

Hospital Amaral Carvalho (HAC) Jaú

Once upon a time, in a place, far, far away, there was an Oncology Hospital:



Hospital Amaral Carvalho (HAC)

1994

Philanthropic Foundation (not a university hospital)

- Priority: care of patients of the public health system;
- 200 beds predominantly surgical;
- Radiotherapy;
- Chemotherapy (400/months) 10% hematological-oncology;
- Blood Bank:
 - ✓ Not enough blood products;
 - ✓ Coordinated by the surgical area;
 - ✓ Serology laboratory at the city's health department, not at the hospital;

Hospital Amaral Carvalho (HAC)

□ Goal:

Develop Hematology/Hemotherapy;
Find a solution to our patient's difficulties to HSCT;

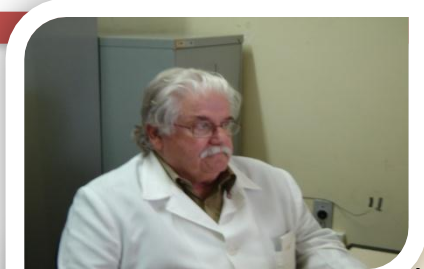
□ Option:

Develop HSCT program;

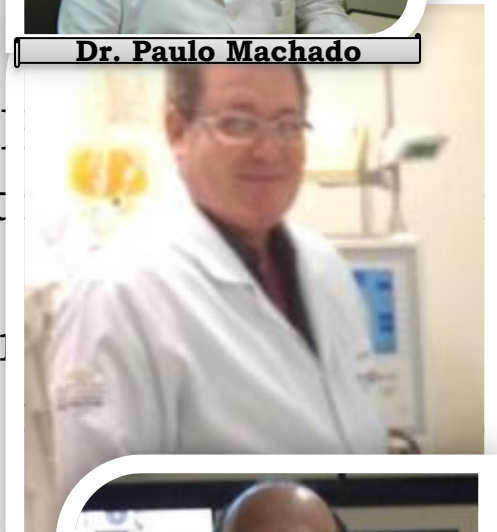
Hospital Amaral Carvalho (HAC)

1994 – Strategy:

- ❑ Cooperation with the Medical School of Botucatu
 - ✓ Access to laboratories: Flow Cytometry and Molecular Biology;
 - ✓ Botucatu Hematologist's Residents to coordinate the center
 - Embryo of the medical residency program, which was later accredited in 1996;
- ❑ Support from SP's State Health Secretary for the creation of the HAC Hematology and Hemotherapy Center, with the coordination of Dr. Marcos Mauad;



Dr. Paulo Machado



1994 – Development of Hemotherapy HAC:

- ✓ Increase number of blood products;
- ✓ Leucodepletion of blood products;
- ✓ Irradiation of blood products;
- ✓ Apheresis - platelets;
- ✓ Labs;

Hemonúcleo Regional de Jaú



- ✓ Serology Laboratory
- ✓ Immunehematology
- ✓ Cryopreservation Lab
- ✓ Fractionation Laboratory
- ✓ Apheresis



Hospital Amaral Carvalho (HAC)

1995 – We went to the Board of Directors:

❑ We want to establish a SCT unit here

❑ He said: “... HAC for this project. I...”:

- ✓ Do... per... acc...

- ✓ Do...

- Equipments;



Hospital Amaral Carvalho (HAC)

- Meanwhile, the hospital administration performed a renovation of the Unit at the end of the corridor, with a single isolation room without HEPA filter;

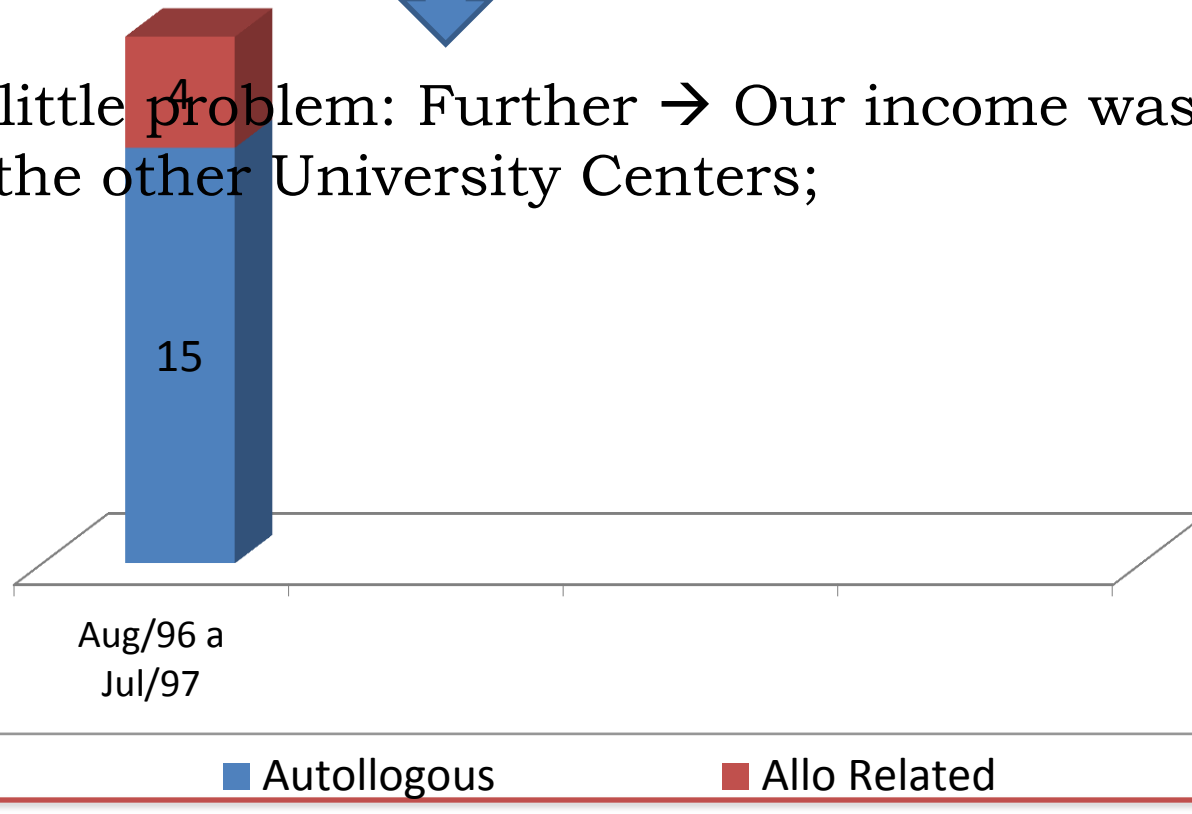



Development of a HSCT Program

- ❑ But there was a little problem: we did 19 procedures, 18 of them without reimbursement



- ❑ Another little problem: Further → Our income was 30% less than all the other University Centers;



A photograph of a person walking a tightrope between two large, dark rock formations. The person is positioned in the center of the frame, balancing on a thin red rope. Below the rope, a dense forest of evergreen trees covers a valley. The sky is a clear, deep blue. A white thought bubble with a blue outline is positioned above the person, containing text.

Quickly we learned to say to
the Administration: It's not
cost, It's investment...hehe

A large, light blue arrow pointing to the right, with a dark blue outline. It is positioned at the bottom of the image, partially overlapping the text.

Keep on Walking

Development of a HSCT Program

❑ So... We did 19 procedures without reimbursement;



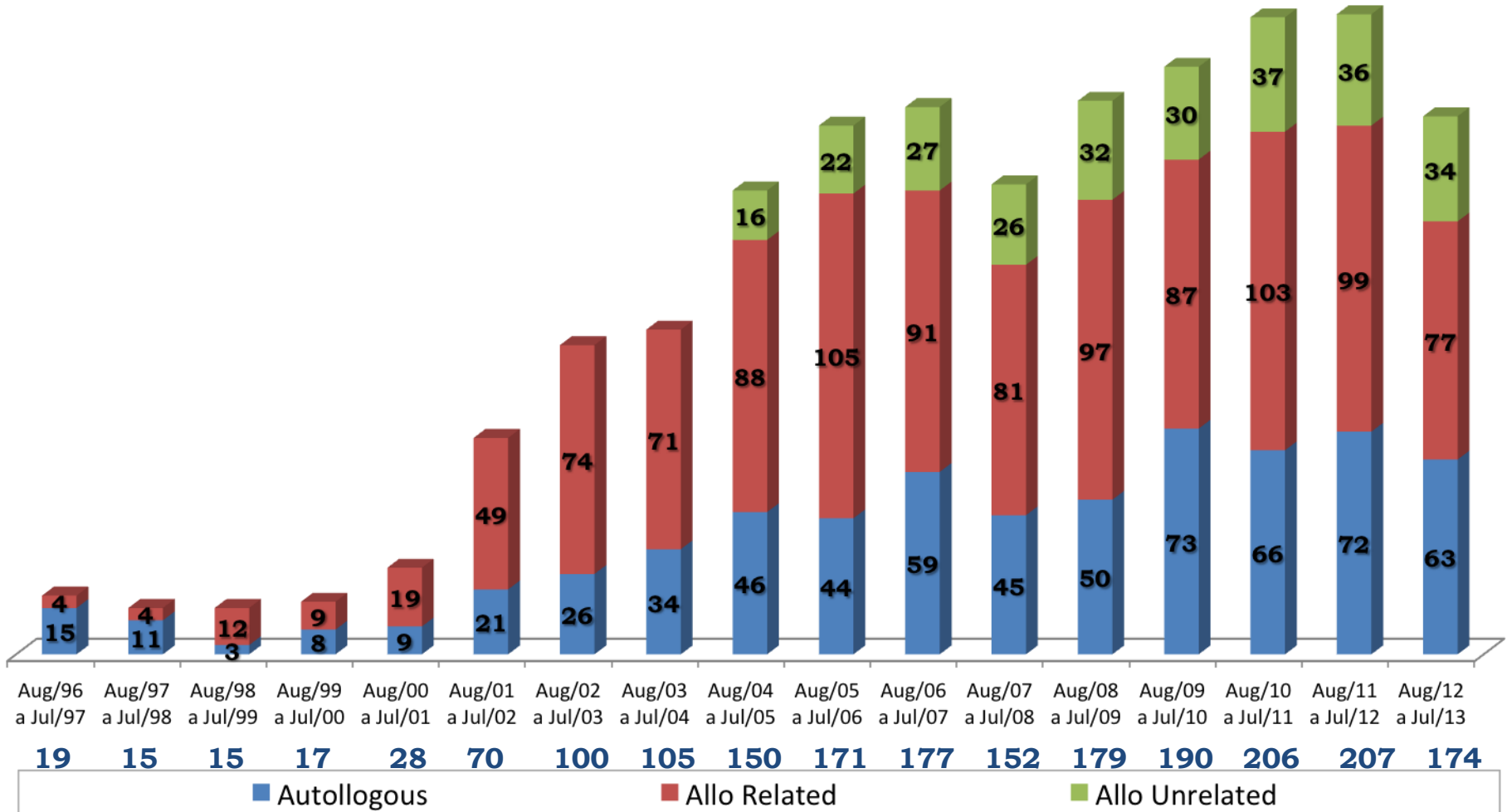
❑ Further → Our income was 30% less than theirs;



❑ Finally in aug/2001 → Reimbursement: 100%;

Team going forward

Established HSCT Program



Dr. Wellington



Dra. Carmen Bonfim



Dr. Claudio Brunstein



Dr. Marcos de Lima



Dr. Vanderson Rocha



Dr. Bouzas



Dra. Adriana Seber



Dr. Hans Kolb



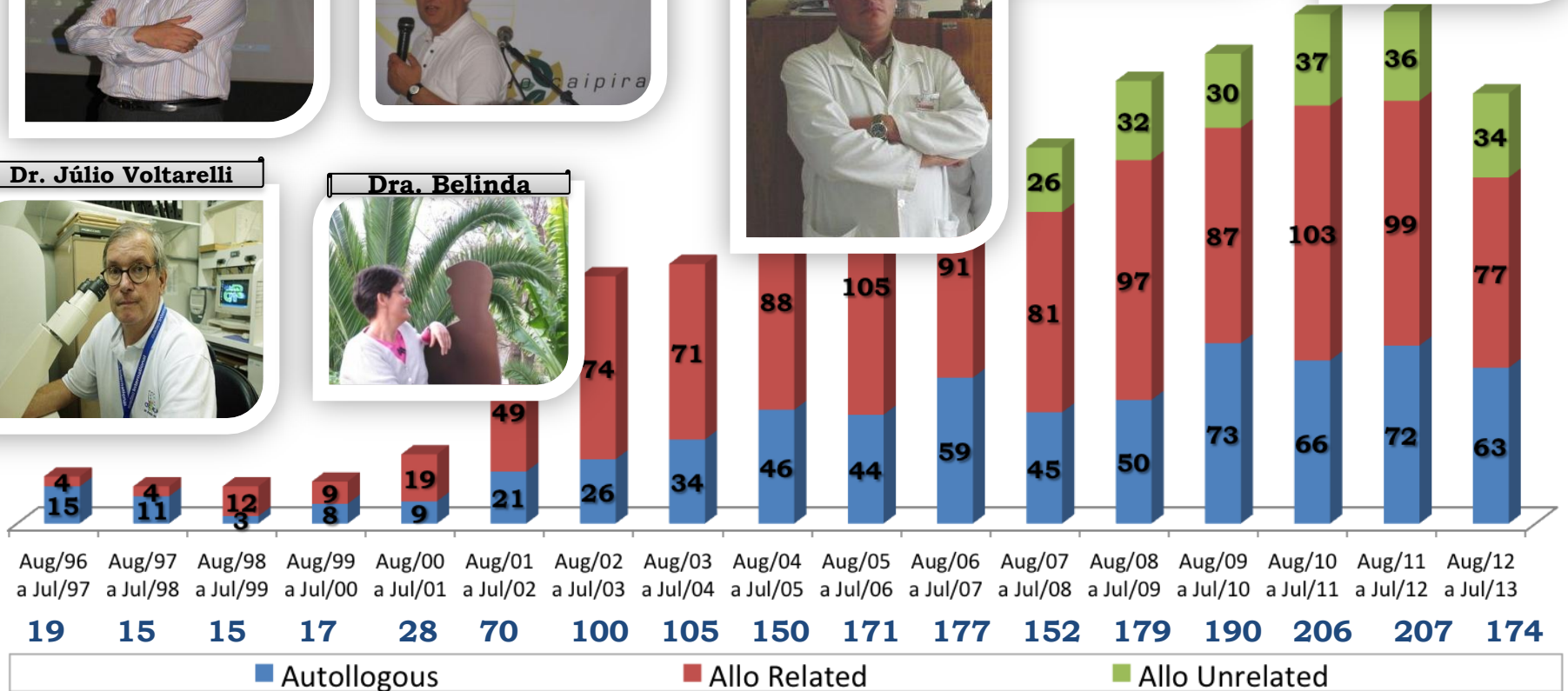
Dr. Marcos Bittencourt



Dr. Júlio Voltarelli

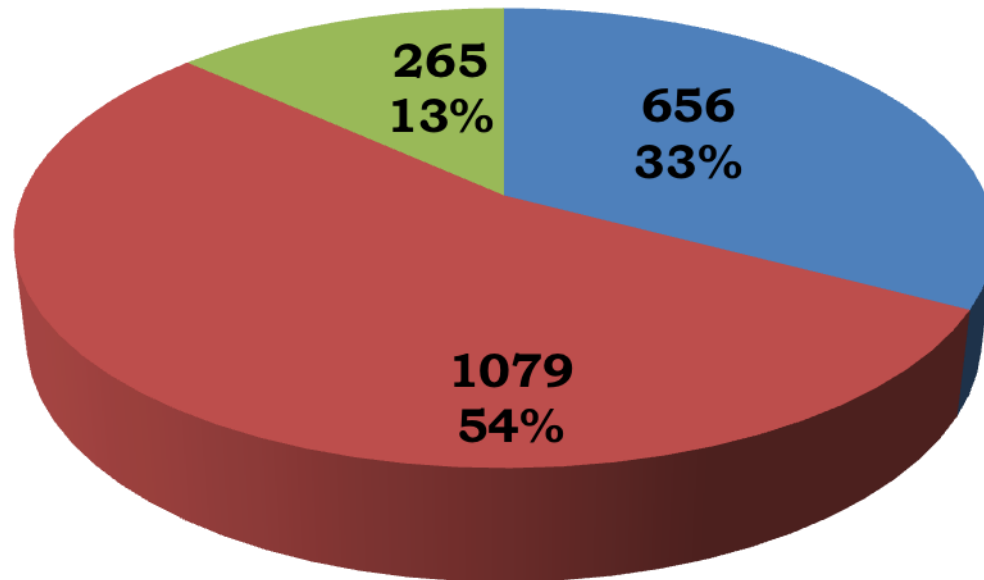


Dra. Belinda



HSCT (n=2.000)

10/Aug/1996 – 09/Aug/2013



■ Autologous

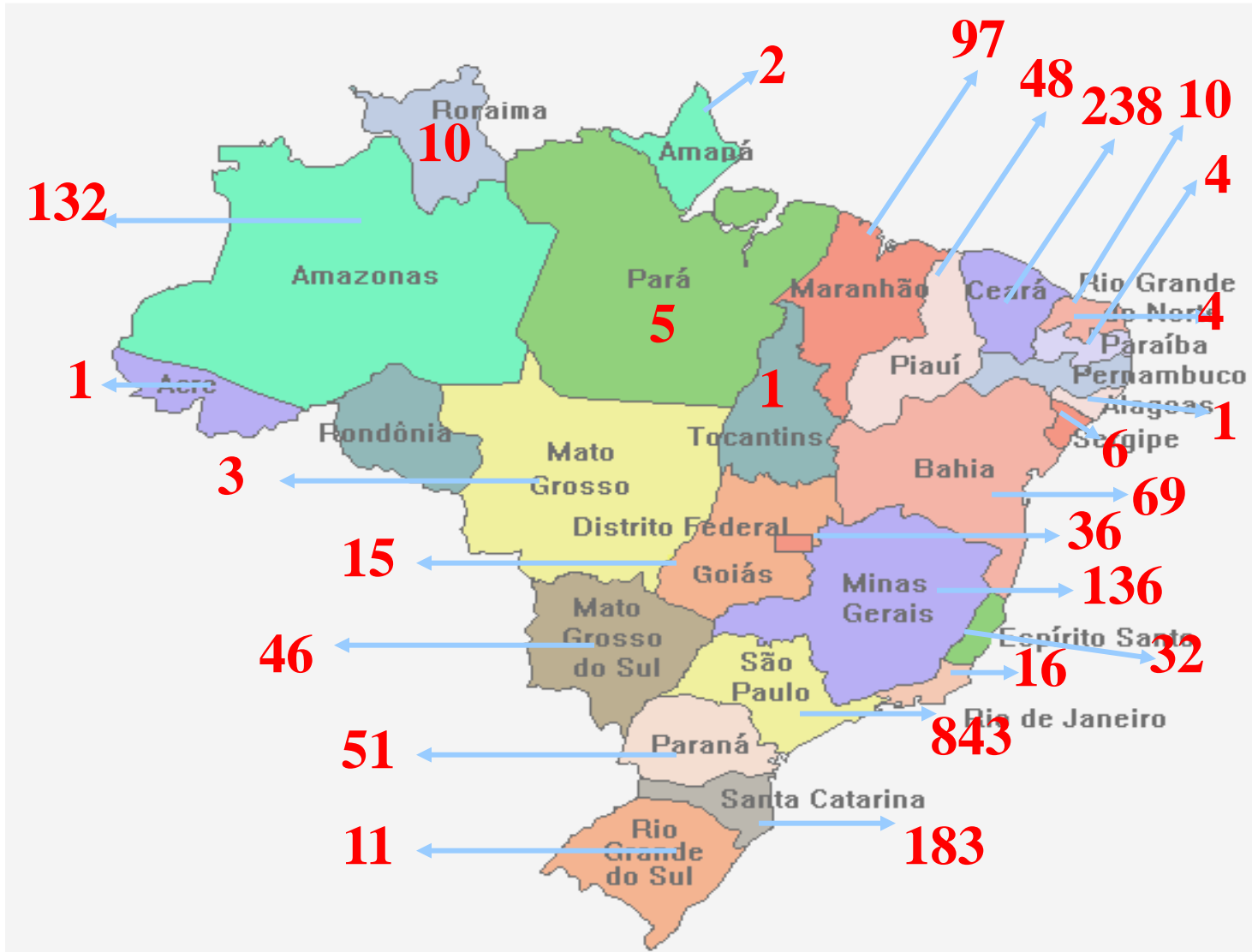
■ Allo Related

■ Allo Unrelated



HSCT (n=2.000)

10/Aug/1996 – 09/Aug/2013





**São Gabriel da
Cachoeira**



Manaus



>4.000 Km de distância

Jaú





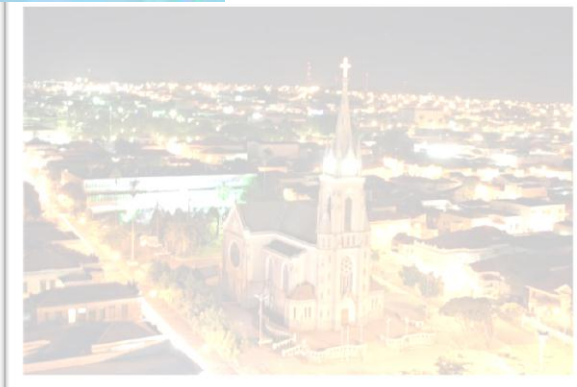
“Dr. Mair Jaú is at the end of the World!”

(Odilio, 2005)

Jaú



Dr. Mair
August, 2000: Our data been presented for the first time during SBTMO/Curitiba





Far, far away...





Dr. Júlio Voltarelli



Dra. Belinda



Cooperations

□ GeDech



GeDeco

Dra. Mary Flowers







What you need to establish a SCT center?

Committed persons!!!!

