected for their follow-up according to the criteria established by the Occupational Medicine Service.
- **Gynecological Care** – Routine tests, prevention measures, and obstetric follow-up.
- **Vaccination** – Every year the Institution offers shots against influenza, H1N1, and hepatitis B. In 2014, employees received 4,743 doses of vaccines, out of which 2,516 were for regular flu; 654 for adult Td (tetanus and diphtheria), and 1,573 for hepatitis B.
- **Programs for prevention and early diagnosis of cancer and other diseases** – Offered to employees' family members and friends – free treatment when diagnosed with cancer.
- **Quit Tobacco Program (Abolindo o Tabagismo)** – Physician, dietitian, and psychologist support and care.
- **Beauty Lounge** – Beauty services such as manicures and hair styling at a discount and payment via payroll.
- **Gymnastics at workplace** – Introduced in 2014 in the workplace, this program is meant to prevent musculoskeletal diseases and reduce the risk of occupational diseases. GRI G4-LA7
- **Employee Support Program (PAE)** – Psychological, social, and legal services for all employees and their dependents through a toll-free number. The program is managed by a company specialized in addressing emotional issues, relationship challenges, workplace issues, alcohol or drug abuse, daily stress, financial challenges, and legal issues.



OCCUPATIONAL SAFETY

For preventing accidents and decreasing risks, there are two Internal Commissions for Accident Prevention (CIPAS), one at our main building with 36 members and the other at the Brentani Tower with 22 members. There is also a Chemical Product Standardization Commission (CPPQ) with 17 members. There are employees responsible for meeting CIPA goals at the Morumbi and Santo André units. Altogether, these 75 employees represent 2% of our workforce. Each CIPA has 50% of members representing employees and 50% appointed by the A.C.Camargo Cancer Center. GRI G4-LA5

Health initiatives were enhanced during the Internal Week of Occupational Accident Prevention and the Environment (Semana Interna de Prevenção de Acidentes de Trabalho e Meio Ambiente, SIPATMA) between June 2 and 11. In 2014 the focus was on safety and ecology. Activities included lectures about preventive health, safety, and drugs and interactive games with prizes such as cell phones, notebooks, and water bottles. There was also a writing contest in which employees were invited to write stories about how they helped to preserve the environment. We received 24 short stories, and the winner won a bicycle. We also gave away 15 bicycles, 4 LCD TVs, chocolate, and makeup. To close the event, Cia. De Talentos (a theater company) performed the play Sport Is Health.

There are guidelines for using personal protective equipment (PPEs) such as gloves, goggles, hearing and respiratory protection devices, vests, and helmets. PPEs are used by employees in different areas. There are 664 employees in our fire brigade. They participate in regular meetings and training sessions to refresh their knowledge about fire prevention and firefighting and proper use of safety equipment.

QUALITY OF LIFE PROGRAM

	2013	2014
Live More (Viva Mais - follow-up on chronic conditions)	50	83
Women's Health (Saúde da Mulher-gynecological appointment)	1,039	834
Ideal Weight (Peso Ideal - dietary re-education program - # of appointments)	349	576
Quit Tobacco program (# of employees)	51	39
Gymnastics at workplace (# of employees) ¹	-	1,083
Vaccination (doses given)	5,845	6,196

¹Program introduced in 2014

PCMSO – MEDICAL EXAMINATION AND CONSULTATION

	2013	2014
Before employee admission	1,721	1,565
Periodic examination and consultation	2,671	3,135
After termination	480	566
Position change	73	83
Before resuming work	254	307

SAFETY INDICATORS GRI G4-LA 6

	Men	Women
Accidents with medical leave ¹	30	92
Accidents without medical leave ¹	22	63
Deaths	0	0
Injury rate (per million of man-hour worked) ²	0.67	1.99
Rate of occupational conditions (per million of man-hour worked)	0.39	3.35
Rate of working days lost ³	12.0%	24.2%

The goal of injury rate/frequency rate for next year and for the mid/long term 2016 (0.35 and 1.05), mid term (0.25 and 0.95) and long term (0.15 and 0.75)

¹ - The Social Security System method for recording occupational accidents and APDATA (Human resources tool) were used for preparing these reports.

² - HMHW - Hours/man-hour worked, which totaled 7,753,820.75

³ - Sequential days were considered. Lost days started to be count one day after the accident. In 2014, the total number of lost working days was 5,160.

COMMUNICATION CHANNELS

Communication is an important tool to promote a collaborative working environment and to continuously improve it. The goal of our communication channels is to disseminate information about the hospital and to promote the exchange of knowledge in a transparent and agile fashion. The main channels are:

Communication meeting: weekly meeting with the General Superintendency, executives and managers. The goal of this meeting is to disseminate the hospital's strategic information, to follow up on targets and indicators, to present and discuss the main projects and relevant themes and to exchange information.

Interdisciplinary meetings: these meetings take place for implementing projects.

Entre Nós Magazine: monthly publication for employees with the highlights for that month and to recognize employees.



Intranet: communication portal to online information about the hospital and its structure, tools, and news. It also offers an interactive environment that allows employees to contribute to the communication process.

Bulletin boards: found at strategic places inside the A.C. Camargo Cancer Center and used for disseminating highlights.

Employee channel: tool that gives employees access to top management and a means to send suggestions, criticism, and praise to managers.

Coffee with the General Superintendency and Chat with Managers: meetings between employees and executives. Employees have the opportunity to interact, ask questions, discuss topics, and make suggestions for ongoing improvement.

CLIMATE SURVEY

Every year the A.C. Camargo Cancer Center conducts a climate survey to understand employees' shared perceptions of their work environment. The survey is conducted by a third-party consultancy company. In 2014, the level of motivation and credibility was 74%, indicating the percentage of employees satisfied with the challenges of their jobs and team spirit. They trust and believe in the Institution and are optimistic about its future.

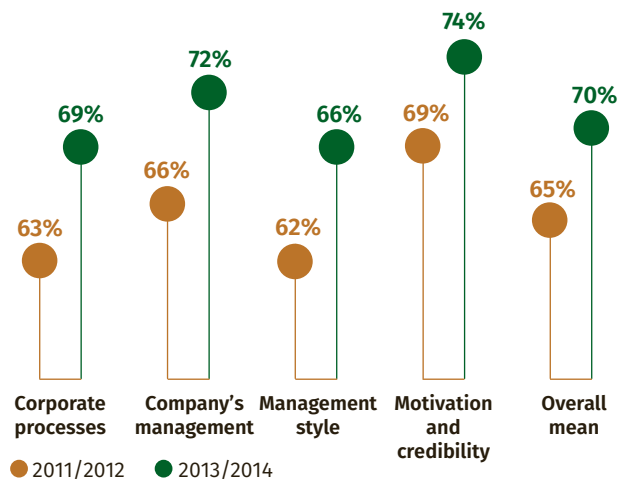
Although there is a development and career plan for each employee indicating how long it will take to achieve a better position within the succession plan, the survey also indicated points for improvement. Feedback and career, recognition and rewards, and quality of life achieved satisfaction level between 59% and 62%, which is considered relatively poor compared to the survey's overall mean, 70%.

For 2015, the A.C. Camargo Cancer Center improved its management of sensitive issues among employees. It is easier to have access to and follow-up on complaints sent through the Employee Channel, including all types of complaints, history of decisions, and evidence produced. A record locator number is generated for each complaint and request. Consequently, it is possible to track the date of the complaint or request, the form of communication (e-mail or letter posted in the appropriate complaint box), history, feedback to employee, and action plan proposed by the manager. This investigation determined development and training actions that will be implemented in 2015 to address the main issues that were identified and prioritized.

Following requests sent through the Employee Channel, the employee lounge was painted in 2014, and recliners were placed there to make it a more comfortable place for employees to rest or play during their work breaks.



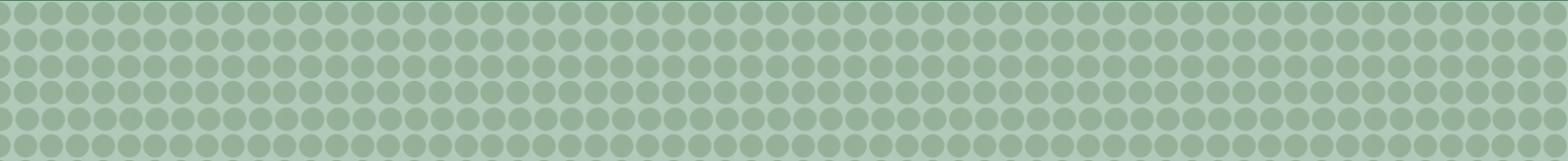
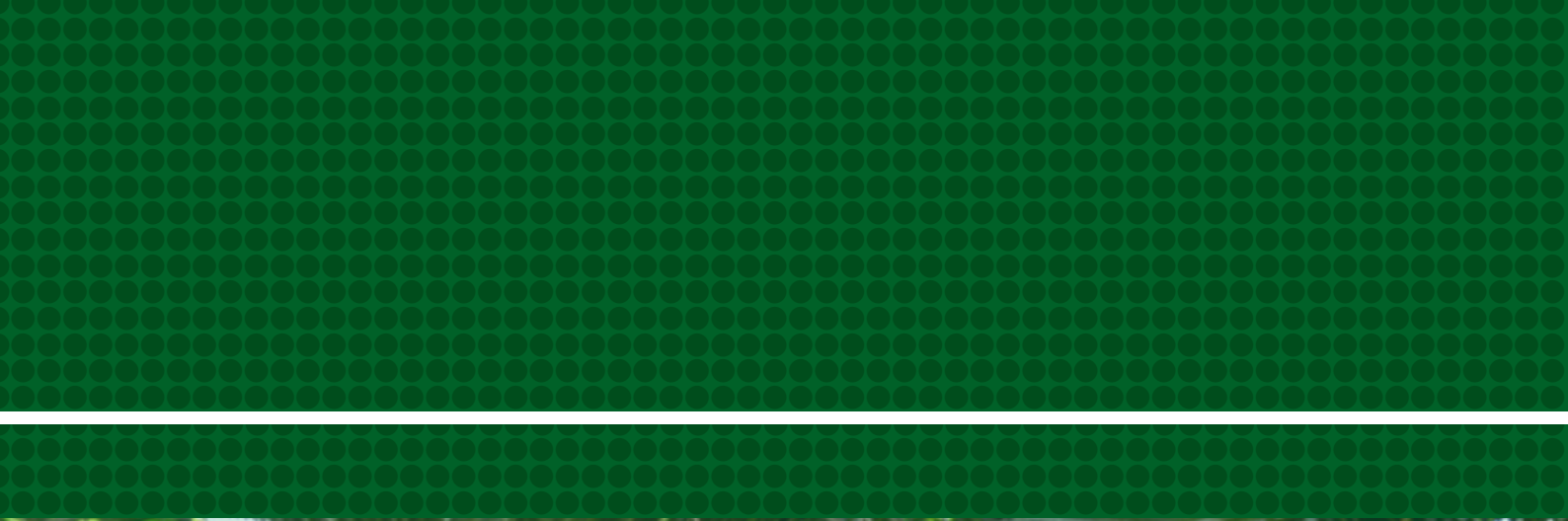
CLIMATE SURVEY



MOTIVATION

The A.C. Camargo Cancer Center promotes activities and campaigns for employees to enhance the organizational climate. Among these are the year-end party, celebration of the hospital's anniversary, and the celebration of Mothers Day, Fathers Day, and Children's Day, as well as cultural contests.

The Talent Award is also directly related to the organizational climate. Employees choose their peers who stood out over the year based on seven criteria that reflect our values: professionalism, commitment, relationship, teamwork, creativity, and proactive attitude and team pride. In 2014, six employees won weeklong trips to Cancun, Mexico, for two with all expenses paid.



ENVIRONMENTAL RESPONSIBILITY

GRI G4-DMA

Social and environmental responsibility and the impact of our activities are our constant concerns. The A.C. Camargo Cancer Center has an environmental policy for guiding processes and management systems to reduce the impact of our activities and to ensure effective risk management, thus contributing to sustainable development. [GRI G4-EN27](#)

Environmental management is guided by the Brazilian standard ABNT ISO 14001:2004. This standard addresses identification, prioritization, and management of environmental risks. Because there is concern with the impact on the value chain, the standard also requires that commercial partners commit to environmental responsibility. Vendors' profiles are assessed to check for their compliance with legal and environmental criteria. [GRI G4-14](#)

INTEGRATED MANAGEMENT SYSTEM POLICY

Guided by the hospital's vision, mission, and values, the Integrated Management System is committed to quality, environment, health, occupational safety, and social responsibility by:

- promoting ongoing improvements to its organizational processes and management, ensuring the satisfaction of clients, employees, community, society, and the environment and efficacy in managing clinical and nonclinical risks;
- ensuring safety in planning therapies;
- optimizing and reasonably using renewable and nonrenewable resources and preventing environmental impacts of activities and processes performed and services offered;

- promoting preventive health measures and occupational health of employees;
- meeting the applicable legal and statutory requirements;
- promoting personal and professional development of the hospital's managers, employees, and suppliers by extending oncologic care to serve the community;
- contributing toward sustainable development.

Based on these commitments, all projects and the construction of new buildings are planned and executed according to sustainability parameters, with water reuse starting in 2015 and the use of energy efficient equipment. The Hilda Jacob tower, opened in 2013, for example, uses a solar water heating system. [GRI G4-EN27](#)

In 2014, approximately R\$ 12 million were invested in initiatives to reduce water and energy consumption and to ensure adequate measures to prevent chemical spills.

ENERGY [GRI G4-DMA](#)

In 2014, to decrease energy consumption, 694 conventional lamps were replaced by LED lamps, which use 40% less energy. The A.C. Camargo Cancer Center and a concessionaire jointly invested R\$ 7.4 million to centralize the air conditioning system, R\$ 3.5 million of it from the A.C. Camargo Cancer Center and R\$ 3.9 million from the concessionaire. The central water cooling system (CAG) will be ready in 2015, and this will decrease energy consumption by 25%. [GRI G4-EN27](#)

Despite these initiatives, there was a 15.2% increase in energy consumption compared to the previous year because of the opening of the Hilda Jacob tower in 2013. With the new tower, the hospital kitchen also had to be expanded, and a new restaurant and cafeteria had to be built. The demand for air conditioning also increased in

2014 because of the high temperatures and consequently the need to maintain a comfortable environment for clients. **GRI G4-EN6**

Energy intensity in 2014 was 0.97 GJ per square meter. **GRI G4-EN5**

ENERGY CONSUMPTION

WITHIN THE ORGANIZATION (GJ) **GRI G4-EN3**

	2013	2014	Variation (%)
Electricity	61,218.66	70,549.60	15.2%

WATER AND EFFLUENT **GRI G4-DMA**

To save water, flow aerators were attached to the hospital's faucets, and various campaigns were developed to educate the internal audience about conscientious use of natural resources. A study is being done on centralizing the water cooling units and using chillers. **GRI G4-EN27**

Today water is exclusively supplied by the public water supply company (Sabesp), with no relevant impact to water sources because of consumption. The hospital plans to install its own system to uptake, treat, and reuse water to meet its consumption. For 2015, a study is under way to install barrels to collect rainwater and reuse it for outdoor cleaning. The cooling tower will be supplied with reused water to decrease the consumption of potable water. In 2014, however, water was not reused. **GRI G4-EN9, G4-EN10**

There was a 3.9% increase in water consumption compared to 2013 because of the opening of Hilda Jacob tower.

The hospital's wastewater totaled 145,008 cubic meters in 2014, and it was completely disposed of to the Sabesp system, which treated it. The A.C.Camargo Cancer Center runs laboratory tests to monitor the process, thus meeting the requirements established by the National Environment Council (CONAMA) resolution and decree 8,468/76 from the State of São Paulo Environment Agency (CETESB). **GRI G4-EN22**

WATER CONSUMPTION (m³) **GRI G4-EN8**

	2013	2014	Variation (%)
Municipal water supply	139,454	145,008	3.9%

SOLID AND HAZARDOUS WASTE **GRI G4-DMA**

One of the most sensitive issues in health care is the destination of solid and hazardous waste produced by hospitals. For the A.C.Camargo Cancer Center, waste production and disposal are very important. That is why our agreements with vendors require them to commit to properly manage it. ISO 14.001 also is required to ensure that the company follows proper disposal practices.

The A.C.Camargo Cancer Center produces different types of waste such as lamps, batteries, electronic waste, and a mix contaminated with glue, resins, paints, silicones, grease, and solvents, and all of them were properly transported, decontaminated, recycled, incinerated, and/or co-processed by outsourced companies according to type of waste. The A.C.Camargo Cancer Center carries out 100% of this process. Waste is placed in 200-liter drums and transported in properly equipped trucks. There is no international shipment of waste. **GRI G4-EN25**

Other types of waste are managed by the Waste Management Team. This team daily visits different hospital areas to check whether waste disposal is being done correctly, according to our guidelines. At the end of each inspection, a report is produced and sent to each department manager. Every month approximately ten departments are visited.

Waste management starts with the housekeeping team collecting waste and taking it to internal receptacles. Then waste is sorted out: biohazardous waste, solid chemicals, liquid chemicals, regular waste, and recyclable waste. After that, the waste is bagged and transported to undergo proper management.

Waste management Committee – For mitigating the impact of waste, the A.C.Camargo Cancer Center has a waste management committee, with 14 members, that assesses potential improvement in disposing of chemical and recyclable waste. This committee is made up of employees from different areas that produce waste, such as the operating room, chemotherapy areas, and the pharmacy. The objective is to maintain waste collection and disposal standards and to adjust them if new procedures are introduced. The guidelines for waste management in the health care sector are set by ANVISA RDC 306 and CONAMA 358. The committee is responsible for assessing, proposing corrective measures, orienting, discussing, and evaluating all activities and processes to improve the flow of waste disposal.

Chemical Product Standardization Committee (CPPQ) – This committee coordinates the entire flow of chemicals, from their arrival at the A.C.Camargo Cancer Center to their use, management, and disposal in accordance with current law. The committee is made up of leaders from different areas, such as the Waste Management Team, CIPE (Research Center), Pathology, Pharmacy, Quality, and Occupational Health. This committee is also responsible for assessing chemicals used at the hospital. The unit that needs the chemical is required to fill out a form that is examined by the committee, which is responsible for allowing the testing or using of that chemical.

TYPE AND DESTINATION OF WASTE GRI G4-EN23

	Weight (kg)	Destination
Hazardous waste	997,230.0	
Lamps containing mercury and sodium, batteries, electronic waste and a mix of products contaminated with glues, resins, coatings, silicones, grease and solvents ¹	12,650	Decontamination, recycling, incineration and/or co-processing, according to each type of waste
Solid chemical waste (chemotherapy-related waste)	105,015	Incineration: burn the mass and use it as fuel
Liquid chemical waste	14,948.2	Incineration: burn the mass and use it as fuel
Biological waste	864,616.8	Electro-thermal deactivation
Non-hazardous waste	1,269,324.4	
Paper, cardboard, plastic, metals	395,612.4	Recycling
Regular waste	873,730	Landfill

¹ there is no separate control for this type of waste

TRAINING GRI G4-EN27

The A.C.Camargo Cancer Center runs many training sessions and activities for employees regarding the environment, including awareness campaigns. Some of the topics addressed in the training sessions are the proper handling and sorting of hazardous and nonhazardous waste in accordance with the waste management plan in health care (a legal requirement, ANVISA RDC 306 and CONAMA 358).

In keeping with its social and environmental role, the hospital developed an Environmental Management Manual for establishing best practices in its operations.

It also has educational checklists for sorting out waste in different areas and placing it in the proper waste collection bins designated by bin color.

Specific training includes:

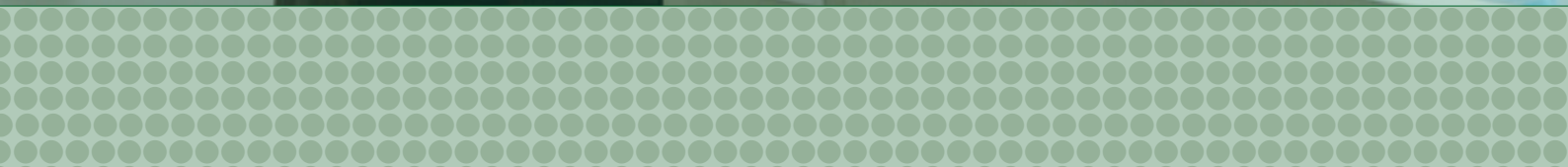
Onboard Training – This training is given to all employees when they join the hospital staff. The goal is to introduce environment-related actions and attitudes in daily operations; the program includes a waste management plan. The Environmental Management Manual is also delivered to attendees.

Waste Management Training – This training program is given to our housekeeping employees. The goal is to teach them how to work safely, correctly and in accordance with the waste management guidelines. The training includes environmental and personal safety such as the collection of recyclable waste, waste separation, and use of PPEs (personal protection equipment).

ISO 14001 Training – This program is given to all house-keeping employees. The goal is to educate them about this certification, what needs to be done to comply with it, and how it prevents or mitigates the impact of waste to the environment. The training includes environmental issues and impacts, noncompliance, contingency plans, the 3 R's (reduce, reuse, recycle), objectives and goals, workplace environmental standards and collection of recyclable waste, among other topics.

Research Laboratory Training – This training program is given to employees of the International Research Center (CIPE). The goal is to educate them to identify waste coming from research laboratories and its proper handling and disposal for ensuring environmental and personal safety.

Linen Handling Training – This program is given to Nursing and Housekeeping employees. The goal is enhance their awareness about proper handling of linen and to ensure efficient use of water and energy, thus reducing the generation of wastewater.



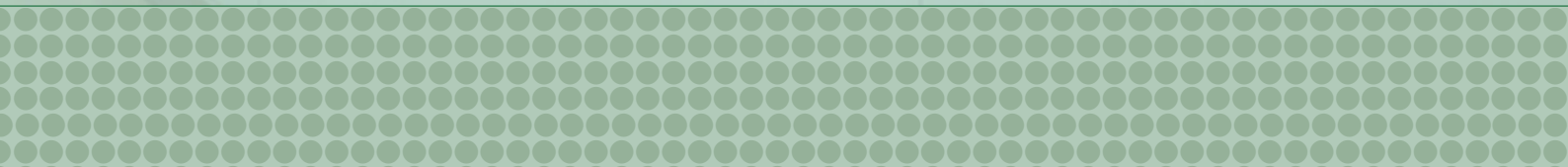
SUPPLIERS

The A.C. Camargo Cancer Center supply chain had 1,104 companies in it at the end of 2014. Some of these companies are part of the supply group considered to be strategic to the hospital's operations: companies, dealers, and distributors of pharmaceutical, hospital device and equipment, hospital inputs (medicinal gases, radioactive materials, and foodstuff). In 2014, the A.C. Camargo Cancer Center spent more than R\$ 412 million on payments to this group. GRI G4-12

The A.C. Camargo Cancer Center has a policy in place for its supply chain for evaluating legal and commercial issues related to environmental impact (such as waste, emissions, and the use of natural resources), compliance with labor practices and human rights (occupational health risks and safety, harassment, working hours, compensation), and impact on society (corruption, for example). The policy identifies the potential for pharmaceutical companies to have an impact on the environment and society, while garment companies may be involved in labor and human rights issues. GRI G4-EN33, G4-LA15, G4-HR11, SO10

The process of assessing and selecting suppliers was improved in 2014 with the inclusion of social responsibility and compliance provisions in 130 agreements, expanding the measures implemented in the previous year (35 agreements in 2013). This practice is not applied to binding contracts that do not allow for changing provisions. In 2014 the criteria for assessing labor and human rights practices were used to contract 100% of the 64 new suppliers. GRI G4-LA14, G4-HR10

**CRITERIA REGARDING
LABOR AND HUMAN
RIGHTS PRACTICES
WERE APPLIED TO
ALL NEW SUPPLIERS
CONTRACTED BY
A.C. CAMARGO CANCER
CENTER IN 2014**



ECONOMIC AND FINANCIAL EQUILIBRIUM – SUSTAINABLE GROWTH

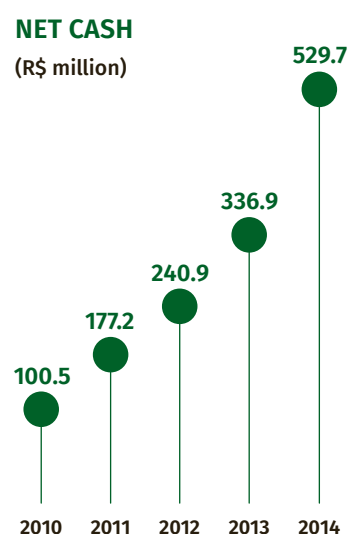
The Fundação Antônio Prudente, which supports the A.C.Camargo Cancer Center, recorded net revenue from hospital activity of more than R\$ 931 million in 2014 and R\$ 784 million in 2013, a 19.0% increase. Net income amounted to R\$ 227 million in 2014 and R\$ 201.4 million in 2013. EBITDA amounted to about R\$ 195 million in 2014, a total of 20.9%, as shown below: **GRI G4-17**

GRI G4-9	2013	2014
Net income in the year	201,441	227,067
(-) Net financial expense	24,495	50,650
(+) Depreciation	15,038	18,576
EBITDA	191,984	194,993
Net service revenue	784,066	931,171
% over net revenues	24.5%	20.9%

Adjusted EBITDA stood at R\$ 207.5 million in 2014, or about 22.3% of net revenue from hospital activity, as seen in this table.

Adjusted EBITDA was calculated by adding revenue from educational and research activities, which are funded by the Fundação Antônio Prudente since they are philanthropic activities (R\$ 19.9 million in 2014 and R\$ 15.8 million in 2013). In addition, non-recurring operating revenues and amounts accounted for under other operating revenues and other operating expenses were subtracted from this amount.

ADJUSTED EBTIDA	2013	2014
EBITDA	191,984	194,993
Educational activity	2,941	4,194
Research activity	12,879	15,784
Other operating income and expenses	(9,771)	(2,121)
Donations and others	601	(5,332)
Adjusted EBTIDA	198,634	207,518
	25.3%	22.3%



VALUE ADDED

Value added totaled R\$ 519.9 million, up 18.5% year over year. This indicator shows the wealth produced by hospital activity, which corresponds to the difference between revenues and costs of products, goods and services, less provisions, depreciation and amortization. The value added was distributed to employees (38.3% as pay, benefits and

FGTS [Fundo de Garantia por Tempo de Serviço, Workers' Severance Pay Fund]), SUS as funding for patient care (15.2%), State and municipal governments (0.3%, as taxes, fees and contributions), third parties (2.5%, as interest and rent payments) and equity (43.7% as surplus for the year).

VALUE ADDED STATEMENT

	2013	2014
Revenue from hospital activity	776,420	930,412
Other revenues	33,862	21,888
Revenue from construction of the organization's own assets	24,748	22,770
Allowance for doubtful accounts	(8,105)	(23,358)
Cost of goods, merchandise and services sold	(309,246)	(368,626)
Materials, energy, third-party and other services	(92,196)	(98,736)
Allowance for losses in inventory and Premises & Equipment	528	439
	426,011	484,789
Depreciation and amortization	(15,038)	(18,576)
	410,973	466,213
Financial Income	27,639	53,736
	27,639	53,736
Value added	438,612	519,949
Personnel and payroll charges	166,295	199,264
Direct compensation	125,810	153,001
Benefits	30,484	34,245
FGTS (Employees' Severance Pay Fund)	10,001	12,018
Taxes, fees and contributions	1,445	1,403
State	30	32
Municipal	1,415	1,371
Funding for SUS procedures	59,460	78,970
Funding for SUS procedures	59,460	78,970
Interest on debt	9,971	13,245
Interest	3,144	3,086
Rent	6,827	10,159
Allocation to equity	201,441	227,067
Net income in the year	201,441	227,067
Total value added	438,612	519,949

Certification

DUNS Number – DUNS Number (Data Universal Numbering System)
 Certification is given by Dun & Bradstreet International (D&B), a specialized consulting firm that audits the company's balance sheet, sales, financial data and history. The A.C. Camargo Cancer Center is part of a group of companies from over 220 countries included in a database consulted by thousands of companies worldwide to build safe relations and make the best decisions during negotiations. This seal adds value to our brand and above all, shows that we are a solid, reliable company.

GRI CONTENT INDEX

COMPREHENSIVE 'IN ACCORDANCE' OPTION

GRI G4-32



GENERAL STANDARD DISCLOSURES

	Page	Omissions	External Assurance
STRATEGY AND ANALYSIS			
G4-1 —Statement from the most senior decision-maker of the organization about the relevance of sustainability to the organization and the organization’s strategy for addressing sustainability.	4	-	Yes, Page 90
G4-2 —Description of the key impacts, risks and opportunities	25	-	Yes, Page 90
ORGANIZATIONAL PROFILE			
G4-3 —Name of the organization	9	-	Yes, Page 90
G4-4 —Primary brands, products, and/or services	9, 12	-	Yes, Page 90
G4-5 —Location of the organization’s headquarters	92	-	Yes, Page 90
G4-6 —Number of countries where the organization operates, and names of countries where either the organization has significant operations or that are specifically relevant to the sustainability topics covered in the report	9	-	Yes, Page 90
G4-7 —Nature of ownership and legal form of the organization	9	-	Yes, Page 90
G4-8 —Markets served (including geographic breakdown, sectors served, and types of clients and beneficiaries)	9	-	Yes, Page 90
G4-9 —Scale of the organization (number of employees, number of operations, net sales, total capitalization, and quantity of products or services provided)	9, 10, 60, 77	-	Yes, Page 90
G4-10 —Total number of employees by employment contract and gender; total number of permanent employees by employment type and gender; total workforce by employees and supervised workers and by gender; total workforce by region and gender; information about whether a substantial portion of the organization’s work is performed by workers who are legally recognized as self-employed, or by individuals other than employees or supervised workers, including employees and supervised employees of contractors; significant variations in employment numbers	63, 64	-	Yes, Page 90
G4-11 —Percentage of total employees covered by collective bargaining agreements	100%	-	Yes, Page 90
G4-12 —Describe the organization’s supply chain	75	-	Yes, Page 90

	Page	Omissions	External Assurance
G4-13 –Significant changes during the reporting period regarding the organization’s size, structure, ownership, or its supply chain	None	-	No
G4-14 –Report whether and how the precautionary approach or principle is addressed by the organization	43, 71	-	Yes, Page 90
G4-15 –Externally developed economic, environmental and social charters, principles, or other initiatives to which the organization subscribes or which it endorses	7	-	No
G4-16 –Memberships of national or international associations (such as industry associations) and advocacy organizations in which the organization: holds a position on the governance body; participates in projects or committees; provides substantive funding beyond routine membership dues; views membership as strategic	31	-	No
MATERIAL ASPECTS IDENTIFIED AND BOUNDARIES			
G4-17 –Entities included in the organization’s consolidated financial statements or equivalent documents. Report whether any entity included in the organization’s consolidated financial statements or equivalent documents is not covered by the report	77	-	Yes, Page 90
G4-18 –Process for defining the report content and the Aspect Boundaries and how the organization implemented the Reporting Principles for Defining Report Content	6	-	Yes, Page 90
G4-19 –Material aspects identified in the process for defining report content	7	-	Yes, Page 90
G4-20 –For each material Aspect, the Aspect Boundary within the organization (list of entities or groups of entities included in G4-17 for which the Aspect is not material or list of entities or groups of entities for which the Aspects is material). Report any specific limitation regarding the Aspect Boundary within the organization	7	-	Yes, Page 90
G4-21 –For each material Aspect, report the Aspect Boundary outside the organization, with the identification of the entities, groups of entities or elements for which the Aspect is material. Geographical location where the Aspect is material for the entities identified. Report any specific limitation regarding the Aspect Boundary outside the organization	7	-	Yes, Page 90
G4-22 –Effect of any restatements of information provided in previous reports, and the reasons for such restatements	10, 51	-	Yes, Page 90
G4-23 –Significant changes from previous reporting periods in the Scope and Aspect Boundaries	None	-	No

	Page	Omissions	External Assurance
STAKEHOLDER ENGAGEMENT			
G4-24 –List of stakeholder groups engaged by the organization	29, 30	-	Yes, Page 90
G4-25 –Basis for identification and selection of stakeholders with whom to engage	29	-	Yes, Page 90
G4-26 –The organization’s approach to stakeholder engagement, including frequency of engagement by type and by stakeholder group, and an indication of whether any of the engagement was undertaken specifically as part of the report preparation process	29, 30	-	Yes, Page 90
G4-27 –Key topics and concerns that have been raised through stakeholder engagement, and how the organization has responded to those key topics and concerns, including through its reporting. Report the stakeholder groups that raised each of the key topics and concerns	7	-	Yes, Page 90
REPORT PROFILE			
G4-28 –Reporting period for information provided	6	-	Yes, Page 90
G4-29 –Date of most recent previous report	2013	-	Yes, Page 90
G4-30 –Reporting cycle	6	-	Yes, Page 90
G4-31 –Contact point for questions regarding the report or its contents	92	-	Yes, Page 90
G4-32 –Report the ‘in accordance’ option the organization has chosen; GRI Content Index for the chosen option	79	-	Yes, Page 90
G4-33 –The organization’s policy and current practice with regard to seeking external assurance for the report	6, 89	-	Yes, Page 90
GOVERNANCE			
G4-34 –Governance structure of the organization, including the committees of the highest governance body responsible for advising decision-making on economic, environmental and social impacts	19	-	Yes, Page 90
G4-35 –Process for delegating authority for economic, environmental and social topics from the highest governance body to senior executives and other employees	22	-	Yes, Page 90
G4-36 –Report whether the organization has appointed an executive-level position or positions with responsibility for economic, environmental and social topics, and whether post holders report directly to the highest governance body	19	-	Yes, Page 90
G4-37 –Processes for consultation between stakeholders and the highest governance body on economic, environmental and social topics. If consultation is delegated, describe to whom and any feedback processes to the highest governance body	No stakeholders are directly involved in these topics at present. A decision in this regard will be made by 2016.	-	No
G4-38 –Composition of the highest governance body and its committees by: executive or non-executive; independence; tenure on the governance body; number of each individual’s other significant positions and commitments, and the nature of the commitments; gender; membership of under-represented social groups; competences relating to economic, environmental and social impacts; and stakeholder representation	19, 20	-	Yes, Page 90
G4-39 –Report whether the Chair of the highest governance body is also an executive officer (and, if so, his or her function within the organization’s management and the reasons for this arrangement)	The Chairman of the Board of Trustees has no executive function.	-	Yes, Page 90

	Page	Omissions	External Assurance
G4-40 –Nomination and selection processes for the highest governance body and its committees, and the criteria used for nominating and selecting highest governance body members, including: whether and how diversity is considered; whether and how independence is considered; whether and how expertise and experience relating to economic, environmental and social topics are considered; whether and how stakeholders (including shareholders) are involved	19	-	Yes, Page 90
G4-41 –Processes for the highest governance body to ensure conflicts of interest are avoided and managed. Report whether conflicts of interest are disclosed to stakeholders, including, as a minimum: cross-board membership; cross-shareholding with suppliers and other stakeholders; existence of a controlling shareholder and/ or shareholders' agreement; related party disclosures	The Code of Ethical Conduct prevents conflicts of interest and bans cross-shareholding with suppliers. The organization has no shareholders since it is a not-for-profit entity. In addition, the organization is subject to the Prosecution Office (in charge of the oversight of Foundations)	-	Yes, Page 90
G4-42 –The highest governance body's and senior executives' roles in the development, approval, and updating of the organization's purpose, value or mission statements, strategies, policies, and goals related to economic, environmental and social impacts	19	-	Yes, Page 90
G4-43 –Measures taken to develop and enhance the highest governance body's collective knowledge of economic, environmental and social topics	22	-	Yes, Page 90
G4-44 –Processes for evaluation of the highest governance body's performance with respect to governance of economic, environmental and social topics. Report whether such evaluation is independent or not, and its frequency. Report whether such evaluation is a self-assessment. Report actions taken in response to evaluation of the highest governance body's performance with respect to governance of economic, environmental and social topics, including, as a minimum, changes in membership and organizational practice	22	-	Yes, Page 90
G4-45 –The highest governance body's role in the identification and management of economic, environmental and social impacts, risks, and opportunities. Include the highest governance body's role in the implementation of due diligence processes. Report whether stakeholder consultation is used to support the highest governance body's identification and management of economic, environmental and social impacts, risks, and opportunities	22	-	Yes, Page 90
G4-46 –The highest governance body's role in reviewing the effectiveness of the organization's risk management processes for economic, environmental and social topics	22, 25	-	Yes, Page 90
G4-47 –Frequency of the highest governance body's review of economic, environmental and social impacts, risks and opportunities	22	-	Yes, Page 90
G4-48 –The highest committee or position that formally reviews and approves the organization's sustainability report and ensures that all material Aspects are covered	Superintendent-General	-	Yes, Page 90

	Page	Omissions	External Assurance
G4-49 –Process for communicating critical concerns to the highest governance body	22	-	Yes, Page 90
G4-50 –Nature and total number of critical concerns that were communicated to the highest governance body and the mechanism(s) used to address and resolve them	22	-	Yes, Page 90
G4-51 –Compensation policies for the highest governance body and senior executives for the below types of compensation: fixed pay and variable pay – performance-based pay; equity-based pay; bonuses; deferred or vested shares –; sign-on bonuses or recruitment incentive payments; Termination payments; Clawbacks; Retirement benefits, including the difference between benefit schemes and contribution rates for the highest governance body, senior executives, and all other employees. Report how performance criteria in the remuneration policy relate to the highest governance body’s and senior executives’ economic, environmental and social objectives	22	-	Yes, Page 90
G4-52 –Process for determining remuneration. Report whether compensation consultants are involved in determining compensation and whether they are independent from management. Report any other relationships which the compensation consultants have with the organization	22	-	Yes, Page 90
G4-53 –How stakeholders’ views are sought and taken into account regarding compensation, including the results of votes on compensation policies and proposals, if applicable	22	-	Yes, Page 90
G4-54 –Ratio of the annual total compensation for the organization’s highest-paid individual in each country of significant operations to the median annual total compensation for all employees (excluding the highest-paid individual) in the same country	47.8 times, including salary, bonuses, additional pay for length of service and premium pay for unhealthy work, and night work.	-	Yes, Page 90
G4-55 –Ratio of percentage increase in annual total compensation for the organization’s highest-paid individual in each country of significant operations to the median percentage increase in annual total compensation for all employees (excluding the highest-paid individual) in the same country	4.7 times: 5.82% for the highest-paid individual (annual collective bargaining agreement) and 27.57% for the average, a percentage including the collective bargaining agreement and promotion increases (employees have a salary increase of 10 to 15% when he/she is promoted)	-	Yes, Page 90
ETHICS AND INTEGRITY			
G4-56 –The organization’s values, principles, standards and norms of behavior such as codes of conduct and codes of ethics	13, 23	-	Yes, Page 90
G4-57 –Internal and external mechanisms for seeking advice on ethical and lawful behavior, and matters related to organizational integrity, such as helplines or advice lines	24	-	Yes, Page 90
G4-58 –Internal and external mechanisms for reporting concerns about unethical or unlawful behavior, and matters related to organizational integrity, such as escalation through line management, whistleblowing mechanisms or hotlines	24	-	Yes, Page 90

SPECIFIC STANDARD DISCLOSURES

Material Aspects	Specific Standard Disclosures	Page	Omissions	External Assurance
CATEGORY: ECONOMIC				
Economic Performance	DMA – Management Approach	25, 27	-	Yes, Page 90
	G4-EC1 – Direct economic value generated and distributed	78	-	Yes, Page 90
	G4-EC2 – Financial implications and other risks and opportunities for the organization's activities due to climate change	-	Content not applicable because the operation is not affected by climate change and has low impact of emissions.	No
	G4-EC3 – Coverage of the organization's defined benefit plan obligations	There are no obligations, it involves preset contributions.	-	No
	G4-EC4 – Financial assistance received from government	10, 56	-	No
Indirect Economic Impacts	DMA - Management Approach	39, 51, 59, 61	-	Yes, Page 90
	G4-EC7 –Development and impact of infrastructure investments and services supported	39, 49, 51, 59, 61	-	Yes, Page 90
	G4-EC8 –Significant indirect economic impacts, including the extent of impacts	51, 59	-	Yes, Page 90
CATEGORY: SOCIAL				
LABOR PRACTICES AND DECENT WORK				
Occupational Health and Safety	DMA - Management Approach	63, 67	-	Yes, Page 90
	G4-LA5 –Percentage of total workforce represented in formal joint management-worker health and safety committees that help monitor and advise on occupational health and safety programs	67	-	Yes, Page 90
	G4-LA6 –Type of injury and rates of injury, occupational diseases, lost days, and absenteeism, and total number of work-related fatalities, by region and by gender	68	-	Yes, Page 90
	G4-LA7 –Workers with high incidence or high risk of diseases related to their occupation	67	-	Yes, Page 90

Material Aspects	Specific Standard Disclosures	Page	Omissions	External Assurance
	G4-LA8 –Health and safety topics covered in formal agreements with trade unions	Agreements with trade unions require providing Personal Protective Equipment	-	Yes, Page 90
Treinamento e educação	DMA - Management Approach	63, 65	-	Yes, Page 90
	G4-LA9 –Average hours of training per year per employee by gender, and by employee category	64	-	Yes, Page 90
	G4-LA10 –Programs for skills management and lifelong learning that support the continued employability of employees and assist them in managing career endings	65	-	Yes, Page 90
	G4-LA11 –Percentage of employees receiving regular performance and career development reviews, by gender and by employee category	65	-	Yes, Page 90
PRODUCT RESPONSIBILITY				
Client Health and Safety	DMA - Management Approach	35, 43, 44, 45	-	Yes, Page 90
	G4-PR1 –Percentage of significant product and service categories for which health and safety impacts are assessed for improvement	43	-	Yes, Page 90
	G4-PR2 –Total number of incidents of non-compliance with regulations and voluntary codes concerning the health and safety impacts of products and services during their life cycle, by type of outcomes	No incidents reported	-	No
Product and Service Labeling	DMA - Management Approach	32	-	Yes, Page 90
	G4-PR3 – Type of product and service information required by the organization’s procedures for product and service information and labeling, and percentage of significant product and service categories subject to such information requirements	There are no requirements regarding information or labelling.	-	No
	G4-PR4 – Total number of incidents of non-compliance with regulations and voluntary codes concerning product and service information and labeling, by type of outcomes	There are no requirements regarding information or labelling.	-	No
	G4-PR5 –Results of surveys measuring client satisfaction	32, 33	-	Yes, Page 90

ADDITIONAL INDICATORS

Non material aspects	Specific standard disclosure	Page	Omissions	External assurance
CATEGORY: ENVIRONMENTAL				
Energy	DMA - Management Approach	71, 72	-	Yes, Page 90
	G4-EN3 –Energy consumption within the organization	72	-	Yes, Page 90
	G4-EN4 –Energy consumption outside of the organization	-	Data not available. The A.C.Camargo Cancer Center does not compile this information currently, but undertakes to provide these data for 2015.	No
	G4-EN5 –Energy intensity	72	-	Yes, Page 90
	G4-EN6 –Reduction of energy consumption	72	-	Yes, Page 90
	G4-EN7 –Reductions in energy requirements of products and services	The A.C.Camargo Cancer Center provides no products and services that have energy requirements.	Not applicable.	No
Water	DMA - Management Approach	71, 72	-	Yes, Page 90
	G4-EN8 –Total water withdrawal by source	72	-	Yes, Page 90
	G4-EN9 –Water sources significantly affected by withdrawal of water	72	-	Yes, Page 90
	G4-EN10 –Percentage and total volume of water recycled and reused	71, 72	-	Yes, Page 90
Effluents and Waste	DMA - Management Approach	72	-	Yes, Page 90
	G4-EN22 –Total water discharge by quality and destination	73	-	Yes, Page 90
	G4-EN23 –Total weight of waste by type and disposal method.	None in 2014	-	Yes, Page 90
	G4-EN24 –Total number and volume of significant spills	72	-	No
	G4-EN25 –Weight of transported, imported, exported, or treated waste deemed hazardous under the terms of the Basel Convention Annex I, II, III, and VIII, and percentage of transported waste shipped internationally	Not applicable. Water discharges affect no water bodies do significantly.	-	Yes, Page 90
	G4-EN26 –Identity, size, protected status, and biodiversity value of water bodies and related habitats significantly affected by the organization’s discharges of water and runoff	71, 72	-	No

Non material aspects	Specific standard disclosure	Page	Omissions	External assurance
Products and Services	DMA - Management Approach	71, 72, 73	-	Yes, Page 90
	G4-EN27-Extent of impact mitigation of environmental impacts of products and services	71	-	Yes, Page 90
Compliance	DMA - Management Approach	None in 2014	-	Yes, Page 90
	G4-EN29-Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with environmental laws and regulations	75	-	No
Supplier Environmental Assessment	DMA - Management Approach	75	-	Yes, Page 90
	G4-EN32-Percentage of new suppliers that were screened using environmental criteria	Only suppliers considered strategic to the operation are currently screened using environmental criteria in their approval processes.	This practice will be introduced in supplier agreements as of 2015.	No
	G4-EN33-Significant actual and potential negative environmental impacts in the supply chain and actions taken	75	-	Yes, Page 90
CATEGORY: SOCIAL				
LABOR PRACTICES AND DECENT WORK				
Employment	DMA - Management Approach	63, 66	-	Yes, Page 90
	G4-LA2-Benefits provided to full-time employees that are not provided to temporary or part-time employees, by significant locations of operation	66	-	Yes, Page 90
Diversity and Equal Opportunity	DMA - Management Approach	63	-	Yes, Page 90
	G4-LA12-Composition of governance bodies and breakdown of employees per employee category according to gender, age group, minority group membership and other indicators of diversity	63	-	Yes, Page 90
Supplier Assessment for Labor Practices	DMA - Management Approach	75	-	Yes, Page 90
	G4-LA14-Percentage of new suppliers that were screened using labor practices criteria	75	-	Yes, Page 90

Non material aspects	Specific standard disclosure	Page	Omissions	External assurance
	G4-LA15 –Significant actual and potential negative impacts for labor practices in the supply chain and actions taken	75	-	Yes, Page 90
HUMAN RIGHTS				
Supplier Human Rights Assessment	DMA - Management Approach	75	-	Yes, Page 90
	G4-HR10 –Percentage of new suppliers that were screened using human rights criteria	75	-	Yes, Page 90
	G4-HR11 –Significant actual and potential negative human rights impacts in the supply chain and actions taken	75	-	Yes, Page 90
SOCIERY				
Anti-corruption	DMA - Management Approach	23, 24	-	Yes, Page 90
	G4-S03 –Total number and percentage of operations assessed for risks related to corruption and the significant risks identified	One operation (cancer patient care) 100% subject to assessments.	-	No
	G4-S04 –Communication and training on anti-corruption policies and procedures	24	-	Yes, Page 90
	G4-S05 –Confirmed incidents of corruption and actions taken	No incidents were recorded in 2014.	-	No
Compliance	DMA - Management Approach	23, 24	-	Yes, Page 90
	G4-S08 –Monetary value of significant fines and total number of non-monetary sanctions for non-compliance with laws and regulations	No significant fines in 2014.	-	No
Supplier Assessment for Impacts on Society	DMA - Management Approach	75	-	Yes, Page 90
	G4-S09 –Percentage of new suppliers that were screened using criteria for impacts on society	This criterion is not currently used in the selection of suppliers, but should be included from 2015.	-	No
	G4-S010 –Significant actual and potential negative impacts on society in the supply chain and actions taken	75	-	Yes, Page 90

Non material aspects	Specific standard disclosure	Page	Omissions	External assurance
PRODUCT RESPONSIBILITY				
Compliance	DMA - Management Approach	23, 24	-	Yes, Page 90
	G4-PR9 –Monetary value of significant fines for non-compliance with laws and regulations concerning the provision and use of products and services	The institution had no administrative and/or judicial sanctions for non-compliance with laws and regulations.	-	No

LETTER OF ASSURANCE

GRI G4-33

To the Trustees, Officers and Other Stakeholders
Fundação Antônio Prudente – **A.C. Camargo Cancer Center**
São Paulo, SP, Brazil

Introduction

We were hired by the Management of **Fundação Antônio Prudente (“A.C. Camargo Cancer Center”)** to produce a limited assurance report on the information contained in the Organization’s 2014 Sustainability Report, covering the year ended December 31, 2014.

Responsibilities of the Foundation’s Management

The **A.C. Camargo Cancer Center’s** Management is responsible for producing and presenting the information contained in the 2014 Sustainability Report in the appropriate manner, ‘in accordance’ with the comprehensive option of the G4 version of the Global Reporting Initiative’s (GRI) guidelines, as well as the internal controls the Organization itself determined as necessary to produce this information free from material distortions, regardless of whether caused by fraud or error.

Responsibility of the Independent Auditors

Our responsibility is to express a conclusion about the information contained in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report, based on a limited assurance engagement in accordance with Comunicado Técnico [Technical Communication] CTO 01/12, approved by CFC (Conselho Federal de Contabilidade, or Brazilian Federal Accounting Council), and NBC TO 3000 – Assurance Engagements Other than Audits or Reviews, issued by CFC, which corresponds to international standard ISAE 3000, issued by the International Federation of Accountants, applicable to non-historical information. Those standards require compliance with ethical principles, including that the work be performed in an independent manner and with the aim of obtaining limited assurance that the information contained in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report is, as a whole, free from material distortions.

A limited assurance engagement in accordance with NBC TO 3000 (ISAE 3000) consists mainly of inquiries to the Foundation’s management and other professionals involved in producing the information contained in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report, as well as analytical procedures to collect enough evidence to obtain limited assurance on such information. A limited assurance engagement also involves additional procedures when the independent auditors become aware of issues that lead them believe the information in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report, taken as a whole, may contain material distortions.

The selected procedures were based on our understanding of the aspects related to the compilation and presentation of the information contained in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report and other circumstances of the work and our examination of areas in which there could be material distortions. Such procedures included:

- (a) The planning of the work, considering the materiality and volume of quantitative and qualitative information, as well as the operational and internal control systems that served as basis for producing the information contained in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report;
- (b) Our understanding of the calculation methodology and the procedures for compiling indicators through interviews with the executives responsible for producing the information;
- (c) The application of analytical procedures on the quantitative information and inquiries about the qualitative information and its correlation with the indicators published in the information contained in the **A.C. Camargo Cancer Center’s** 2014 Sustainability Report; and
- (d) Conflicts between financial indicators and the financial statements and/or accounting records.

This limited assurance engagement also checked for compliance with the GRI-G4 guidelines and criteria for structuring Sustainability Reports, applicable to producing the information contained in the **A.C. Camargo Cancer Center's** 2014 Sustainability Report.

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

Scope and constraints

The procedures applied in this limited assurance engagement are substantially less comprehensive than those that would be applied in an assurance engagement designed to issue an opinion on the information contained in the **A.C. Camargo Cancer Center's** 2014 Sustainability Report. Consequently, they do not allow us to obtain assurance that we have become aware of all the matters that would be identified in an assurance engagement designed to issue an opinion. Had we performed an assurance engagement designed to issue an opinion, we could have identified other issues and distortions that may exist in the information contained in the **A.C. Camargo Cancer Center's** 2014 Sustainability Report. Thus, we do not express an opinion on such information.

Non-financial data are subject to more constraints than financial data given the nature and the diversity of methods used to determine, calculate or estimate such data. Qualitative interpretations of data materiality, relevance and accuracy are subject to individual assumptions and judgments. Additionally, we performed no assurance engagement on data for previous periods, or with respect to future projections and goals.

Conclusion

Based on the procedures described in this report, nothing has come to our knowledge that leads us to suspect the information contained in the **A.C. Camargo Cancer Center's** 2014 Sustainability Report may not have been compiled, in all material respects, in accordance with the G4 version of the Global Reporting Initiative's (GRI) guidelines and the **A.C. Camargo Cancer Center's** own assumptions and methodologies.

São Paulo, June 12, 2015.



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

A handwritten signature in black ink, appearing to read 'Mauro de Almeida Ambrosio'.

Mauro de Almeida Ambrosio
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A handwritten signature in black ink, appearing to read 'Viviene Alves Bauer'.

Viviene Alves Bauer
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A.C. Camargo
Cancer Center