# Authorization for Credit Card Transactions

**Department of Homeland Security**

**Form G-1450**

## How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

**NOTE:** Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

**NOTE:** Please see the USCIS Form G-1450 website for additional information.

**We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.**

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

| **Applicant's/Petitioner's/Requester's Information (Full Legal Name)** | | |
|---|---|---|
| Given Name (First Name)<br>Sperling Medical | Middle Name (if any)<br>USA | Family Name (Last Name)<br>LLC |
| **Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)** | | |
| Given Name (First Name)<br>Otavio | Middle Name (if any)<br>H | Family Name (Last Name)<br>SILVA |
| **Credit Card Holder's Billing Address:** | | |
| Street Number and Name<br>5051 La Jolla Blvd | Apt. Ste. Flr.<br>☒ ☐ ☐ | Number<br>202 |
| City or Town<br>San Diego | State<br>CA | ZIP Code<br>92109 |
| **Credit Card Holder's Signature and Contact Information:** | | |
| Credit Card Holder's Signature | | |
| Credit Card Holder's Daytime Telephone Number<br>5102419336 | Credit Card Holder's Email Address<br>otavio@yousalaw.com | |
| **Credit Card Information** | | |
| Credit Card Number | **Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover | Authorized Payment Amount<br>$ 530.00 |
| Credit Card Expiration Date (mm/yyyy) CVV Code | | |

# Authorization for Credit Card Transactions

**Department of Homeland Security**

**Form G-1450**

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1. Type or print legibly in black ink.
2. Complete the "**Applicant's/Petitioner's/Requester's Information**," "**Credit Card Billing Information**," and "**Credit Card Information**" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
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By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

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| **Applicant's/Petitioner's/Requester's Information (Full Legal Name)** | | |
|---|---|---|
| Given Name (First Name)<br>Sperling Medical | Middle Name (if any)<br>USA | Family Name (Last Name)<br>LLC |
| **Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)** | | |
| Given Name (First Name)<br>Otavio | Middle Name (if any)<br>H | Family Name (Last Name)<br>SILVA |
| **Credit Card Holder's Billing Address:** | | |
| Street Number and Name<br>5051 La Jolla Blvd | Apt. Ste. Flr.<br>☒ ☐ ☐ | Number<br>202 |
| City or Town<br>San Diego | State<br>CA | ZIP Code<br>92109 |
| **Credit Card Holder's Signature and Contact Information:** | | |
| Credit Card Holder's Signature | | |
| Credit Card Holder's Daytime Telephone Number<br>5102419336 | Credit Card Holder's Email Address<br>otavio@yousalaw.com | |
| **Credit Card Information** | | |
| Credit Card Number | **Credit Card Type:** ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover | Authorized Payment Amount<br>$ 300.00 |
| Credit Card Expiration Date (mm/yyyy) CVV Code | | |

O-1A NON-IMMIGRANT VISA PETITION

# Petitioner: SPERLING MEDICAL USA LLC

## Beneficiary: SILVA DE SOUZA, Yglesio Luciano Moyses

San Diego, CA - PO Box 90487

**TABLE OF CONTENTS**

Petitioner: **SPERLING MEDICAL USA LLC**
Beneficiary: **SILVA DE SOUZA, Yglesio Luciano Moyses**
Type of Petition: **O-1A NON-IMMIGRANT VISA PETITION**


| | |
|---|---|
| **Forms** | • Form G-1450 in the amount of $530 towards I-129 form filling fee<br>• Form G-1450 in the amount of $300 towards Asylum Program Fee<br>• Form G-1145<br>• Form G-28<br>• Form I-129 – Petition for a Nonimmigrant Worker and O Supplement |
| **Petition Cover Letter** | • Petition Cover Letter<br>• Exhibit List |
| **Exhibit A**<br>**Petitioner's Documentation** | • Articles of Organization – Sperling Medical USA LLC<br>• EIN IRS Letter<br>• Operating Agreement<br>• Office Lease Agreement<br>• Business Plan<br>• Petitioner U.S. Bank Activity Statement<br>• FDA 510(k) Clearance Letter and Summary for SanAgile™ Ultrasonic Surgery for Advanced Surgical Devices (K242894)<br>• Offer Letter<br>• Written Consent of the Sole Member<br>• Parent Company's Balance Sheet and Income Statement<br>• Compliance Memorandum<br>• Employment Agreement<br>• Professional Itinerary<br>• Letter of Intent from Infinity Medical International LLC<br>• Corporate Good Standing Documents – Sperling Comércio e Serviços Ltda. |
| **Exhibit B**<br>**Beneficiary's Professional Qualifications** | • Dr. Souza's resume<br>• Doctor of Science Degree from the University of Sao Paulo<br>• Doctor of Medicine - M.D. Degree from the Federal University of Maranhao<br>• Oncology/Surgical Cancer Specialist Certificate from the Regional Council of Medicine in Maranhao<br>• Digestive System Surgery Specialist Certificate from the Regional Council of Medicine in Maranhao<br>• General Surgery Specialist Certificate from the Regional Council of Medicine in Maranhao<br>• Academic Evaluation |
| **Exhibit C**<br>**Advisory Opinion Letters** | • Juliano B. Riella, M.D., FACS<br>• Manoel Galvão Neto, M.D., MSc, FASGE, IFASMBS<br>• Prof. João Batista Santos Garcia, M.D., Ph.D. |

| | |
|---|---|
| **<u>Exhibit D</u>**<br>**Evidence of Beneficiary's Extraordinary Ability** | **D.I – Membership in associations requiring outstanding achievements**<br>**D.I.a** – General Surgery Certification from AMB/CBC<br>● Title of Specialist<br>● Institutional Declaration<br>● Public Competitive Examination Notice - Specialist Certification Examination in General Surgery – 2025<br>● Public Competitive Examination Notice - Specialist Certification Examination in General Surgery – 2026<br>● CBC Bylaws<br>● Scientific Study – 2025 Medical Demographics in Brazil<br>● CBC's Website printout – Current Board of Directors<br>● Expert's credentials - CBC President<br>**D.I.b** – General Surgery Certification from AMB/CBC<br>● Title of Specialist<br>● Institutional Declaration<br>● Public Competitive Examination Notice no. 001/2025<br>● CBCD Bylaws<br>● Expert's credentials – CBCD President<br>● Expert's credentials – CBCD Board of Directors<br><br>**D.II – Published Material in Major Media**<br>D.II.a – Compilation of all major media publications about Dr. Souza<br>D.II.b - Audience Metrics and Information Regarding the Media Outlets<br><br>**D.III – Participation as a Judge**<br>D.III.a – Examiner for CEUMA<br>D.III.b – Scientific Manuscript review for Orlando Health<br><br>**D.IV – Original Contributions of Major Significance**<br>**D.IV.a** – Research *Modified Heidelberg Technique for Pancreatic Anastomosis (ABCD)*<br>● Copy of the original article<br>● Scientific Publications Citing Dr. Souza's Research<br>**D.IV.b** – Research *NOTES Transvaginal Video-Assisted Cholecystectomy: First Series, published in Endoscopy (Endoscopy)*<br>● Copy of the original article<br>● Scientific Publications Citing Dr. Souza's Research<br>**D.IV.c** – Reserch *Laparoscopic Duodenal-Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m² (Obesity)*<br>● Copy of the original article<br>● Scientific Publications Citing Dr. Souza's Research<br>● Original article's citation metrics |

| | |
|---|---|
| | **D.IV.d** – Expert's letters<br>• Dr. Almino Cardoso Ramos<br>• Dr. Orlando Jorge Martins Torres<br>• Prof. Vinicius Jose da Silva Nina<br><br>**D.V – Author of Scholarly articles**<br>• Copy of Dr. Souza's scholarly articles alongside information about each journal or magazine.<br>• Published Scholarly Conference Proceedings<br><br>**D.VI – Critical or essential role for organization(s) of distinguished reputation**<br>**D.VI.a** – Director General - Socorrao I<br>• Official Appointment<br>• CNES – National registration of Health Institutions<br>• Estimates of the resident population in Brazilian municipalities with reference date of july 1, 2013<br>• News publications<br>• Support Letter from Dr. Natália Ribeiro Mandarino<br>• Support Letter from Dr. Marcelo Queiroga<br>**D.VI.b** - Preceptor, General Surgery and Digestive System Surgery Residency Programs - HU-UFMA<br>• Official appointments<br>• Brazilian Government publication HU-UFMA stands out in international ranking<br>• Media Publications<br>• Support Letter from Dr. Waston Gonçalves Ribeiro<br><br>**D.VII – High Salary**<br>• Certified Public Accountant Letter<br>• Declaration from Leoberth Araujo – HO-MA<br>• ICADO'S pay stubs<br>• Declaratiom fom Ednaldo Bezerra Galvao Filho – IMEC-MA<br>• Copy of Dr. Souza's Bank Statement<br>• Salary Surveys |
| **<u>Exhibit E</u> Additional Evidence of Extraordinary Ability** | • Membership – The Brazilian Society of Bariatric and Metabolic Surgery<br>• Other Memberships<br>• Invitations to serve as a speaker and reviewer for international organizations<br>• Legislative Decree – Medal recognition to Dr. Souza<br>• Contributions to public health while serving as State Representative<br>• DATASUS public records<br>• Appointment as Medical School Professor<br>• NBE Self-Assessment Report |

| | |
|---|---|
| **<u>Exhibit F</u>**<br>**Beneficiary and Derivative's Personal Documents** | • Birth Certificate and Corresponding Translation<br>• Passport's Biometrics Page<br>• U.S. Visa Page<br>• Marriage Certificate and Corresponding Translation<br>• Derivatives' Birth Certificate and Corresponding Translation<br>• Derivatives' Passport's Biometrics Page<br>• Derivatives' U.S. Visa Page |

# e-Notification of Application/Petition Acceptance

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form G-1145**

## What Is the Purpose of This Form?

Use this form to request an electronic notification (e-Notification) when U.S. Citizenship and Immigration Services accepts your immigration application. This service is available for applications filed at a USCIS Lockbox facility.

## General Information

Complete the information below and clip this form to the first page of your application package. You will receive one e-mail and/or text message for each form you are filing.

We will send the e-Notification within 24 hours after we accept your application. Domestic customers will receive an e-mail and/or text message; overseas customers will only receive an e-mail. Undeliverable e-Notifications cannot be resent.

The e-mail or text message will display your receipt number and tell you how to get updated case status information. It will not include any personal information. The e-Notification does not grant any type of status or benefit; rather it is provided as a convenience to customers.

USCIS will also mail you a receipt notice (I-797C), which you will receive within 10 days after your application has been accepted; use this notice as proof of your pending application or petition.

## USCIS Privacy Act Statement

**AUTHORITIES:** The information requested on this form is collected pursuant to section 103(a) of the Immigration and Nationality Act, as amended INA section 101, et seq.

**PURPOSE:** The primary purpose for providing the information on this form is to request an electronic notification when USCIS accepts immigration form. The information you provide will be used to send you a text and/or email message.

**DISCLOSURE:** The information you provide is voluntary. However, failure to provide the requested information may prevent USCIS from providing you a text and/or email message receipting your immigration form.

**ROUTINE USES:** The information provided on this form will be used by and disclosed to DHS personnel and contractors in accordance with approved routine uses, as described in the associated published system of records notices [**DHS/USCIS-007 - Benefits Information System and DHS/USCIS-001 - Alien File (A-File) and Central Index System (CIS)**, which can be found at **www.dhs.gov/privacy**]. The information may also be made available, as appropriate for law enforcement purposes or in the interest of national security.

**Complete this form and clip it on top of the first page of your immigration form(s).**

| Applicant/Petitioner Full Last Name | Applicant/Petitioner Full First Name | Applicant/Petitioner Full Middle Name |
|---|---|---|
| **LLC** | **Sperling Medical** | **USA** |

| Email Address | Mobile Phone Number (Text Message) |
|---|---|
| **comercial@sperlingservicos.com.br** | |

# Notice of Entry of Appearance as Attorney or Accredited Representative

**Department of Homeland Security**

**DHS**
**Form G-28**
OMB No. 1615-0105
Expires 05/31/2021

## Part 1. Information About Attorney or Accredited Representative

**1.** USCIS Online Account Number (if any)

► 0 0 7 4 9 2 6 2 5 4 3 8

### *Name of Attorney or Accredited Representative*

**2.a.** Family Name (Last Name): HAVERROTH SILVA

**2.b.** Given Name (First Name): Otavio

**2.c.** Middle Name: N/A

### *Address of Attorney or Accredited Representative*

**3.a.** Street Number and Name: PO Box 90487

**3.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**3.c.** City or Town: San Diego

**3.d.** State: CA **3.e.** ZIP Code: 92169

**3.f.** Province: N/A

**3.g.** Postal Code: N/A

**3.h.** Country: USA

### *Contact Information of Attorney or Accredited Representative*

**4.** Daytime Telephone Number: 5102419336

**5.** Mobile Telephone Number (if any): 5102419336

**6.** Email Address (if any): otavio@legalhs.com

**7.** Fax Number (if any): N/A

## Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

**1.a.** ☒ I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority: California

**1.b.** Bar Number (if applicable): 343486

**1.c.** I (select **only one** box) ☒ am not ☐ am subject to any order suspending, enjoining, restraining, disbarring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

**1.d.** Name of Law Firm or Organization (if applicable): HS Law Corp

**2.a.** ☐ I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

**2.b.** Name of Recognized Organization: N/A

**2.c.** Date of Accreditation (mm/dd/yyyy): N/A

**3.** ☐ I am associated with N/A, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

**4.a.** ☐ I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

**4.b.** Name of Law Student or Law Graduate: N/A

## Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

**1.a.** ☒ U.S. Citizenship and Immigration Services (USCIS)

**1.b.** List the form numbers or specific matter in which appearance is entered.

I-129

**2.a.** ☐ U.S. Immigration and Customs Enforcement (ICE)

**2.b.** List the specific matter in which appearance is entered.

N/A

**3.a.** ☐ U.S. Customs and Border Protection (CBP)

**3.b.** List the specific matter in which appearance is entered.

N/A

**4.** Receipt Number (if any)

► N/A

**5.** I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):

☐ Applicant ☒ Petitioner ☐ Requestor
☐ Beneficiary/Derivative ☐ Respondent (ICE, CBP)

### *Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)*

**6.a.** Family Name (Last Name) OLIVEIRA HEMP

**6.b.** Given Name (First Name) Maquerli

**6.c.** Middle Name N/A

**7.a.** Name of Entity (if applicable)

Sperling Medical USA LLC

**7.b.** Title of Authorized Signatory for Entity (if applicable)

Representative of the sole member

**8.** Client's USCIS Online Account Number (if any)

► N/A

**9.** Client's Alien Registration Number (A-Number) (if any)

► A- N/A

### *Client's Contact Information*

**10.** Daytime Telephone Number

+55 41 35247444

**11.** Mobile Telephone Number (if any)

+55 41 998667374

**12.** Email Address (if any)

comercial@sperlingservicos.com.br

### *Mailing Address of Client*

**NOTE:** Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

**13.a.** Street Number and Name PO Box 90487

**13.b.** ☐ Apt. ☐ Ste. ☐ Flr. N/A

**13.c.** City or Town San Diego

**13.d.** State CA **13.e.** ZIP Code 92169

**13.f.** Province N/A

**13.g.** Postal Code N/A

**13.h.** Country

USA

## Part 4. Client's Consent to Representation and Signature

### *Consent to Representation and Release of Information*

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.

## Part 4. Client's Consent to Representation and Signature (continued)

### *Options Regarding Receipt of USCIS Notices and Documents*

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

**1.a.** ☒ I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

**1.b.** ☒ I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

**NOTE:** If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

**1.c.** ☐ I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

### *Signature of Client or Authorized Signatory for an Entity*

**2.a.** Signature of Client or Authorized Signatory for an Entity

➡ [signature]

**2.b.** Date of Signature (mm/dd/yyyy) 08/11/2026

## Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

**1. a.** Signature of Attorney or Accredited Representative

[signature]

**1.b.** Date of Signature (mm/dd/yyyy) 08/11/2026

**2.a.** Signature of Law Student or Law Graduate

N/A

**2.b.** Date of Signature (mm/dd/yyyy) N/A

## Part 6. Additional Information

If you need extra space to provide any additional information within this form, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this form or attach a separate sheet of paper. Type or print your name at the top of each sheet; indicate the **Page Number**, **Part Number**, and **Item Number** to which your answer refers; and sign and date each sheet.

**1.a** Family Name (Last Name): OLIVEIRA HEMP

**1.b.** Given Name (First Name): Maquerli

**1.c.** Middle Name: N/A

**2.a.** Page Number: N/A **2.b.** Part Number: N/A **2.c.** Item Number: N/A

**2.d.** N/A

**3.a.** Page Number: N/A **3.b.** Part Number: N/A **3.c.** Item Number: N/A

**3.d.** N/A

**4.a.** Page Number: N/A **4.b.** Part Number: N/A **4.c.** Item Number: N/A

**4.d.** N/A

**5.a.** Page Number: N/A **5.b.** Part Number: N/A **5.c.** Item Number: N/A

**5.d.** N/A

**6.a.** Page Number: N/A **6.b.** Part Number: N/A **6.c.** Item Number: N/A

**6.d.** N/A

# Petition for a Nonimmigrant Worker

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form I-129**
OMB No. 1615-0009
Expires 12/31/2027

| For USCIS Use Only | Receipt | Partial Approval (explain) | Action Block |
|---|---|---|---|
| Class: _____<br>No. of Workers: _____<br>Job Code: _____<br>Validity Dates: _____<br>From: _____<br>To: _____ | ☐ **Classification Approved**<br>☐ Consulate/POE/PFI Notified<br>At: _____<br>☐ Extension Granted<br>☐ COS/Extension Granted | | |

► **START HERE - Type or print in black ink.**

## Part 1. Petitioner Information

If you are an individual filing this petition, complete **Item Number 1. If you are a company or an organization filing this petition,** complete **Item Number 2**.

**1. Legal Name of Individual Petitioner**

Family Name (Last Name) | Given Name (First Name) | Middle Name

**2. Company or Organization Name**

Sperling Medical USA LLC

**3. Mailing Address of Individual, Company or Organization**

In Care Of Name: Otavio Haverroth Silva

Street Number and Name: PO Box 90487 | Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: San Diego | State: CA | ZIP Code: 92169

Province: N/A | Postal Code: N/A | Country: USA

**4. Contact Information**

Daytime Telephone Number: +55 41 35247444 | Mobile Telephone Number: +55 41 998667374 | Email Address (if any): comercial@sperlingservicos.com.br

**Other Information**

**5.** Federal Employer Identification Number (FEIN)
► 42-3672109

**6.** Are you a nonprofit organized as tax exempt or a governmental research organization? ☐ Yes ☒ No

## Part 1. Petitioner Information (continued)

**7.** Individual IRS Tax Number
► N/A

**8.** U.S. Social Security Number (if any)
► N/A

## Part 2. Information About This Petition

**1.** Requested Nonimmigrant Classification (Write classification symbol): O-1A

**2.** **Basis for Classification** (select **only one** box)**:**

- ☒ **a.** New employment.
- ☐ **b.** Continuation of previously approved employment without change with the same employer.
- ☐ **c.** Change in previously approved employment.
- ☐ **d.** New concurrent employment.
- ☐ **e.** Change of employer.
- ☐ **f.** Amended petition.

**3.** **Provide the most recent petition/application receipt number for the beneficiary. If none exists, indicate "None."**
► IOE0937678409

**4.** **Requested Action** (select **only one** box)**:**

- ☒ **a.** Notify the office in **Part 4.** so each beneficiary can obtain a visa or be admitted. (**NOTE:** A petition is not required for E-1, E-2, E-3, H-1B1 Chile/Singapore, or TN visa beneficiaries.)
- ☐ **b.** Change the status and extend the stay of each beneficiary because the beneficiary(ies) is/are now in the United States in another status (see instructions for limitations). This is available only when you check "New Employment" in **Item Number 2.**, above.
- ☐ **c.** Extend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status.
- ☐ **d.** Amend the stay of each beneficiary because the beneficiary(ies) now hold(s) this status and is/are not seeking additional time from the current authorized period of stay.
- ☐ **e.** Extend the status of a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)
- ☐ **f.** Change status to a nonimmigrant classification based on a free trade agreement. (See Trade Agreement Supplement to Form I-129 for TN and H-1B1.)

**5.** **Total number of workers included in this petition.** (See instructions relating to when more than one worker can be included.)
► 1

## Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.)

**1.** Type of Beneficiaries Requested (select **only one** box) ☒ Named ☐ Unnamed (for H-2A or H-2B petitions only)

**2.** **If an Entertainment Group, Provide the Group Name**
N/A

**3.** **Provide Name of Beneficiary**

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| SILVA DE SOUZA | Yglesio Luciano Moyses | N/A |

## Part 3. Beneficiary Information (Information about the beneficiary/beneficiaries you are filing for. Complete the blocks below. Use the Attachment-1 sheet to name each beneficiary included in this petition.) (continued)

**4. Provide all other names the beneficiary has used.** Include nicknames, aliases, maiden name, and names from all previous marriages.

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| N/A | N/A | N/A |
| | | |
| | | |

**5. Other Information**

Date of birth (mm/dd/yyyy): 09/19/1980

Sex: ☒ Male ☐ Female

U.S. Social Security Number (if any): ► N/A

Alien Registration Number (A-Number): ► A- N/A

Country of Birth: Brazil

Province of Birth: Maranhao

Country of Citizenship or Nationality: Brazil

**6. If the beneficiary is in the United States, complete the following:**

Date of Last Arrival (mm/dd/yyyy): N/A

I-94 Arrival-Departure Record Number: ► N/A

Passport or Travel Document Number: N/A

Date Passport or Travel Document Issued (mm/dd/yyyy): N/A

Date Passport or Travel Document Expires (mm/dd/yyyy): N/A

Passport or Travel Document Country of Issuance: N/A

Current Nonimmigrant Status: N/A

Date Status Expires (mm/dd/yyyy) or D/S: N/A

Student and Exchange Visitor Information System (SEVIS) Number (if any): N/A

Employment Authorization Document (EAD) Number (if any): N/A

**7. Current Residential U.S. Address** (if applicable) (do not list a P.O. Box)

Street Number and Name: N/A

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

## Part 4. Processing Information

**1.** If a beneficiary or beneficiaries named in **Part 3.** is/are outside the United States, or a requested extension of stay or change of status cannot be granted, state the U.S. Consulate or inspection facility you want notified if this petition is approved.

**a. Type of Office** (select only one box): ☒ Consulate ☐ Pre-flight inspection ☐ Port of Entry

**b. Office Address (City):** Brasilia

**c. U.S. State or Foreign Country:** Brazil

## Part 4. Processing Information (continued)

**d. Beneficiary's Foreign Address**

Street Number and Name: 370 MA203 Rode

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: Paco de Lumiar

State: N/A

Province: Maranhao

Postal Code: 65130000

Country: Brazil

**2.** Does each person in this petition have a valid passport? ☒ Yes ☐ No. If no, go to **Part 9.** and type or print your explanation.

**3.** Are you filing any other petitions with this one?

☐ Yes. If yes, how many? ▶ ☐ ☒ No

**4.** Are you filing any applications for replacement/initial I-94, Arrival-Departure Records with this petition? Note that if the beneficiary was issued an electronic Form I-94 by CBP when he/she was admitted to the United States at an air or sea port, he/she may be able to obtain the Form I-94 from the CBP Website at **cbp.gov/i94** instead of filing an application for a replacement/initial I-94.

☐ Yes. If yes, how many? ▶ ☐ ☒ No

**5.** Are you filing any applications for dependents with this petition?

☐ Yes. If yes, how many? ▶ ☐ ☒ No

**6.** Is any beneficiary in this petition in removal proceedings?

☐ Yes. If yes, proceed to **Part 9.** and list the beneficiary's(ies) name(s). ☒ No

**7.** Have you ever filed an immigrant petition for any beneficiary in this petition?

☐ Yes. If yes, how many? ▶ ☐ ☒ No

**8.** Did you indicate you were filing a new petition in **Part 2.**?

☒ Yes. If yes, answer the questions below. ☐ No. If no, proceed to **Item Number 9.**

**a.** Has any beneficiary in this petition ever been given the classification you are now requesting within the last seven years?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

**b.** Has any beneficiary in this petition ever been denied the classification you are now requesting within the last seven years?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

**9.** Have you ever previously filed a nonimmigrant petition for this beneficiary?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

**10.** If you are filing for an entertainment group, has any beneficiary in this petition not been with the group for at least one year?

☐ Yes. If yes, proceed to **Part 9.** and type or print your explanation. ☒ No

**11.a.** Has any beneficiary in this petition ever been a J-1 exchange visitor or J-2 dependent of a J-1 exchange visitor?

☐ Yes. If yes, proceed to **Item Number 11.b.** ☒ No

**11.b.** If you checked yes in **Item Number 11.a.**, provide the dates the beneficiary maintained status as a J-1 exchange visitor or J-2 dependent. Also, provide evidence of this status by attaching a copy of either a DS-2019, Certificate of Eligibility for Exchange Visitor (J-1) Status, a Form IAP-66, or a copy of the passport that includes the J visa stamp.

N/A

## Part 5. Basic Information About the Proposed Employment and Employer

Attach the Form I-129 supplement relevant to the classification of the worker(s) you are requesting.

**1.** Job Title

Chief Medical Officer and Director of Clinical and Regulatory Sciences

**2.** Labor Condition Application (LCA) or Employment and Training Administration (ETA) Case Number

N/A

**3.** Address(es) where the beneficiary(ies) will work if different from address in **Part 1.** If you need to provide more than two additional addresses, use **Part 9. Additional Information**.

Address 1

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| 5563 Wood Bridge Place | ☐ ☐ ☐ | N/A |

| City or Town | State | ZIP Code |
|---|---|---|
| Saint Cloud | FL | 34771 |

Is this a third-party location? ☐ Yes ☒ No

If you answered "Yes," provide the name of the third-party organization.

Address 2

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| N/A | ☐ ☐ ☐ | N/A |

| City or Town | State | ZIP Code |
|---|---|---|
| N/A | N/A | N/A |

Is this a third-party location? ☐ Yes ☐ No

If you answered "Yes," provide the name of the third-party organization.

**4.** Did you include an itinerary with the petition? ☒ Yes ☐ No

**5.** Will the beneficiary(ies) work for you off-site at another company or organization's location? ☒ Yes ☐ No

**6.** Will the beneficiary(ies) work exclusively in the Commonwealth of the Northern Mariana Islands (CNMI)? ☐ Yes ☒ No

**7.** Is this a full-time position? ☒ Yes ☐ No

**8.** If the answer to **Item Number 7.** is no, how many hours per week for the position? ►

**9.** Wages: $ 120,000 per (Specify hour, week, month, or year) ► year

**10.** Other Compensation (Explain)

Performance Bonus: Up to USD $30,000 annually, discretionary and based on company revenue and personal objectives. Salary Review: Annual base salary review starting on the first anniversary of the Effective Date. Benefits: Eligible for company-established benefit plans, subject to plan terms and legal requirements.

**11.** Dates of intended employment From: (mm/dd/yyyy) 02/01/2027 To: (mm/dd/yyyy) 01/31/2030

## Part 5. Basic Information About the Proposed Employment and Employer (continued)

**12.** Type of Business

Medical Device Regulatory Advisory & Clinical Sciences

**13.** Year Established

2026

**14.** Current Number of Employees in the United States

0

**15.** Do you currently employ a total of 25 or fewer full-time equivalent employees in the United States, including all affiliates or subsidiaries of this company/organization?

☒ Yes ☐ No

**16.** Gross Annual Income

N/A

**17.** Net Annual Income

N/A

## Part 6. Certification Regarding the Release of Controlled Technology or Technical Data to Foreign Persons in the United States

(This section of the form is required only for H-1B, H-1B1 Chile/Singapore, L-1, and O-1A petitions. It is not required for any other classifications. Please review the Form I-129 General Filing Instructions before completing this section.)

**Select Item Number 1. or Item Number 2. as appropriate. DO NOT select both boxes.**

With respect to the technology or technical data the petitioner will release or otherwise provide access to the beneficiary, the petitioner certifies that it has reviewed the Export Administration Regulations (EAR) and the International Traffic in Arms Regulations (ITAR) and has determined that:

**1.** ☒ A license is not required from either the U.S. Department of Commerce or the U.S. Department of State to release such technology or technical data to the foreign person; or

**2.** ☐ A license is required from the U.S. Department of Commerce and/or the U.S. Department of State to release such technology or technical data to the beneficiary and the petitioner will prevent access to the controlled technology or technical data by the beneficiary until and unless the petitioner has received the required license or other authorization to release it to the beneficiary.

## Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.)

Copies of any documents submitted are exact photocopies of unaltered, original documents, and I understand that, as the petitioner, I may be required to submit original documents to U.S. Citizenship and Immigration Services (USCIS) at a later date.

I authorize the release of any information from my records, or from the petitioning organization's records that USCIS needs to determine eligibility for the immigration benefit sought. I recognize the authority of USCIS to conduct audits of this petition using publicly available open source information. I also recognize that any supporting evidence submitted in support of this petition may be verified by USCIS through any means determined appropriate by USCIS, including but not limited to, on-site compliance reviews.

If filing this petition on behalf of an organization, I certify that I am authorized to do so by the organization.

I certify, under penalty of perjury, that I have reviewed this petition and that all of the information contained in the petition, including all responses to specific questions, and in the supporting documents, is complete, true, and correct.

**1.** **Name and Title of Authorized Signatory**

Family Name (Last Name)

OLIVEIRA HEMP

Given Name (First Name)

Maquerli

Title

Representative of sole member

## Part 7. Declaration, Signature, and Contact Information of Petitioner or Authorized Signatory (Read the information on penalties in the instructions before completing this section.) (continued)

**2. Signature and Date**

Signature of Authorized Signatory

Date of Signature (mm/dd/yyyy)

08/11/2026

**3. Signatory's Contact Information**

Daytime Telephone Number: +55 41 35247444

Email Address (if any): comercial@sperlingservicos.com.br

**NOTE:** If you do not fully complete this form or fail to submit the required documents listed in the instructions, a final decision on your petition may be delayed or the petition may be denied.

## Part 8. Declaration, Signature, and Contact Information of Person Preparing Form, If Other Than Petitioner

Provide the following information concerning the preparer:

**1. Name of Preparer**

Family Name (Last Name): HAVERROTH SILVA

Given Name (First Name): Otavio

**2. Preparer's Business or Organization Name** (if any)

(If applicable, provide the name of your accredited organization recognized by the Board of Immigration Appeals (BIA).)

HS Law Corp

**3. Preparer's Mailing Address**

Street Number and Name: PO Box 90487

Apt. Ste. Flr. Number: N/A

City or Town: San Diego

State: CA

ZIP Code: 92169

Province: N/A

Postal Code: N/A

Country: USA

**4. Preparer's Contact Information**

Daytime Telephone Number: 5102419336

Fax Number: N/A

Email Address (if any): otavio@legalhs.com

### *Preparer's Declaration*

By my signature, I certify, swear, or affirm, under penalty of perjury, that I prepared this petition on behalf of, at the request of, and with the express consent of the petitioner or authorized signatory. The petitioner has reviewed this completed petition as prepared by me and informed me that all of the information in the form and in the supporting documents, is complete, true, and correct.

**5. Signature and Date**

Signature of Preparer

Date of Signature (mm/dd/yyyy)

08/11/2026

## Part 9. Additional Information About Your Petition For Nonimmigrant Worker

If you require more space to provide any additional information within this petition, use the space below. If you require more space than what is provided to complete this petition, you may make a copy of **Part 9.** to complete and file with this petition. In order to assist us in reviewing your response, you must identify the **Page Number, Part Number and Item Number** corresponding to the additional information.

**1.** A-Number ► **A-** N/A

**2.**

| Page Number | Part Number | Item Number |
|---|---|---|
| 29 | 1 | 8 |

No appropriate peer group or labor organization exists within the beneficiary specific area of expertise. Accordingly, the Petitioner submits advisory opinions from recognized experts in the beneficiary field to satisfy the consultation

**3.**

| Page Number | Part Number | Item Number |
|---|---|---|
| N/A | N/A | N/A |

N/A

**4.**

| Page Number | Part Number | Item Number |
|---|---|---|
| N/A | N/A | N/A |

N/A

# O and P Classifications Supplement to Form I-129

**Department of Homeland Security**
U.S. Citizenship and Immigration Services

**USCIS**
**Form I-129**
OMB No. 1615-0009
Expires 12/31/2027

## Section 1. Complete This Section if Filing for O or P Classification

**1.** Name of the Petitioner

Sperling Medical USA LLC

**Name of the Beneficiary or if this petition includes multiple beneficiaries, the total number of beneficiaries included.**

**2.a.** Name of the Beneficiary

Yglesio Luciano Moyses Silva de Souza

**OR**

**2.b.** Provide the total number of beneficiaries:

**3.** **Classification sought** (select **only one** box)

- ☒ **a.** O-1A Alien of extraordinary ability in sciences, education, business or athletics (not including the arts, motion picture or television industry)
- ☐ **b.** O-1B Alien of extraordinary ability in the arts or extraordinary achievement in the motion picture or television industry
- ☐ **c.** O-2 Accompanying alien who is coming to the United States to assist in the performance of the O-1
- ☐ **d.** P-1 Major League Sports
- ☐ **e.** P-1 Athlete or Athletic/Entertainment Group (includes minor league sports not affiliated with Major League Sports)
- ☐ **f.** P-1S Essential Support Personnel for P-1
- ☐ **g.** P-2 Artist or entertainer for reciprocal exchange program
- ☐ **h.** P-2S Essential Support Personnel for P-2
- ☐ **i.** P-3 Artist/Entertainer coming to the United States to perform, teach, or coach under a program that is culturally unique
- ☐ **j.** P-3S Essential Support Personnel for P-3

**4.** Explain the nature of the event.

A three-year, full-time professional employment engagement of the Beneficiary as Chief Medical Officer and Director of Clinical and Regulatory Sciences to lead non-clinical scientific and FDA regulatory strategy for surgical devices

**5.** Describe the duties to be performed.

Direct non-clinical evaluations and prepare technical documentation for FDA 510(k) submissions, including clinical evaluation reports and surgical device performance assessments. Provide scientific advisory services on clinical outcomes and research protocols, develop educational content, and manage regulatory science strategies.

**6.** If filing for an O-2 or P support classification, list dates of the beneficiary's prior work experience under the O-1 or P principal.

N/A

**7.a.** Does any beneficiary in this petition have ownership interest in the petitioning organization?

☐ Yes. If yes, please explain in **Item Number 7.b.** ☒ No.

## Section 1. Complete This Section if Filing for O or P Classification (continued)

**7.b.** Explanation

N/A

**8.** Does an appropriate labor organization exist for the petition?

☐ Yes ☒ No. If no, proceed to **Part 9.** and type or print your explanation.

**9.** Is the required consultation or written advisory opinion being submitted with this petition?

☒ Yes ☐ No - copy of request attached ☐ N/A

**If no, provide the following information about the organization(s) to which you have sent a duplicate of this petition.**

### O-1 Extraordinary Ability

**10.a.** Name of Recognized Peer/Peer Group or Labor Organization

N/A

**10.b.** Physical Address

Street Number and Name: N/A

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

**10.c.** Date Sent (mm/dd/yyyy): N/A

**10.d.** Daytime Telephone Number: N/A

### O-1 Extraordinary achievement in motion pictures or television

**11.a.** Name of Labor Organization

N/A

**11.b.** Complete Address

Street Number and Name: N/A

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

**11.c.** Date Sent (mm/dd/yyyy): N/A

**11.d.** Daytime Telephone Number: N/A

**12.a.** Name of Management Organization

N/A

**12.b.** Physical Address

Street Number and Name: N/A

Apt. Ste. Flr. Number: ☐ ☐ ☐ N/A

City or Town: N/A

State: N/A

ZIP Code: N/A

**12.c.** Date Sent (mm/dd/yyyy): N/A

**12.d.** Daytime Telephone Number: N/A

## Section 1. Complete This Section if Filing for O or P Classification (continued)

**O-2 or P alien**

**13.a.** Name of Labor Organization

N/A

**13.b.** Complete Address

| Street Number and Name | Apt. Ste. Flr. | Number |
|---|---|---|
| N/A | ☐ ☐ ☐ | N/A |

| City or Town | State | ZIP Code |
|---|---|---|
| N/A | N/A | N/A |

**13.c.** Date Sent (mm/dd/yyyy)

N/A

**13.d.** Daytime Telephone Number

N/A

## Section 2. Statement by the Petitioner

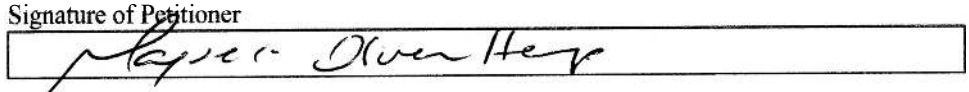
I certify that I, the petitioner, and the employer whose offer of employment formed the basis of status (if different from the petitioner) will be jointly and severally liable for the reasonable costs of return transportation of the beneficiary abroad if the beneficiary is dismissed from employment by the employer before the end of the period of authorized stay.

**1. Name of Petitioner**

| Family Name (Last Name) | Given Name (First Name) | Middle Name |
|---|---|---|
| USA LLC | Sperling Medical | N/A |

**2. Signature and Date**

Signature of Petitioner



Date of Signature (mm/dd/yyyy)

08/11/2026

**3. Petitioner's Contact Information**

| Daytime Telephone Number | Email Address (if any) |
|---|---|
| +55 41 35247444 | comercial@sperlingservicos.com.br |

August 14, 2026

USCIS
Attn: I-129 O
P.O. Box 653077
Dallas, TX 75265-3077

**RE: Form I-129 Petition for Nonimmigrant Worker — O-1A Non-Immigrant Visa Petition**

**Petitioner: Sperling Medical USA LLC**
**Beneficiary: SILVA DE SOUZA, Yglesio Luciano Moyses**
**Beneficiary Derivatives: BRITTO FREIRE MARTINS MOYSES, Juliana (spouse)**
**BRITTO FREIRE MARTINS NUNES, Guilherme (child)**
**PEDROZO MOYSES, Maria Alice (child)**
**BRITTO FREIRE MOYSES, Cecilia (child)**

**Nature of submission: ORIGINAL SUBMISSION**
**Type of Petition: Form I-129, O-1A Non-Immigrant Petition Classification Sought: 8 C.F.R 214.2(o)(3)(iii)(B).**

Dear Sir or Madam,

Our office represents Sperling Medical USA LLC ("Petitioner") in connection with this O-1A Nonimmigrant Petition on behalf of Dr. Yglesio Luciano Moyses Silva de Souza (hereinafter "Dr. Souza"), an alien of extraordinary ability in **science**. The Petitioner wishes to hire Dr. Souza as Chief Medical Officer and Director of Clinical and Regulatory Sciences, in a full-time position, for a temporary three-year period, aiming to further develop the Company's business in the U.S. market on clinical evaluation, FDA regulatory science, and scientific advisory services. The proposed role is non-clinical: it involves no treatment of patients and requires no United States medical license.

## The Petitioner

Sperling Medical USA LLC is a Florida limited liability company established in 2026 to serve as the United States operational arm of Sperling Comércio e Serviços Ltda., an established Brazilian company specializing in medical and surgical technologies. The Company was formed to expand its operations into the U.S. healthcare market to support the introduction and continued development of innovative medical technologies in the United States. Its activities are centered on advancing evidence-based healthcare, assisting medical technology companies with regulatory compliance, and fostering collaboration among healthcare providers, research institutions, and industry stakeholders.

The Company's primary business consists of providing non-clinical scientific advisory services to hospitals, surgical centers, medical institutes, healthcare technology companies, and public-

interest organizations. These services include evaluating clinical evidence, assessing emerging medical technologies, developing healthcare strategies, designing clinical research protocols, supporting outcomes-based decision-making, and delivering scientific education to healthcare professionals. In addition, the Company provides FDA regulatory advisory services, assisting with scientific evaluations, regulatory strategy, and the preparation of documentation necessary for medical device clearance and commercialization in the United States.

Sperling Medical USA LLC represents the U.S. expansion of Sperling Comércio e Serviços Ltda.[1], which has operated in Brazil since 2017 as an importer, distributor, maintenance provider, and technical evaluator of medical and surgical equipment. The Brazilian company has developed substantial experience in the commercialization and technical support of advanced medical technologies, including ultrasonic surgical systems used in digestive, metabolic, and bariatric surgery. Building upon that foundation, the U.S. subsidiary was established to broaden the company's activities into scientific advisory services, FDA regulatory support, and strategic market development within the United States.

The parent company has maintained active commercial operations for more than nine years and is supported by valid corporate registrations, a documented capital base, and active business operations in Brazil (Exhibit A). It remains in good standing with the applicable federal, state, municipal, and labor authorities, reflecting its continued compliance with Brazilian legal and regulatory requirements. The establishment of Sperling Medical USA LLC is therefore a legitimate business expansion undertaken by an established medical technology company seeking to extend its expertise into the United States.

The Beneficiary holds no ownership, membership, or governance interest in the Petitioner or in its Member. The Member — Sperling Comércio e Serviços Ltda., an independent Brazilian company — retains exclusive authority to hire, define duties, supervise, compensate, discipline, and terminate the Beneficiary through its Authorized Representatives. The remuneration documented under Criterion 8 is paid by institutional purchasers for services personally rendered.

The petition is likewise not speculative as to the Petitioner's capacity to employ. The Member authorized an initial cash capital contribution of USD 135,000, and the Petitioner's U.S. bank statement shows an actual account balance of USD 135,576.93 as of August 14, 2026 — cash already held in the Petitioner's U.S. account, not a projection, and available to support payroll and operating obligations. The Member unconditionally and irrevocably guarantees the base salary for the first twelve months regardless of Company revenue, and has committed to contribute additional capital as necessary through revenue break-even. The Member's own financial statements show shareholders' equity of R$ 2,040,408.28 and a current ratio of 2.88. (Exhibit A).

## The Beneficiary

Dr. Souza is a physician-scientist with more than two decades of experience in the medical sciences, specializing in digestive, metabolic, and bariatric surgery. His academic and professional background includes a Doctor of Medicine degree, residency training in General Surgery, specialist certifications in General Surgery and Digestive System Surgery, and a Ph.D.

[1] https://sperlingservicos.com.br/

in Experimental Pathophysiology from the University of São Paulo, one of Latin America's leading research institutions. His education and specialized training have been evaluated as equivalent to a U.S. Doctor of Medicine (M.D.), graduate-level specialization in General Surgery and Digestive System Surgery, and a Doctor of Philosophy (Ph.D.) in Experimental Pathophysiology (Exhibit B).

Throughout his career, Dr. Souza has combined clinical practice, scientific research, academic instruction, and healthcare leadership within digestive surgery. As a general and digestive surgeon, university professor, residency preceptor, and hospital administrator, he has contributed to the advancement of surgical practice while maintaining an active role in research, medical education, and the evaluation of emerging surgical technologies. He was also elected as a State Representative for the State of Maranhão, Brazil, where he has advocated for policies and initiatives aimed at improving public health and expanding access to healthcare services throughout the state and across Brazil.

Dr. Souza's scientific work has resulted in peer-reviewed publications addressing innovative surgical techniques, narrowly metabolic surgery, pancreatic surgery, and experimental pathophysiology. His research has been cited hundreds of times worldwide and independently evaluated by physicians and researchers at leading medical institutions, while his expertise has led to invitations to participate in academic examination committees, and contribute to scientific education and surgical training. The documents in this petition establish that Dr. Souza satisfies multiple regulatory criteria for classification as an individual of extraordinary ability in science and that his accomplishments reflect sustained recognition within the medical sciences and demonstrate the influence of his work beyond his own clinical practice.

Building upon this record of scientific accomplishment, Dr. Souza has been offered a full-time position as Chief Medical Officer and Director of Clinical and Regulatory Sciences with Sperling Medical USA LLC. In that capacity, he will continue working exclusively within his established area of expertise by providing non-clinical scientific, clinical evaluation, and FDA regulatory advisory services relating to digestive, metabolic, and bariatric surgical sciences.

## The Position Offered

The Petitioner seeks to employ Dr. Souza for a temporary period of three years as its Chief Medical Officer and Director of Clinical and Regulatory Sciences, with the primary objective of leading the Company's scientific, clinical evaluation, and FDA regulatory science programs as it expands its advisory activities and medical technology initiatives in the United States. This is a full-time W-2 position that is structured around defined scientific deliverables rather than a prescribed hourly schedule and will be performed exclusively on behalf of a single U.S. employer in the State of Florida (Exhibit A).

Dr. Souza will direct the Company's clinical review program for medical technologies, applying scientific principles to assess safety, performance, and clinical utility through evidence-based analysis. His work will include reviewing scientific literature, evaluating clinical outcomes, preparing technology assessment reports, conducting risk-benefit analyses, and developing clinical evaluation documentation to support the Company's scientific advisory activities (Exhibit A).

Moreover, the proposed position involves leading the Company's FDA regulatory science program. In this capacity, Dr. Souza will oversee regulatory strategies for the Company's

medical device portfolio, including classification analyses, predicate device evaluations, preparation of clinical evaluation reports, scientific evidence summaries, and documentation supporting FDA premarket submissions. He will also coordinate scientific communications with regulatory consultants and assist in responding to FDA requests throughout the review process.

Beyond his regulatory responsibilities, Dr. Souza will provide non-clinical scientific advisory services to hospitals, healthcare organizations, and other institutional counterparties. His work will focus on evaluating clinical evidence, developing care-pathway recommendations, advising on outcomes measurement methodologies, preparing scientific memoranda, and designing educational materials and research methodology programs for healthcare professionals. He will also prepare periodic scientific reports for the Company, monitor developments in digestive, metabolic, and bariatric surgery, and ensure that the Company's scientific recommendations remain consistent with current medical literature and regulatory standards.

The position is strictly limited to scientific, regulatory, and advisory services. It expressly excludes the clinical practice of medicine, the diagnosis or treatment of patients, prescribing, surgery, the practice of law in the United States, device sales, solicitation of purchase orders, negotiation of commercial terms, procurement, import and export, distribution, and the handling of regulated inventory. Instead, Dr. Souza's role is confined to applying his extraordinary expertise in the medical sciences to generate scientific work product, support FDA regulatory initiatives, and advance evidence-based evaluation of medical technologies, while regulatory consultants and other authorized professionals remain responsible for functions reserved to their roles, preserving the scientific character of the work. The Petitioner has adopted written compliance safeguards confining the Beneficiary's work to non-clinical scientific, regulatory, and educational deliverables, implementing detailed compliance procedures to ensure that all activities performed under this position remain within the scope of the approved O-1A classification (Exhibit A).

Finally, the position has been established as a bona fide full-time, three-year appointment beginning upon USCIS approval and the Beneficiary's lawful admission in O-1A status. The Company will employ Dr. Souza as a salaried W-2 employee with an annual base salary of $120,000, eligibility for a discretionary performance bonus, employee benefits, and direct supervision by the Company's authorized representatives. His employment is supported by a detailed Employment Agreement, corporate resolutions authorizing the appointment, and a comprehensive three-year itinerary, with tentative validity period starting on February 1, 2027, identifying the scientific projects and deliverables to be completed throughout the requested period.

## Requirements for the Offered Position

The position of Chief Medical Officer and Director of Clinical and Regulatory Sciences requires a professional with advanced scientific training and substantial experience in digestive, metabolic, and bariatric surgery, clinical technology assessment, and medical device regulatory science. Because the Company provides scientific advisory services and supports FDA regulatory initiatives for innovative medical technologies, the position demands the ability to critically evaluate clinical evidence, interpret scientific literature, assess medical technologies, and develop evidence-based recommendations consistent with current scientific and regulatory standards. These responsibilities require expertise that extends general medical

knowledge and calls for specialized training and demonstrated accomplishment within the medical sciences (Exhibit A).

The beneficiary must also possess a thorough understanding of the regulatory framework governing medical devices in the United States, including FDA classification principles, clinical evaluation methodologies, substantial-equivalence analyses, and the preparation of scientific documentation supporting regulatory submissions. Equally important is the ability to communicate complex scientific concepts to regulatory consultants, healthcare institutions, and other professional stakeholders.

In addition, the position requires extensive experience conducting evidence-based assessments of surgical technologies, designing research and clinical evaluation strategies, preparing scientific educational materials, and advising healthcare organizations on clinical outcomes and technology implementation.

**Consultation Letter**

The Petitioner is aware that consultation with an appropriate U.S. peer group, labor, and/or management organization is generally required for O-1 petitions. However, no appropriate peer group or labor organization exists within Dr. Souza's specific area of expertise. Pursuant to 8 C.F.R. § 214.2(o)(5)(i)(G), where the Petitioner establishes that an appropriate peer group, including a labor organization, does not exist, USCIS shall render a decision based on the evidence of record. In such circumstances, 8 C.F.R. § 214.2(o)(5)(ii)(A) expressly provides that the required consultation may be obtained from "a person or persons with expertise in the area of the alien's ability." Accordingly, the Petitioner submits advisory opinions from recognized experts in Dr. Souza's field to satisfy the consultation requirement, consistent with 8 C.F.R. § 214.2(o)(5)(i)(G) and (o)(5)(ii)(A), as well as applicable USCIS policy.

The Petitioner submits one formal consultation and supplemental expert opinions, and identifies precisely the purpose, relationship, and evidentiary weight of each. The consultation contemplated by 8 C.F.R. § 214.2(o)(5) is the written advisory opinion of Dr. Juliano B. Riella, M.D., FACS, Assistant Professor of Surgery in the Transplant Division of Emory University School of Medicine — a United States surgeon who has never met, co-authored with, trained alongside, or practiced with the Beneficiary, who has no financial interest in the Petitioner or the outcome, and whose opinion rests on the documentary record rather than on any personal relationship. He explains that transplantation and the Beneficiary's field are branches of the same abdominal surgical sciences, sharing foundational training, anatomical domain, operative principles, and literature, and addresses both questions the regulation puts: what the proposed work consists of, and whether it requires a person of extraordinary ability in the surgical sciences.

The supplemental opinions of Prof. João Batista Santos Garcia; Dr. Manoel Galvão Neto (co-authorship disclosed); Dr. Almino Cardoso Ramos (co-authorship disclosed); Prof. Orlando Jorge Martins Torres (co-authorship disclosed); and former Minister of Health of Brazil Dr. Marcelo Queiroga are offered for the limited purposes identified in the record and are not substitutes for that consultation. Each is evaluated in light of the author's specific expertise, basis of knowledge, any co-authorship or institutional relationship with the Beneficiary, and any financial interest in the Petitioner or the outcome. No opinion is offered as a substitute for the independent documentary record (Exhibit C).

## Eligibility for the O-1A Classification

In order to qualify as a person of "extraordinary ability" in the sciences, education, business, or athletics (commonly referred to as O-1A), a beneficiary must have "sustained national or international acclaim" and must seek to enter the United States to continue work in the area of extraordinary ability. (INA 101(a)(15)(O)(i)) (8 CFR 214.2(o)(1)(ii)(A)(1)).

The regulation defines "extraordinary ability" as applied to the O-1 classification as follows:

- In the field of **science**, education, business, or athletics: a level of expertise indicating that the person is one of the small percentages who have arisen to the very top of the field of endeavor. 8 C.F.R. § 214.2(o)(3)(ii).

The beneficiary can meet the eligibility criteria for the O-1 petition by submitting evidence that demonstrates extraordinary ability in the respective field. Specifically, the petitioner must provide either evidence of a qualifying award or **at least three** forms of alternate evidence from the list of criteria outlined in the regulation. Then, USCIS must evaluate the totality of the evidence to determine if the beneficiary truly meets the standard of being at the very top of their field.

Dr. Souza's impressive achievements and contributions to medical sciences for over two decades clearly demonstrate that he has sustained national and international acclaim in his field. In addition, Dr. Souza has been offered a position in the United States to continue to work in the area of extraordinary ability (Exhibit A). The proposed position unequivocally demonstrates that Dr. Souza will continue working in his area of extraordinary ability in the United States, as its responsibilities require the same specialized scientific expertise in digestive, metabolic, and bariatric surgery, clinical expertise, and medical device regulatory science that has distinguished his career and forms the basis of this O-1A petition. All the supporting documents that evidence his eligibility will be discussed throughout this letter.

Among his many accomplishments that established his national and international acclaim as a physician-scientist, **Dr. Souza meets several statutory and regulatory requirements for this classification,** thereby showing that he is at the top of his field. As a matter of fact, Dr. Souza has continued to distinguish himself throughout his career, attracting the attention of leading professionals and organizations within the medical sciences. (Exhibit B).

Thus, Dr. Souza qualifies for the O-1A non-immigrant visa by meeting **well above the minimum** of the eligibility criteria listed under 8 C.F.R 214.2(o)(3)(iii)(B), as discussed in detail below:

**Criterion 2: Documentation of the beneficiary's membership in associations in the field for which classification is sought, which require outstanding achievements of their members, as judged by recognized national or international experts in their disciplines or fields8 C.F.R. § 214.2(o)(3)(iii)(B)(2)**

Under 8 C.F.R. § 214.2(o)(3)(iii)(B)(2), a petitioner may establish eligibility by demonstrating that the beneficiary is a member of an association in the field of extraordinary ability that requires outstanding achievements of its members, as judged by recognized national or international experts in the discipline. As explained by USCIS, the inquiry focuses not on the existence of membership itself, but on whether the specific level of membership was awarded

through a selective, merit-based process requiring demonstrated distinction in the field and evaluation by recognized experts, rather than solely on education, professional experience, payment of dues, or other routine qualifications.

Dr. Souza holds two specialist memberships directly within his claimed area of extraordinary ability. On July 25, 2009, the Brazilian Medical Association (AMB) and the Brazilian College of Surgeons (CBC) jointly conferred upon him the **Title of Specialist in General Surgery** (Exhibit D.I.a). On October 9, 2009, the AMB and the Brazilian College of Digestive Surgery (CBCD) jointly awarded him the **Title of Specialist in Digestive System Surgery** (Exhibit D.I.b). The face of each credential identifies both the national medical association and the relevant specialist college, confirming that these were granted within the surgical disciplines in which Dr. Souza established his career.

**Unlike compulsory professional registrations or memberships required merely to engage in the practice of medicine, the specialist memberships held by Dr. Souza are voluntary distinctions conferred only upon physicians who satisfy rigorous eligibility requirements and successfully complete merit-based evaluations administered by nationally recognized experts in their respective surgical specialties.**

The Petitioner does not contend that medical licensure, completion of training, or payment of association dues alone satisfies this criterion. The relevant evidence concerns the specific specialist categories held by Dr. Souza and **the substantive requirements imposed for admission to those categories**. The present record therefore includes the governing provisions, national examination notices, composition of the examining bodies, and credentials of the specialists responsible for applying those standards (Exhibits D.I.a, D.I.b).

The CBCD Internal Regulations list Titular Specialist among the College's associate categories and require a formal application, supporting documentation, curriculum vitae, recommendation by senior CBCD associates, and approval by the National Board; Articles 74–79 and 91–97 establish the College's Specialist-Title and Admission-and-Selection Commissions and require written, credentials, and practical examinations, with the practical panel composed of three Titular Specialist associates. The Titular Specialist category (TeCBCD) category is therefore tied to documented peer assessment of professional preparation, record, knowledge, and operative competence, not to payment of dues (Exhibits D.I.a).

**The Brazilian College of Surgeons Membership (CBC) - (Exhibit D.I.a).**

***A. Dr. Souza's present membership requires outstanding achievements of its members***



Brazilian Medical Association

Brazilian College of Surgeons

hereby confer the

TITLE OF SPECIALIST IN GENERAL SURGERY

to

Dr. Yglésio Luciano Moyses Silva de Souza

for having passed the examination conducted following the standards established by the Brazilian Medical Association and the Brazilian College of Surgeons.

São Paulo, July 25, 2009

Dr. José Luiz Gomes do Amaral, President of the AMB

Dr. Antonio Humberto Soares, Secretary-General of the AMB

Dr. Edmundo Machado Ferraz, President of the CBC

Dr. Diogo Cardoso Vicente, Secretary-General of the CBC

Dr. Souza is an active member of the Brazilian College of Surgeons, an arm of the Brazilian Medical Association (CBC/AMB), holding the title of specialist in general surgery since 2009. CBC admission to the specialist category requires **far more than general eligibility to practice medicine**. The CBC's governing instruments require verified practice in a surgical specialty recognized through Brazil's national medical-specialty framework.

Additionally, the applicable specialist-certification notice further requires candidates to complete theoretical and practical phases of examination and attain a minimum final score of seventy points. Pursuant to **Sections 1.1, 1.2, 1.3, 13.15, and 14.6** of the 2025 Specialist Certification Examination Notice, specialist certification is awarded only after candidates successfully complete a rigorous, multi-phase proficiency examination administered by the Permanent Special Committee for the Specialist Certification Examination in General Surgery (COTECIG), achieve a minimum final score of 70 points, and satisfy all certification requirements established by AMB and CBC. CBC's stated institutional purpose of continually elevating professional standards, considered together with its examination and peer-review structure, demonstrates that the specialist category is reserved for surgeons who have established advanced professional competence through objective, merit-based assessment.

Likewise, Article 4 of the CBC Bylaws limits the Specialist Member (TCBC) category to physicians who satisfy the College's eligibility requirements for specialist certification, further demonstrating that this level of membership is reserved for individuals who successfully complete a selective, merit-based process rather than being available through ordinary professional registration.

Specialist Membership is also **not** based solely on the payment of dues or compulsory for employment. According to the 2025 Medical Demographics in Brazil report, only 59.1% of practicing physicians in Brazil hold a specialist title, demonstrating that specialist certification is not universally required to practice medicine or obtain employment.

### *B. CBC specialist memberships are judged by experts*

The specialist certification process is administered by CBC through nationally recognized leaders in the surgical sciences. For example, the College's current President, Dr. Flávio Daniel Saavedra Tomasich2, is an Associate Professor of Surgery at the Federal University of Paraná, Head of the Abdominal Surgery Service at Hospital Erasto Gaertner, a board-certified oncologic surgeon, and a physician-scientist with advanced graduate training in surgery. Throughout his career, he has held numerous academic, clinical, administrative, and scientific leadership positions, authored peer-reviewed publications, and participated in the development of national surgical education and certification standards through the CBC. These credentials establish that the College's specialist certification process is administered and overseen by recognized experts within the surgical sciences, precisely the type of professional evaluation contemplated by the regulation.

Furthermore, the 2026 Examination Notice establishes that specialist certification is administered by the CBC through its Permanent and highly specialized Special Committee (COTECIG), which reviews applicants' eligibility, conducts a rigorous two-phase proficiency examination, and renders final examination determinations. This permanent committee is comprised entirely of leading medical scholars, university professors, and veteran Board-Certified Thoracic and General Surgeons appointed based on recognized authority in the field.

While the institutional framework, prerequisites, and evaluation parameters of COTECIG are codified and publicly accessible through official public notices, **the specific individual names of the sitting active board examiners tasked with drafting, administering, and grading the psychometric and practical portions of the examination are strictly bound by statutory confidentiality and institutional anonymity.**

As a matter of strict institutional policy and public security, the CBC and AMB do not publish a public roster of active question-drafting examiners for the following administrative reasons:

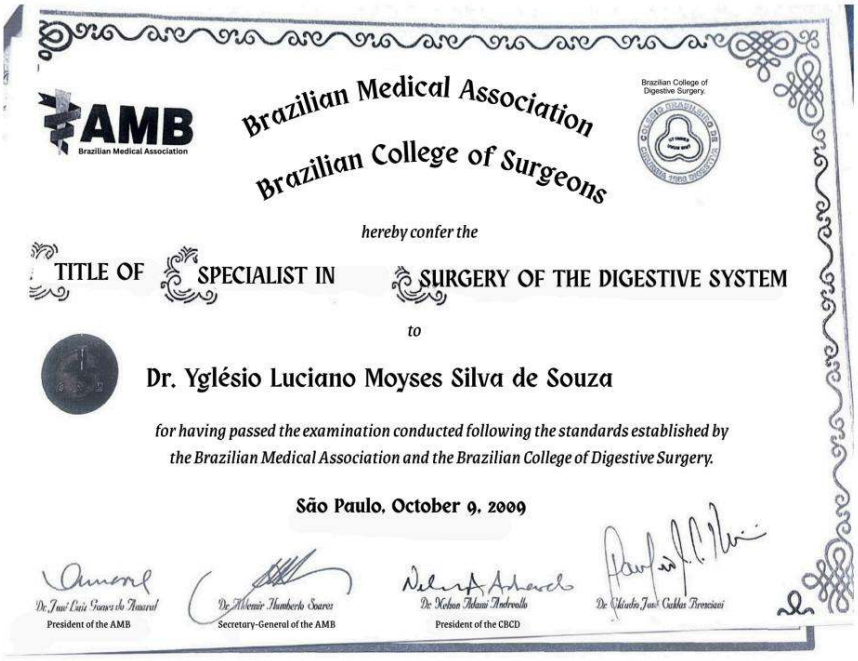
1. **Prevention of External Influence and Bias**: Restricting public access to the identities of active board examiners insulates the panels from targeted academic lobbying, external pressure, or professional conflicts of interest, ensuring absolute neutrality.
2. **Maintenance of Exam Integrity**: Anonymity prevents applicants or third-party training organizations from mapping specific examiner profiles, thereby eliminating systemic advantages and protecting the proprietary security of the examination database.
3. **Institutional Representation**: In accordance with standard civil law public examination frameworks in Brazil, individual examiners do not act in a personal capacity. Rather, they act collectively under the umbrella of the institution; thus, the legal and expert authority rests entirely on the CBC and AMB as the delegated national certifying bodies.

Consequently, while individual panelist identities are kept strictly confidential to preserve the integrity of the selection process, the expert nature of the judging panel is legally and institutionally guaranteed by the regulatory bylaws of the Brazilian College of Surgeons.

**The Brazilian College of Digestive Surgery (CBCD) – (Exhibit D.I.b)**

[2] https://www.researchgate.net/profile/Flavio-Tomasich

### *A. Dr. Souza's present membership requires outstanding achievements of its members*



AMB
Brazilian Medical Association

Brazilian Medical Association
Brazilian College of Surgeons

Brazilian College of Digestive Surgery

hereby confer the

TITLE OF SPECIALIST IN SURGERY OF THE DIGESTIVE SYSTEM

to

Dr. Yglésio Luciano Moyses Silva de Souza

for having passed the examination conducted following the standards established by the Brazilian Medical Association and the Brazilian College of Digestive Surgery.

São Paulo, October 9, 2009

Dr. José Luiz Gomes do Amaral
President of the AMB

Dr. Aloísio Humberto Soares
Secretary-General of the AMB

Dr. Nelson Adami Andreollo
President of the CBCD

Dr. Cláudio José Gobbo Perecin

The requirements for specialist membership in the **Brazilian College of Digestive Surgery** are similarly selective. Article 4(III) of the CBCD Statute limits the Specialist Member category to physicians specializing in digestive-system surgery who have successfully completed the College's certification process. Before a candidate may even sit for the national examination, the candidate must establish substantial specialty preparation through one of the designated pathways: completion of an accredited residency in digestive surgery; completion of a CBCD-recognized training program involving at least one hundred major operations performed as the primary surgeon; or at least ten years of documented professional practice supported by hospital records and surgical case logs.

**However, eligibility alone does not result in admission**. Candidates must also complete theoretical, theoretical-practical, and practical surgical assessments, together with a curriculum review examining diagnostic judgment, operative planning, surgical technique, and command of complex digestive procedures Similarly, Public Notice No. 001/2025 (TECAD), **sections 4.1.1, 11.4 to 11.6 and 12.3**, sets out the substantive requirements and the composition of the panel that applies them.

### *B. CBCD specialist memberships are judged by experts*

The CBCD's Examination Committee and Specialties Certification Commission are chaired through the College's professional leadership and composed of experienced Full Specialist Members. The practical examination, in particular, must be evaluated by a three-member CBCD panel whose members hold the College's highest specialist standing and remain in good professional status. The evidence also includes the credentials of Professor Paulo Kassab, President of the CBCD, whose career in digestive and oncologic surgery, academic appointments, scholarly record, and leadership within the specialty establish that the College's certification system is directed by nationally recognized experts.

The record also includes the Beneficiary's admission as a Titular Member (TCBC) of the Brazilian College of Surgeons, confirmed by a signed institutional declaration of CBC President Tomasich verifying his completed COTECIG examination, current titular standing, and the expert composition of the examining panels (Exhibit D.I.a).

Accordingly, the evidence establishes both elements required by the regulation, and the Petitioner does not rely on medical licensure, years of practice, payment of dues, or a specialist certificate standing alone. It asks USCIS to evaluate what the CBCD and CBC actually require and who performs the evaluations, rather than to impose an association structure or terminology not contained in 8 C.F.R. § 214.2(o)(3)(iii)(B)(2). These are not general-interest affiliations or memberships obtained through routine application; they are specialist classifications earned through substantial prerequisites, national examinations, practical assessment, and expert peer judgment. Dr. Souza therefore satisfies Criterion (B)(2); in all events, five further criteria are independently established below.

**Criterion 3: Published material in professional or major trade publications or major media about the beneficiary, relating to the beneficiary's work in the field for which classification is sought**

Under 8 C.F.R. § 214.2(o)(3)(iii)(B)(3), a petitioner may establish eligibility by demonstrating that professional or major trade publications or other major media have published material about the beneficiary and the beneficiary's work in the field of extraordinary ability. As explained in the USCIS Policy Manual, the adjudication of this criterion involves a two-step inquiry. First, USCIS determines whether the published material is about the beneficiary and the beneficiary's specific work in the field, rather than merely containing a passing reference or citation. Second, USCIS evaluates whether the publication qualifies as a professional publication, major trade publication, or other major media, considering factors such as the intended audience, circulation, readership, or viewership.

At the outset, the Petitioner notes that several of the submitted articles discuss Dr. Souza's work in the context of his healthcare leadership and public service. These materials consistently report on Dr. Souza's professional activities as a physician, digestive surgeon, hospital administrator, medical educator, and public health leader, highlighting his application of specialized medical knowledge to address healthcare challenges, evaluate health policies, improve access to medical services, and promote evidence-based initiatives affecting patient care. The fact that these activities were carried out, in part, while serving in public office does not alter the nature of the work being reported.

The Petitioner addresses directly the element on which material of this kind most often fails, that it relates to the Beneficiary's work in the field. The coverage is not about the Beneficiary's employer in the abstract. It is about the Beneficiary personally, in his professional capacity as the surgeon responsible for a high-complexity surgical and emergency service, addressing risks to surgical and emergency patients arising from the interruption of essential clinical supply. Clinical responsibility for surgical patients is work in the field of surgery, and reporting centered on a named surgeon's exercise of that responsibility is published material relating to his work in the field.

***A. The publications are about Dr. Souza's professional contributions within the medical sciences (D.II.a)***

| Title of Published Material | Date | Author | How the Publication Relates to Dr. Souza's Work |
|---|---|---|---|
| **"Hospital Director Asks for Food Donations Online in Maranhão"** (Jornal Hoje – Globo Group) | January 11, 2013 | Alex Barbosa | The publication focuses on Dr. Souza's role as **Director-General of Socorrão I**, describing his professional efforts to address the hospital's critical shortage of food and medical supplies during a public health emergency. The article discusses his work managing the hospital and implementing measures to maintain patient care. |
| **"City Hall Declares Emergency in São Luís Health System"** (Jornal Nacional – Globo Group) | January 11, 2013 | Redactor G1[3] | This publication also discusses Dr. Souza's work as **Director-General of Socorrão I**, reporting on the healthcare emergency, his technical assessment of the hospital's conditions, and the actions he undertook as the physician responsible for managing one of the state's most important emergency hospitals. |
| **"Hospital Director in Maranhão Requests Food and Cleaning Products on Social Media"** (Folha de São Paulo / UOL) | January 11, 2013 | Undisclosed[4] | The publication centers on Dr. Souza's professional response to the healthcare crisis, highlighting his efforts as hospital director to secure essential supplies necessary for the continued provision of medical services. |
| **Report on the Restoration of the Hospital's Food Supply** (G1 Maranhão – Grupo Globo) | July 12, 2013 | Igor Almeida | The article reports on the restoration of essential hospital supplies under Dr. Souza's leadership and discusses the measures implemented during his administration to ensure continuity of patient care. |

[3] Where no individual author is identified, the article was published under the G1 editorial staff ("Redação G1"), reflecting the outlet's practice of using a collective newsroom byline for certain publications. Source: https://memoriaglobo.globo.com/produtos-digitais/g1/noticia/ficha-tecnica.ghtml.

[4] The publication does not identify an individual author. Consistent with Folha de S.Paulo's editorial practices, most news articles are signed; however, the newspaper recognizes limited exceptions in which an article may be published without an individual byline. Source: https://www1.folha.uol.com.br/credibilidade/folha-no-projeto-credibilidade.shtml.

| | | | |
|---|---|---|---|
| **Report on the Donation Campaign for Socorrão I** (G1 Maranhão – Grupo Globo) | July 11-12, 2013 | G1 Maranhao Newsroom[5] | The article discusses Dr. Souza's leadership in organizing a donation campaign that collected nearly one ton of supplies for the hospital, highlighting his management of a public health crisis and his efforts to maintain hospital operations |
| **Report on the State of Emergency in the São Luís Health System** (G1 Maranhão – Grupo Globo) | January 11, 2013 | Clarissa Carramilo | The publication discusses Dr. Souza's work as **Director-General of Socorrão I**, including his efforts to address the hospital's operational challenges during the declared healthcare emergency. |
| **Report on the Expansion of the São Luís Health Network** (G1 Maranhão – Grupo Globo) | March 12, 2013 | G1 Maranhao Newsroom | The article discusses Dr. Souza's work leading improvements within the municipal healthcare system, including the announced reforms and increased patient capacity achieved under his administration. |
| **Report and Interview Regarding Conditions at Socorrão I** (TV Mirante / mirante.com – Rede Globo Affiliate) | June 7, 2011 | Douglas Pinto | This television news and accompanying online publication feature Dr. Souza discussing the medical conditions at Socorrão I while serving as a physician at the hospital, focusing on his professional assessment of patient care and hospital operations. |
| **"Yglésio Denounces Chaos in Public Health in São Luís and Paço do Lumiar"** (Jornal G7) | July 10, 2023 | Joao Filho | Although published while Dr. Souza was serving as a State Representative, the article discusses his work concerning deficiencies in the public healthcare system, relying on his expertise to evaluate healthcare infrastructure and advocate for improvements in medical services. |

The foregoing evidence fully satisfies the first step of USCIS's analysis under this criterion. Each publication identifies the title, publication date, and publishing source, and each contains substantial discussion of Dr. Souza and his professional work in the medical sciences, including his clinical expertise, healthcare leadership, hospital administration, and public health initiatives. The submitted articles do not merely reference Dr. Souza in passing; rather, they

[5] See supra note 3.

specifically discuss his work, accomplishments, and professional activities within the same field of extraordinary ability upon which this petition is based. Accordingly, the published materials satisfy the regulatory requirement that they be "about" the Beneficiary and his work in the field.

To the extent that certain publications were released under a collective newsroom byline rather than the name of an individual journalist, the Petitioner respectfully notes that neither the Immigration and Nationality Act, the implementing regulations, nor the USCIS Policy Manual requires *every* publication to identify an individual author in order to satisfy this criterion. Here, those elements are plainly established. Moreover, several of the submitted publications expressly identify an individual author, thereby independently satisfying any concern regarding authorship.

***B. All the publications in this case qualify as major media publications (Exhibit D.II.b)***

**Jornal Nacional (Rede Globo)**

One of the publications discussing Dr. Souza's work appeared on *Jornal Nacional*, the flagship national evening news program of *Rede Globo*, Brazil's largest television network. Jornal Nacional has long been recognized as the country's principal television newscast and reaches millions of viewers daily through nationwide terrestrial broadcasting, cable, satellite, and digital streaming platforms.

The remarkable viewership of *Jornal Nacional* is further corroborated by independent audience measurements. Publicly available IBOPE television ratings consistently rank Jornal Nacional among the most-watched television programs in Brazil, attracting **millions of viewers** during its nightly broadcasts. The evidence submitted with this petition, together with publicly available audience information, confirms that *Jornal Nacional* possesses extraordinary national reach and constitutes **major media** within the meaning of the regulation.

**Jornal Hoje (Rede Globo)**

Another publication discussing Dr. Souza's work appeared on *Jornal Hoje*, one of *Rede Globo's* nationally televised daily news programs. Broadcast nationwide, *Jornal Hoje* has long served as one of Brazil's principal midday newscasts, covering matters of public interest, government affairs, healthcare, science, economics, and other nationally relevant issues. As part of *Rede Globo's* journalism division, the program benefits from the same nationwide broadcasting infrastructure and editorial standards that have made Globo Brazil's leading television network.

The publication concerning Dr. Souza's work was disseminated through *Jornal Hoje's* digital platform while simultaneously reaching audiences through the program's nationally recognized television broadcast. Publicly available audience measurements and the supporting documentation submitted with this petition demonstrate the extensive national reach of *Rede Globo's* journalism programming, establishing that *Jornal Hoje* constitutes a **major media** publication.

**G1 and G1 Maranhão (Grupo Globo)**

Several publications concerning Dr. Souza's work appeared on G1, *Grupo Globo's* digital news platform, including articles published through G1 Maranhão, its regional newsroom. Although G1 Maranhão focuses on regional reporting, it forms an integral part of the G1 news network and operates under the editorial standards and digital infrastructure maintained by *Grupo Globo*.

The evidence submitted with this petition demonstrates that g1.globo.com receives approximately **251.7 million monthly visits worldwide,** reflecting one of the largest online news audiences in Brazil. The platform further reports extensive reader engagement, broad national distribution, and continuous twenty-four-hour news coverage across multiple digital formats. These audience metrics are corroborated by independent publicly available traffic analyses and confirm G1's position among Brazil's most widely accessed news websites.

Accordingly, both the documentary evidence submitted in support of this petition and publicly available audience information consistently establish that G1 constitutes **major media**, and that publications appearing through G1 Maranhão benefit from the same nationally recognized journalistic platform and extensive readership.

**Folha de São Paulo (UOL)**

Another publication discussing Dr. Souza's work appeared in *Folha de Sao Paulo*, one of Brazil's most influential newspapers and among the country's leading digital news organizations. Through its online platform, folha.uol.com.br, the publication reaches a nationwide readership and has established itself as one of Brazil's most relevant sources of journalism.

Independent website analytics submitted with this petition demonstrate that folha.uol.com.br receives approximately **29.55 million monthly visits worldwide**, with readers spending an average of approximately **4 minutes and 44 seconds** per visit and viewing multiple pages during each session, reflecting both extensive readership and sustained audience engagement.

Furthermore, publicly available industry information identifies *Folha de Sao Paulo* among Brazil's leading newspapers with nationwide circulation and substantial digital readership. When considered together with the supporting evidence submitted in this petition, the record clearly establishes that Folha de Sao Paulo constitutes **major media** within the meaning of the governing regulation.

**TV Mirante**

One of the submitted publications in this petition originated from *TV Mirante*, the exclusive *Rede Globo* affiliate serving the State of Maranhão. As Globo's regional television broadcaster, *TV Mirante* is responsible for producing and broadcasting the state's most viewed television news programming while simultaneously distributing content through its affiliated digital platforms.

Official information published by the broadcaster demonstrates that *TV Mirante* reaches **all 217 cities in Maranhão** and serves **more than five million potential viewers** through its television network and affiliated stations. In addition, the broadcaster describes itself as the main source

of television journalism in the state, responsible for the region's most significant news coverage. *TV Mirante* standing as **major media** in Brazil is reinforced by the audience metrics submitted with this petition, demonstrating its substantial regional reach and extensive public exposure.

**Mirante.com**

The accompanying online publication was also disseminated through Mirante.com, Grupo Mirante's official digital news portal and one of Maranhão's most widely accessed online news websites. The portal operates as the digital extension of TV Mirante's journalism and provides continuous news coverage throughout the state.

Audience reports submitted with this petition demonstrate that mirante.com recorded approximately **1.74 million unique users**, **2.04 million sessions**, and **more than 4.13-million-page views** during a single month. These metrics, generated through Google Analytics and included in the evidentiary record, demonstrate the portal's significant readership and public reach. Thus, both the documentary evidence submitted with this petition and publicly available audience information establish that mirante.com constitutes a highly prominent regional digital news outlet with substantial circulation and readership.

The Petitioner states plainly that these audience figures are of recent date and offers them as evidence of the outlets' longstanding, structural standing rather than as a measurement of the audience of any individual historical item; the affiliate status and 217-municipality coverage area are the facts material to reach, and they held at the relevant time. In 2011–2013, open broadcast television was the predominant means of access to news in Brazil, so a television item then reached a larger share of the population than a present-day measurement would suggest. Exhibit D.II.a has a Jornal Nacional broadcast in which the Beneficiary appears on screen, identified as Director-General of Socorrão I — an item national, not regional, in reach.

Based on the foregoing, the record unequivocally establishes that the submitted publications satisfy each element of this criterion. The evidence demonstrates that the published materials are about Dr. Souza and his work in the field of medical sciences, contain substantial discussion of his professional accomplishments, and were disseminated through publications qualifying as major media under the governing regulation. Accordingly, the Petitioner respectfully submits that Dr. Souza has fully satisfied this criterion under 8 C.F.R. § 214.2(o)(3)(iii)(B)(3).

**Criterion 4 - Evidence of the beneficiary's participation on a panel, or individually, as a judge of the work of others in the same or in an allied field of specialization for which classification is sought**.

The governing regulation recognizes participation as a judge of the work of others as an independent indicator of extraordinary ability. In evaluating this criterion, USCIS examines whether the Beneficiary actually performed evaluative responsibilities in the same or an allied field of specialization, rather than merely receiving invitations or appointments to do so. Here, the evidence establishes that Dr. Souza personally exercised independent professional judgment in evaluating the work of his peers based upon his specialized expertise.

**Examination Committees for Undergraduate Medical Theses – CEUMA University (Exhibit D.III.a)**

During his tenure as a Professor at CEUMA University between March 19, 2010, and December 17, 2018, Dr. Souza was repeatedly selected and invited to serve as a member of examination committees responsible for evaluating undergraduate medical theses. As confirmed by CEUMA University's official Professional Experience Verification Certificate, the University entrusted Dr. Souza with evaluating **numerous** final research papers covering a broad range of clinical, surgical, epidemiological, and translational medicine topics within the Medical Program. These appointments reflect the institution's confidence in his scientific knowledge and expertise, as universities customarily appoint only qualified faculty members, holding PhD's or master's degree at minimum, and capable of independently assessing the quality, methodology, scientific merit, and academic rigor of students' capstone research projects.

The record confirms that Dr. Souza did not merely receive invitations to participate on examination committees; he actually served as an examiner and performed the evaluations. His completed service on over 14 qualifying examination boards is documented by the Professional Experience Verification Certificates issued by CEUMA (Exhibit D.III); the Petitioner counts only certificates identifying actual participation in an examining board and excludes documents reflecting ordinary teaching activity. On each board he examined the candidate at a formal defense, assessed the methodology and clinical relevance of the work, and acted as an evaluating member of the panel determining whether the thesis met the academic standard for graduation, an adjudicative function carrying direct academic consequence for the candidate. The theses spanned surgery and allied clinical medicine, including the epidemiology of acute obstructive abdomen in a public emergency hospital, nutritional therapy in acute pancreatitis, complications of endoscopic retrograde cholangiopancreatography (ERCP), and the use of realistic simulation in medical education.

**Invited Scientific Manuscript Review for Orlando Health (Exhibit D.III.b)**

As additional evidence that Dr. Souza was selected to judge the work of others in his field, Dr. Alexis Sanchez, M.D., M.S., M.B.A., a robotic-surgery specialist affiliated with Orlando Health, a leading nonprofit academic healthcare system in Orlando, Florida, transmitted to him the draft scientific manuscript "Robotic Surgery Training: Feasibility and User Perception," a prospective study evaluating the feasibility and user perception of teleproctoring in robotic surgery, and requested his expert review of its results and scientific presentation, reflecting his recognition of Dr. Souza's specialized expertise (Exhibit D.III).

Dr. Souza returned a substantive scientific review: he critically examined the manuscript's methods and results, proposed a revised presentation of the statistical findings, drafted a figure legend, reconstructed the results figure, and — applying independent scientific scrutiny to the underlying data — identified an omission of data in the results table, which he expressly flagged to Dr. Sanchez for correction before proceeding. His evaluation was sought by a specialist at a United States institution, outside his own country and outside any institution with which he is affiliated, that underscores the external and independent character of the assessment.

Although the manuscript evaluation did not proceed through a journal's editorial platform, the criterion is not limited to formal journal refereeing; it requires participation as a judge of the

work of others in the same or an allied field. The completed examination-board service independently satisfies the criterion, and the manuscript evaluation provides additional corroboration. Criterion (B)(4) is satisfied.

**Criterion 5 - Evidence of the beneficiary's original scientific, scholarly, or business-related contributions of major significance in the field**

Pursuant to 8 C.F.R. § 214.2(o)(3)(iii)(B)(5), a petitioner may establish eligibility by demonstrating that the beneficiary has made original scientific, scholarly, or business-related contributions of major significance in the field. USCIS Policy requires both that the beneficiary's work is original and that the evidence demonstrates that such contributions have had a meaningful and recognizable impact within the field.

In making this determination, USCIS evaluates the totality of the evidence, including objective indicators such as citation records, scholarly publications, expert testimony, and other independent documentation demonstrating that the beneficiary's work has been recognized, relied upon, or otherwise influenced the advancement of the discipline.

The evidence submitted in this petition exemplifies precisely the type of original contributions of major significance contemplated by the regulation and USCIS adjudication standards. Dr. Souza's scholarly record demonstrates that his scientific work has extended **well beyond** publication itself and has produced major impact within the specialized field of digestive surgery. As set forth below, his contributions have been independently relied upon by researchers and clinicians, incorporated into influential scientific literature, recognized through sustained citation by the international medical community, and evaluated and applied by unaffiliated experts advancing the same area of medical science.

The Petitioner recognizes that citation metrics alone do not establish the Beneficiary meets this criterion. For this reason, the evidence is presented as an integrated body of proof demonstrating both the originality of Dr. Souza's contributions and their recognized major significance within the scientific community. His publication record, independent citation history, documentary evidence of the influence of his research, and expert testimonial evidence should therefore be considered together, as they collectively establish that Dr. Souza himself made original intellectual contributions to the research generating that impact.

**Independent clinical evaluation of Dr. Souza's published surgical technique (Exhibit D.IV.a)**

Dr. Souza's record includes original scientific contributions that have subsequently been evaluated and relied upon by independent medical institutions, providing compelling evidence of both their originality and major significance within the field of science. Among these contributions is the article *Modified Heidelberg Technique for Pancreatic Anastomosis*, published in the *Arquivos Brasileiros de Cirurgia Digestiva* (*ABCD*) in 2017, in which Dr. Souza served as a **co-author**. The publication describes a modified pancreaticojejunostomy[6] technique for reconstruction of the pancreatic remnant, contributing to the refinement of one

[6] Pancreaticojejunostomy is a complex reconstructive procedure that reconnects the pancreas to the small intestine after pancreatic resection, representing one of the most technically demanding steps of pancreatoduodenectomy due to its critical role in preventing postoperative complications.

of the most technically demanding procedures in hepatopancreatobiliary surgery[7]. The publication of Dr. Souza's research in *ABCD*, a distinguished peer-reviewed journal indexed in major international scientific databases[8], supports the originality of his scholarly contribution.

The major impact of this contribution is demonstrated by its subsequent independent evaluation. In 2019, physicians from the Kidwai Cancer Institute in Bengaluru, India, **a tertiary cancer center sharing neither authors nor institutional affiliation with Dr. Souza's publication**, published a retrospective analysis of 208 consecutive pancreatoduodenectomies **and cited Dr. Souza's article as the published reference describing the surgical technique under evaluation**. The Petitioner does not contend that the institution adopted the technique because of the publication, as the record reflects that the center had employed the procedure before 2017. **Rather, the significance of the evidence lies elsewhere: an entirely independent surgical group selected Dr. Souza's published work as the authoritative scientific reference against which it evaluated its own decade of clinical experience in a patient cohort substantially larger than the original report**.

The Petitioner likewise presents the subsequent 2026 publication from Tata Memorial Centre with appropriate precision. Although the article confirms the continued clinical use of the technique, one of its authors also co-authored the original 2017 publication. **Accordingly, this evidence confirms that the technique continues to retain clinical relevance within one of the world's leading pancreatic surgery programs**. This measured presentation underscores the reliability of the record while further demonstrating the sustained influence of Dr. Souza's original contribution. **Viewed collectively, the supporting evidence establishes that the surgical technique was original and that it achieved recognition and independent scientific evaluation indicative of a contribution of major significance within the field**.

**Recognition of Dr. Souza's research as part of the foundational literature of an emerging surgical discipline (Exhibit D.IV.b)**

Dr. Souza's original scientific contributions have also received independent recognition as part of the **foundational literature** of an emerging surgical discipline. Among his scholarly works is the article *NOTES Transvaginal Video-Assisted Cholecystectomy: First Series*, published in *Endoscopy* in 2008, in which he served as a co-author. The publication reported the first clinical series evaluating transvaginal video-assisted cholecystectomy, a minimally invasive surgical approach developed as part of the evolution of **Natural Orifice Transluminal Endoscopic Surgery (NOTES)**, an innovative surgical platform designed to reduce abdominal wall trauma, postoperative pain, and recovery time by accessing the abdominal cavity through natural body orifices. As one of the earliest clinical investigations in this field, the publication contributed to the scientific development of this novel surgical technique.

The major impact of Dr. Souza's contribution is demonstrated by its subsequent recognition in the scientific literature by an entirely independent research group. In 2024, physicians from a United States military surgical program published their own long-term clinical experience with transvaginal cholecystectomy and, in describing the origins of the field, **identified Dr. Souza's publication among the pioneering studies that established its scientific foundation.** Dr. Souza's publication was not cited in isolation, but rather alongside several other landmark

[7] Hepatopancreatobiliary (HPB) surgery is focused on the diagnosis and surgical treatment of diseases affecting the liver, pancreas, gallbladder, and bile ducts.
[8] https://www.scielo.br/journal/abcd/about/?ilang=en

studies that collectively documented the earliest successful development of the procedure. Nevertheless, the independent authors expressly included his work within the body of literature they characterized as pioneering, thereby recognizing its importance to the historical and scientific development of the discipline.

In fact, the 2024 publication reported the authors' own original clinical experience while identifying Dr. Souza's research as part of the evidentiary foundation supporting their work. The citation originated from a research group sharing **neither authors nor institutional affiliation with Dr. Souza**, providing objective confirmation that his contribution has been independently recognized and relied upon within the international surgical community. Considered together, the evidence establishes both the originality of Dr. Souza's research and its enduring significance to the advancement of minimally invasive digestive surgery, **thereby satisfying the regulatory requirement of original contributions of major significance in the field.**

**International scientific reliance of Dr. Souza's original research (Exhibit D.IV.c)**

Dr. Souza's original scientific contributions have also achieved broad international recognition through **multiple independent indicators** demonstrating their major significance within the narrow field of metabolic and digestive surgery. His 2009 publication, *Laparoscopic Duodenal-Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m²*, reported one of the earliest clinical investigations exploring the role of metabolic surgery in improving glycemic control among non-severely obese patients. By examining weight-independent gastrointestinal mechanisms in the treatment of type 2 diabetes, the study addressed an emerging area of surgical research that subsequently became the subject of extensive scientific investigation, expert commentary, and continued clinical application.

The major impact of this scientific contribution originates from its inclusion in a systematic review conducted by independent investigators evaluating the international literature concerning foregut and hindgut-based surgical procedures[9] for type 2 diabetes mellitus, reflecting an independent scientific assessment applying predefined search, screening, and eligibility criteria to identify the body of evidence upon which the review's conclusions are based. **Dr. Souza's publication was selected as one of only twenty-four primary human studies worldwide satisfying those methodological standards and served as part of the evidentiary foundation from which the review's quantitative conclusions were derived**. The study was also evaluated alongside publications authored by internationally recognized leaders in metabolic surgery, confirming the impact level within the scientific community.

Furthermore, the major impact of Dr. Souza's work is recognized through its inclusion in the **Diabetes Surgery Summit Consensus Conference Statement**, published in *Annals of Surgery*[10] and endorsed by twenty-one professional and scientific organizations, including the American Society for Metabolic and Bariatric Surgery (ASMBS)[11] and the International

[9] Foregut- and hindgut-based surgical procedures are metabolic operations that modify different parts of the digestive tract to improve the body's regulation of blood sugar and treat type 2 diabetes.

[10] *Annals of Surgery* is the official journal of the American Surgical Association and is widely recognized as one of the world's leading peer-reviewed journals in surgical science and practice. Source: https://americansurgical.org/journal

[11] **The American Society for Metabolic and Bariatric Surgery (ASMBS)** is the largest professional society in the United States dedicated to metabolic and bariatric surgery. Source: https://asmbs.org/about/

Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)[12]. The consensus statement relied upon Dr. Souza's publication **as one of only four** references supporting the proposition that gastrointestinal surgery may improve or achieve remission of type 2 diabetes in appropriately selected patients with a body mass index below 35 kg/m². His research was also **cited** in *The Lancet Diabetes & Endocrinology*[13], where it served as the principal human clinical evidence supporting the "foregut hypothesis," and in *Nature Reviews Endocrinology*[14], demonstrating that internationally recognized experts extensively relied on Dr. Souza's work when evaluating the scientific basis of metabolic surgery.

As to that 2009 study, the journal's published record identifies "Y. M. de Souza" as the corresponding author — marked with an asterisk, with his address and email supplied as the contact for correspondence — objective, contemporaneous evidence, predating this petition by more than seventeen years, that he bore identified responsibility for the manuscript through peer review; the specific scientific tasks are supplied by the first-hand account of lead author Dr. Almino Ramos (Exhibit D.IV.d). The Petitioner does not overread the convention, it states the h-index plainly — it is 4 — and states equally plainly what it does and does not measure: it is bounded by the number of publications a practicing clinician-surgeon has authored, not by their impact, two of them being cited well into the hundreds. The measures that bear on significance are the per-publication citation intensity, the field-normalized percentile placement, and the documented downstream reliance analyzed above, not the raw h-index.

The objective bibliometric record independently corroborates this scientific major influence. Dr. Souza's verified Web of Science researcher profile documents **237 citations, all originating from independent investigators and nonattributable to self-citation**, an average of **39.5 citations per publication**, and an **H-index of 4** across his indexed scholarly record. His Google Scholar profile similarly reflects **474 citations**, including **44 citations accrued since 2021**, confirming that his work continues to attract scholarly attention more than fifteen years after publication. In fact, the Web of Science Author Impact Beam plot places his most influential publication in the **95th citation percentile** for Surgery in its publication year, his pioneering NOTES publication in approximately the **92nd percentile**, and his overall citation-performance median between the **88th and 90th percentile** among comparable researchers. These field-normalized metrics are independently generated by the Web of Science platform and provide objective evidence that Dr. Souza's work influence performs **substantially above that of his peers.**

Importantly, Web of Science documents continuous annual citations to his work from **2008 through 2025**, **reflecting undeniable sustained international scientific acclaim**. The platform's geographic citation analysis further shows that independent researchers affiliated with institutions across **North America, South and Central America, Europe, the Middle East, South Asia, East Asia, Southeast Asia, and Australia** have cited his publications, confirming that the international scientific community has adopted his work. Moreover, nearly

[12] **The International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)** is the international scientific federation representing national societies of bariatric and metabolic surgeons and integrated health professionals worldwide. Source: https://ifso2025.org/about-ifso/

[13] ***The Lancet Diabetes & Endocrinology*** **is a leading international, peer-reviewed medical journal published by *The Lancet*, specializing in diabetes, endocrinology, and metabolic medicine.** (Elsevier, *The Lancet Diabetes & Endocrinology – Journal Information*, https://www.thelancet.com/journals/landia

[14] ***Nature Reviews Endocrinology*** **is a leading international, peer-reviewed journal that publishes authoritative reviews on endocrinology and metabolic diseases.** (Springer Nature, *Nature Reviews Endocrinology – About the Journal*, https://www.nature.com/nrendo/)

all of his citations are concentrated in four peer-reviewed indexed publications, averaging approximately **118 citations per publication**, a pattern consistent with a focused publication record maintained by a practicing clinician-surgeon rather than a career academic.

In short, these objective indicators demonstrate far more than favorable citation metrics. They establish that Dr. Souza's original scientific contributions have been independently evaluated, incorporated into international consensus recommendations, selected for inclusion in systematic reviews, relied upon by leading review journals, cited by independent investigators across six continents, and have continued to influence the field for more than fifteen years after publication. Collectively, which persuasively demonstrates that Dr. Souza's work constitutes **original contributions of major significance in the sciences**.

**Expert testimony explaining the originality and major significance of Dr. Souza's scientific contributions (Exhibit D.IV.d)**

While the documentary evidence alone establishes the originality and scientific impact of Dr. Souza's research, the accompanying expert opinions provide the specialized context contemplated by USCIS. Each expert explains *why* Dr. Souza's published research influenced clinical practice, scientific understanding, or subsequent investigation within digestive and metabolic surgery. Read together with the objective evidence presented above, these independent evaluations provide a solid proof that Dr. Souza's work constitutes original contributions of major significance within the field.

Among the submitted opinions, the assessment of **Dr. Almino Cardoso Ramos**, former President of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and a leading authority in metabolic surgery, is particularly persuasive because it originates from the lead author of the LBMI study and explains, from first-hand scientific knowledge, both Dr. Souza's substantive role in the research and the significance of its subsequent influence. Dr. Ramos concludes:

> The significance of the work is demonstrated by its sustained downstream influence in the highest tier of the literature—it is cited in the 2010 Diabetes Surgery Summit consensus (Annals of Surgery), the 2014 Lancet Diabetes & Endocrinology mechanistic review, the 2010 Nature Reviews Endocrinology review, and the 2017 Surgical Endoscopy systematic review of foregut and hindgut procedures. Contributions that continue to be cited as foundational human evidence, years after publication, are by definition of major significance to the field.

Likewise, **Dr. Orlando Jorge Martins Torres**, a distinguished hepatopancreatobiliary surgeon and first author of the publication describing the Modified Heidelberg pancreaticojejunostomy technique, confirms the significance of Dr. Souza's contribution by explaining that independent adoption and evaluation by internationally recognized surgical centers represents one of the strongest indicators that a surgical innovation has meaningfully advanced the field. As Dr. Torres explains:

> The Modified Heidelberg technique has been adopted into operative practice and formally evaluated by independent high-volume centers abroad[...] In pancreatic surgery, adoption of a technique by independent centers of that scale is a meaningful and uncommon endpoint: it shows the contribution is safe,

reproducible, and trusted by other surgical teams—the hallmark of an original contribution of major significance.

Finally, the opinion of **Prof. Vinicius José da Silva Nina**, former President of the Brazilian Society of Cardiovascular Surgery (SBCCV), is particularly compelling because it comes from an independent expert with no collaborative relationship with Dr. Souza. Evaluating the Beneficiary solely through his published scientific record, Prof. Nina concludes that Dr. Souza's research has achieved recognition extending beyond its immediate subspecialty, observing: "I am not a personal collaborator of Dr. Souza[…] My assessment is that of a senior, independent academic surgeon who has encountered his work in the literature and formed an arm's-length judgment of its significance[...] That an independent specialty—cardiovascular surgery—regards this contribution as significant is itself evidence of its reach beyond its immediate subfield.".

Finally, the expert advisory opinion submitted under Exhibit C to satisfy the consultation requirement of 8 C.F.R. § 214.2(o)(5) also provides valuable scientific context supporting this criterion. Although submitted for the distinct regulatory purpose of fulfilling the consultation requirement, the advisory opinion corroborates the objective evidence presented throughout this petition and further confirms that Dr. Souza's scholarly research has produced original contributions of major significance within the medical sciences.

Considered as a whole, the record demonstrates that Dr. Souza has clearly established original scientific contributions of major significance within the meaning of 8 C.F.R. § 214.2(o)(3)(iii)(B)(5).

**Criterion 6 – Evidence of the Beneficiary's authorship of scholarly articles in the field, in professional journals, or other major media.**

The evidence presented under this criterion manifestly demonstrates that Dr. Souza has authored **multiple** scholarly articles in the field of sciences, published in professionally relevant, peer-reviewed scientific journals. Under 8 C.F.R. § 214.2(o)(3)(iii)(B)(6), USCIS evaluates whether the beneficiary is a credited author of scholarly work in the field, without requiring sole or first authorship or evidence that the publications have been cited. The inquiry focuses on whether the submitted works constitute scholarly publications reporting original research or other specialized scientific contributions and whether they were published in professionally relevant journals or presented at nationally or internationally recognized scientific conferences.

Dr. Souza's scholarly record reflects sustained path of authorship of original scientific research spanning more than two decades across his specialization. The following tables and supporting documents show that he has authored peer-reviewed scientific articles published in professionally relevant scientific journals, served as both sole or co-author on original clinical and experimental research, authored a doctoral dissertation presenting original scientific investigation, and contributed scholarly works accepted for presentation at nationally and internationally recognized scientific conferences.

***A. The Beneficiary has authored scholarly articles in the field. (Exhibit D.V)***

**Scholarly Articles**

| Year | Scholarly Article | Authorship | Professional Publication |
|---|---|---|---|
| 2009 | Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI <30 kg/m² | AC Ramos et al. (third author) | Obesity Surgery |
| 2010 | *Evaluation of the Effects of Ozone Therapy in the Treatment of Intra-Abdominal Infection in Rats* | YM Souza et al. (first author) | Clinics |
| 2017 | *Modified Heidelberg Technique for Pancreatic Anastomosis* | Torres et al. (sixth author) | ABCD – Arquivos Brasileiros de Cirurgia Digestiva |
| 2008 | NOTES Transvaginal Video-Assisted Cholecystectomy: First Series | AC Ramos et al. (seventh author) | Endoscopy |
| 2003 | Enteric Tuberculosis with Spontaneous Colo-Cutaneous Fistula: Case Report | Co-author | Revista Brasileira de Coloproctologia |

**Additional Scholarly Publication**

| Year | Publication | Authorship | Venue |
|---|---|---|---|
| 2009 | *Evaluation of the Effects of Ozone Therapy in the Treatment of Intra-Abdominal Infection in Rats* (Doctoral Dissertation) | Author | University of Sao Paulo – School of Medicine |

**Published Scholarly Conference Proceedings**

| Year | Scholarly Work | Publication |
|---|---|---|
| 2009 | PL-116: *Severe Esophagitis and Barrett's Esophagus as an Important Complication of Adjustable Gastric Band* | *Surgery for Obesity and Related Diseases* (ASMBS Annual Meeting Proceedings) |
| 2009 | PL-314: *Laparoscopic Total Gastrectomy as an Alternative to Treat Difficult Fistulas After Sleeve Gastrectomy* | *Surgery for Obesity and Related Diseases* (ASMBS Annual Meeting Proceedings) |
| 2009 | *Duodenal-Jejunal Lap Bypass to Treat Type 2 Diabetes on Grade I Obesity (WWS36-3)* | *Asian Journal of Endoscopic Surgery* (Congress Proceedings) |
| 2008 | 4000 Case Series of Simplified Laparoscopic Gastric Bypass | *Obesity Surgery* (Congress Supplement) |
| 2006 | Proctocolectomy With Ileal Pouch – Video-Laparoscopic Access | Proceedings of the 55th Brazilian Congress of Coloproctology |

***B. The publications qualify as professional publications (Exhibit D.V).***

**Intended audience peer-reviewed scientific journals**

The scholarly articles submitted in support of this criterion were published in professional peer-reviewed scientific journals dedicated to advancing medical knowledge and disseminating original scientific research **to physicians, surgeons, researchers, and other healthcare professionals**.

Specifically, *Obesity Surgery*, *Endoscopy*, *Clinics*, *ABCD – Arquivos Brasileiros de Cirurgia Digestiva*, and *Revista Brasileira de Coloproctologia* publish original clinical and experimental research, employ peer-review as a condition of publication, are intended for specialized medical audiences rather than the general public, and are indexed in recognized scientific databases used by the international medical community. As discussed in the previous

regulatory criterion, these journals constitute professional scientific publications within the meaning of the USCIS Policy Manual and are precisely the type of publication venues contemplated under this criterion.

**Beneficiary's doctoral dissertation constitutes a scholarly university publication**

In addition to his peer-reviewed journal articles, Dr. Souza authored a doctoral dissertation at the **University of São Paulo (USP) School of Medicine**, one of Brazil's leading research institutions. A **doctoral** dissertation is an original scholarly work developed under faculty supervision, evaluated by an examining committee, publicly defended, formally approved by the university, and permanently maintained within the institution's academic repository. Accordingly, Dr. Souza's dissertation likewise constitutes a scholarly publication reflecting original scientific research within the meaning of this criterion.

**The Beneficiary has also authored published scholarly conference presentations**

USCIS expressly recognizes published conference presentations as qualifying evidence under this criterion. Consistent with this guidance, Dr. Souza has authored multiple scholarly works accepted for publication in the proceedings of nationally and internationally recognized scientific conferences, including the **American Society for Metabolic and Bariatric Surgery (ASMBS) Annual Meeting**, the **Asian Journal of Endoscopic Surgery** conference proceedings, and the **Brazilian Congress of Coloproctology**. These conference publications were accepted through scientific review and disseminated to specialized medical audiences, corroborating Dr. Souza's authorship of scholarly works within his field of expertise.

Accordingly, every scholarly work submitted in support of this criterion was published either in professionally relevant peer-reviewed scientific journals, through the official scholarly repository of an accredited research university, or as published proceedings of nationally or internationally recognized scientific conferences, satisfying the type of scholarly and professional publications expressly contemplated by 8 C.F.R. § 214.2(o)(3)(iii)(B)(6).

Consistent with the text of this criterion, the Petitioner does not import an impact or significance requirement here; the downstream significance of the work is addressed where it belongs, under Criterion (B)(5). Two abstracts selected for the Plenary Session of the 2009 ASMBS Annual Meeting are identified accurately as conference abstracts, not full peer-reviewed articles. Criterion (B)(6) is satisfied.

**Criterion 7: Evidence that the beneficiary has been employed in a critical or essential capacity for organizations and establishments that have a distinguished reputation**

Under 8 C.F.R. § 214.2(o)(3)(iii)(B)(7), a petitioner may establish eligibility by demonstrating that the beneficiary has performed in a critical or essential capacity for an organization, establishment, or a division or department thereof possessing a distinguished reputation. As explained in the USCIS Policy Manual, the inquiry focuses not on the beneficiary's job title, but on the nature of the duties performed, the significance of the beneficiary's contributions, and the extent to which the role was integral to the organization's objectives and operations. Once the beneficiary establishes that the role was critical or essential, USCIS then focus on whether the organization, establishment, or relevant department possesses a distinguished reputation.

The evidence submitted in support of this criterion demonstrates that Dr. Souza has been entrusted with positions of critical responsibility by distinguished governmental, academic, and healthcare institutions. Throughout his career, he has served in capacities requiring the exercise of independent professional judgment, strategic decision-making, and oversight of initiatives **directly affecting public health, surgical education, and the delivery of complex medical services**.

The record objectively establishes that Dr. Souza performed functions that were indispensable to the missions of these institutions, producing measurable institutional improvements and contributing significantly to their operations. His responsibilities and accomplishments are corroborated by official governmental records, institutional documentation, independent media coverage, and detailed declarations from officials with firsthand knowledge of his performance.

**Director-General of Hospital Municipal Djalma Marques (Socorrão I) – Exhibit D.IV.a**

The standing of Socorrão I is established principally by the Brazilian federal government's own registry — the Cadastro Nacional de Estabelecimentos de Saúde (CNES), maintained by DATASUS — which classifies the establishment at the highest level of care complexity (alta complexidade) for both outpatient and inpatient activity, records it as performing the network's regulação (referral-regulation) function, and shows continuous registration since 2001, active as of July 2026. High-complexity designation is a regulatory classification determining which procedures an establishment is authorized to perform and for which it may be reimbursed, not descriptive language, and only a limited number of establishments hold it (establishment record No. 2308762; Exhibit D.VI.a).

Dr. Souza performed in both an essential and critical role as **Director-General** of Hospital Municipal Djalma Marques (known as *Socorrão I*), one of the most important public emergency and trauma hospitals in the State of Maranhão, from January to August **2013**. Official governmental records confirm that he was appointed to serve as the Hospital's Director-General, where he exercised executive authority over the institution's clinical, administrative, and operational functions during a period of substantial institutional challenges. In this capacity, Dr. Souza was entrusted with directing multidisciplinary healthcare teams, supervising hospital administration, coordinating strategic planning, allocating public resources, and implementing measures designed to improve the quality, efficiency, and accessibility of emergency medical services.

Moreover, during his administration, Dr. Souza implemented significant structural and operational improvements that strengthened the hospital's emergency-care network, including the modernization of administrative procedures, optimization of patient flow, enhancement of risk-classification protocols, expansion of surgical capacity, improvement of intensive-care access, and implementation of quality-control measures recognized by public health authorities. The objective evidence demonstrates measurable institutional improvements in patient care, operational efficiency, and integration of hospital services, confirming that Dr. Souza's responsibilities materially advanced the institution's healthcare

Independent media coverage documented the operational improvements implemented during Dr. Souza's administration in real time. When Dr. Souza assumed office in January 2013, the local healthcare system had just been placed under a declared state of emergency. On January 11, 2013, G1 Maranhão, reported the interruption of the hospital's food supply and covered Dr. Souza's immediate response as the newly appointed Director-General. The following day,

January 12, 2013**,** the same independent news outlet reported that the hospital's inventory had been restored from being "almost empty" to fully stocked, allowing patients to once again receive proper meals.

Furthermore, on March 12, 2013, the same major media publication further reported the local's reform and expansion of the city of São Luís public healthcare network, highlighting Dr. Souza's participation as Director-General within the health facility and quoting his statement that the hospital had experienced a 20% increase in monthly patient visit**s** compared to the same period of the previous year. Several months later, on July 9, 2013, an official municipal report documented additional institutional improvements achieved during Dr. Souza's administration, including the regularization of physician staffing, the recruitment of additional physicians, the resolution of the hospital's food-supply crisis, improvements to sanitation and hospital security, and the announcement of a major expansion project increasing the hospital's capacity from 130 to 250 beds, including 50 intensive care **unit beds.**

The public data is corroborated by testimonial evidence explaining *how* these measurable improvements were achieved. Dr. Waston Ribeiro, a career surgeon within the same local healthcare system and direct observer of Dr. Souza's administration, explains that Dr. Souza reorganized the entire patient-care workflow while simultaneously restoring reliable supplies of food, medications, and surgical materials, modernizing the surgical center through structural renovations and replacement of anesthesia workstations, implementing laparoscopic surgery within the public emergency hospital, introducing what was believed to be the first electronic medical record system in the São Luís municipal healthcare network, and computerizing hospital billing procedures.

These observations are reinforced by Professor Natália Mandarin the same operational reforms. Together, the convergence of official Ministry of Health statistics, institutional documentation, and independent eyewitness testimony establishes that Dr. Souza's leadership produced tangible and measurable institutional improvements rather than merely reflecting the responsibilities ordinarily associated with an executive title.

The record establishes that *Socorrao I* possesses a distinguished reputation within Brazil's public healthcare system. As the number one emergency and trauma referral hospital for the city of São Luís and surrounding cities, the institution serves one of the highest-volume patient populations in Maranhão. Official governmental records identify *Socorrao I* as the largest public emergency and trauma hospital in the State and one of the principal referral centers serving the Northern and Northeastern regions of Brazil. In fact, government records document that the hospital handled more than 10,000 patient visits per month during the relevant period. Government planning studies further identify São Luís as the principal regional healthcare center for approximately 3.15 million residents distributed across 119 municipalities, underscoring the strategic importance of *Socorrao I* within the public health system.

National recognition received both during and following Dr. Souza's tenure confirms the hospital's distinguished reputation. *Socorrão I* received national certification for excellence in intensive care from the Brazilian Association of Intensive Care Medicine (AMIB**)** and Epimed Solutions, placing its Intensive Care Unit among the highest-performing ICUs in Brazil.

In short, As Director-General, Dr. Souza served as the hospital's highest executive authority, bearing ultimate responsibility for administrative management, allocation of public resources, operational planning, personnel supervision, and implementation of institutional policies.

Consequently, the hospital's ability to restore essential services, improve operational efficiency, and expand healthcare delivery necessarily depended upon the decisions and strategic leadership exercised by the Beneficiary during his tenure.

Finally, the Petitioner notes that these executive responsibilities closely parallel the proposed duties of Chief Medical Officer and Director of Clinical and Regulatory Sciences, which likewise require strategic healthcare leadership, institutional oversight, regulatory compliance, and operational decision-making.

**Preceptor, General Surgery and Digestive System Surgery Residency Programs – Presidente Dutra University Hospital, Federal University of Maranhão (HU-UFMA) – Exhibit D.VI.b**

In addition, Dr. Souza performed in an essential capacity as a **Preceptor** in the General Surgery and Digestive System Surgery Medical Residency Programs at the Presidente Dutra University Hospital of the Federal University of Maranhão (HU-UFMA) from November 2014 through June 2018. Official institutional declarations confirm his appointment to both accredited residency programs, where he supervised surgical residents in the operating room and inpatient wards, instructed them in operative technique and clinical judgment, participated in their formal evaluation, and contributed to the education and supervision of physicians undergoing specialty training.

Dr. Souza's responsibilities constituted an essential institutional function, rather than merely routine clinical employment. Accredited medical residency programs necessarily depend upon qualified preceptors to train, supervise, and evaluate resident physicians in accordance with national educational standards. As Supervisor of the General Surgery Medical Residency Program since 2011, Dr. Waston Gonçalves Ribeiro explains that, without qualified preceptors, the residency program cannot properly train, supervise, or evaluate its residents. From his direct supervisory knowledge, Dr. Ribeiro further confirms that Dr. Souza was not interchangeable with a routine instructor; rather, his extensive experience performing major and complex surgical procedures materially expanded the advanced operative training available to residents under his supervision, thereby supporting the educational mission of the residency program.

The organization itself likewise possesses a distinguished reputation. HU-UFMA is the university hospital of the Federal University of Maranhão, a federally administered tertiary teaching and research hospital operated by the Empresa Brasileira de Serviços Hospitalares (EBSERH) under the Brazilian Ministry of Education. The institution maintains accredited medical residency programs and serves as a major center for specialized patient care, medical education, and clinical research within Brazil's federal university hospital system. Recent governmental recognitions further confirm its standing, including full compliance with national patient-safety practices reported by ANVISA, recognition among the leading hospitals within the EBSERH network, ranking among Brazil's top federal institutions for transparency, and designation as the second most praised federal public institution in the Brazilian Executive Branch according to the Office of the Comptroller General.

Thus, the evidence demonstrates that distinguished healthcare institutions entrusted Dr. Souza with positions involving substantial responsibility for patient care, institutional management, and physician training. These appointments, together with the objective evidence of his performance, establish that he served in essential and critical capacities for organizations

possessing distinguished reputations, thereby satisfying the criterion set forth at 8 C.F.R. § 214.2(o)(3)(iii)(B)(7)

**Criterion 8 - Evidence that the beneficiary has either commanded a high salary or will command a high salary or other remuneration for services, as evidenced by contracts or other reliable evidence**

A petitioner may satisfy this criterion by demonstrating that the beneficiary has commanded, or will command, a high salary or other remuneration for services. USCIS evaluates this criterion by determining whether the beneficiary's compensation is high in relation to others working in the same field and relevant geographic market, based upon reliable evidence of remuneration and appropriate comparative compensation data. 8 C.F.R. § 214.2(o)(3)(iii)(B)(8).

Three features of the O-1A text govern the showing: it is disjunctive as to time; it refers to "a high salary or other remuneration for services," accommodating professional services rendered outside an employment relationship; and its evidentiary standard is "contracts or other reliable evidence." The Petitioner notes, and does not rely upon, the different formulation at 8 C.F.R. § 204.5(h)(3)(ix), which refers to "significantly high remuneration" and imposes a distinction the O-1A text does not contain.

The Beneficiary's services are billed and settled through two Brazilian medical-services companies — ICADO and IMEC-MA — in neither of which he holds any ownership, equity, or profit interest; the amounts are consideration paid by institutional purchasers (including a public state entity, EMSERH, under Contract No. 187/2022) **for services personally rendered**. Forty-nine ICADO credits totaling R$ 791,829.25 have been matched individually by a signed accounting reconciliation against the underlying bank records by date, amount, lot identifier, and remitter document number, and three separately documented IMEC-MA credits complete the R$ 818,829.25 actually received in the Beneficiary's personal account. This is not an estimate, projection, or salary survey. Exhibit D.VII.

As certified by the accountant responsible for maintaining ICADO's accounting and tax records, Dr. Souza received R$ 818,829.25 in professional remuneration for medical services during the twelve-month period from July 1, 2025, through June 30, 2026, derived exclusively from professional medical services personally rendered — general, digestive-system, oncologic, gastric, esophageal, and other high-complexity surgical care — reconciled to the corresponding banking and accounting records (Exhibit D.VII).

The evidence further demonstrates that this remuneration is high relative to similarly situated physicians. The Technical Director of Hospital Dr. Tarquínio Lopes Filho certified, based upon the hospital's own payment records, that during the period from May 2025 through April 2026, Dr. Souza's hospital remuneration averaged approximately R$ 40,000 per month, whereas the average compensation of four other digestive surgeons performing the same specialty at the same institution was R$ 13,645.83 per month — a 2.93-times differential attributed to his doctoral-level training and capacity for demanding procedures. In addition, the position-specific compensation survey submitted as Exhibit D.VII, using the Brazilian occupational classification for Gastrointestinal Surgeons (CBO 2252-20), reports an average monthly remuneration of approximately R$ 11,593.98 for digestive surgeons in Brazil, confirming that Dr. Souza commands remuneration approximately 5.8 times above the prevailing compensation within his specialty.

The evidentiary layers are additive in function but not in amount: the hospital-specific figure and the Hospital do Câncer and Hospital da Ilha revenues are components of the reconciled ICADO stream and are not counted again; only the three IMEC-MA credits are added separately. The banking evidence establishes what was actually received; the external datasets establish the position within the profession; and the named-peer certification establishes the differential under controlled, same-work conditions. Accordingly, the record demonstrates that Dr. Souza has commanded high remuneration for his specialized medical services, and Criterion (B)(8) is satisfied.

**Totality of Evidence Determination**

Submitting the necessary evidence alone does not automatically demonstrate that the beneficiary qualifies as a person of extraordinary ability or achievement. Therefore, once the evidentiary criteria outlined earlier are met, the officer will then assess all the evidence as a whole to determine whether it confirms that Dr. Souza has sustained national or international acclaim and is one of the small percentage who have arisen to the very top of his or her field (8 CFR 214.2(o)(3)(ii)).

Having established that the evidence satisfies **multiple** regulatory criteria, the analysis proceeds to the final determination. At this stage, USCIS evaluates the record as a whole to determine whether the totality of the evidence demonstrates that the Beneficiary possesses extraordinary ability, has attained sustained national or international acclaim, and belongs to the small percentage of individuals who have risen to the very top of the field of endeavor. In conducting this analysis, USCIS considers all relevant evidence in the record, including evidence that provides important context for the Beneficiary's achievements, even where such evidence does not independently correspond to a particular regulatory criterion.

Dr. Souza, by a preponderance of evidence, meets and substantially exceeds this standard for a person of extraordinary ability in the Sciences. First, the record demonstrates that his professional accomplishments have earned the **recognition and confidence of leading experts and distinguished institutions** throughout his career. He was admitted to selective professional organizations only after rigorous evaluation by recognized specialists in his field, repeatedly entrusted to evaluate the scientific work of fellow physicians and researchers, and appointed to leading and critical positions by major governmental, academic, and healthcare institutions. These appointments reflected repeated recognition by independent experts that Dr. Souza possessed the professional judgment, scientific expertise, and leadership necessary to influence surgical education, public health policy, hospital administration, and the advancement of patient care.

Second, the evidence establishes that Dr. Souza's influence extends well beyond clinical practice through **original scientific contributions that have produced lasting international impact**. His research has been independently evaluated, incorporated into systematic reviews, relied upon in international consensus statements endorsed by leading professional societies, and cited by unaffiliated investigators across multiple countries. Independent surgical groups have adopted, evaluated, and built upon his published work, while his research continues to receive meaningful citations more than fifteen years after publication. The enduring use of his scholarship by the international scientific community demonstrates that his contributions have become part of the evidentiary foundation upon which subsequent research, clinical practice, and scientific advancement continue to rely.

Third, the record demonstrates **consistent professional distinction through multiple independent forms of recognition**. Major media organizations have published extensive material concerning Dr. Souza's professional work and public health initiatives, while his scholarly articles have appeared in respected peer-reviewed scientific journals, university publications, and the published proceedings of nationally and internationally recognized scientific conferences. His remuneration also reflects the extraordinary market value of his professional services. Considered together, these independent forms of recognition reinforce one another and demonstrate that Dr. Souza's reputation is recognized across clinical practice, scientific research, academic medicine, healthcare leadership, and the broader medical community.

The Indian clinical center, the United States military surgical group, the systematic-review authors, the international-consensus participants, the Orlando Health specialist, the two Brazilian specialist Colleges, the major news organizations, and the institutional purchasers acted for different purposes, in different countries, and principally before this petition was contemplated. The record is also distinguished by persistence: the Web of Science citation-over-time record reflects positive annual citation in every year from 2008 through 2025, and the independent clinical evaluation, consensus reliance, and placement within the pioneering literature each occurred years after the original publications.

As context for the institutional leadership documented under Criterion (B)(7) — offered here, at the totality stage, and not as an element of that criterion — official DATASUS records show that during the period most closely aligned with the Beneficiary’s tenure, approved outpatient procedures at Socorrão I rose from 415,531 (Jan–Jul 2012) to 465,073 (Jan–Jul 2013), an 11.9% increase; SUS-approved outpatient value rose 28.4%; and annual outpatient production rose 13.7% (703,600 to 800,335), with SIH/SUS data showing gains of 81.1% in computed-tomography, 15.4% in clinical-laboratory, and 8.6% in hemotherapy services. After the Beneficiary’s departure, the same indicators declined in 2014 — approved outpatient procedures falling 18.6% and approved value 16.4% — remaining below 2013 levels in eleven of twelve months. These federal metrics provide temporal context that converges with the contemporaneous records and percipient testimony; causation is not advanced as a requirement of the criterion objectives.

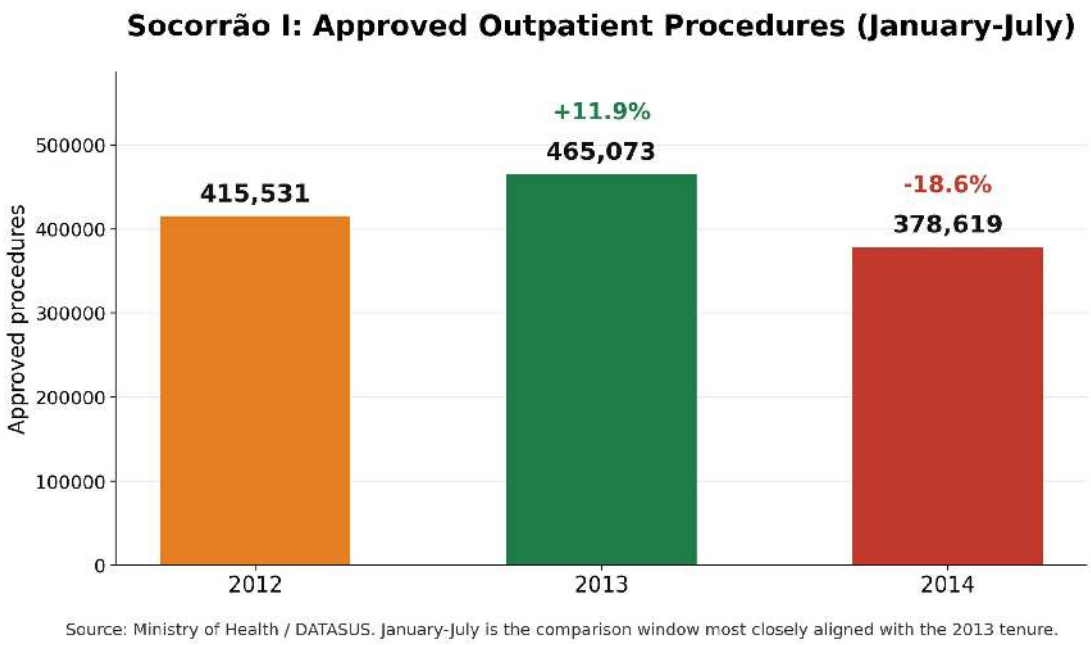



Figure 1. Approved outpatient procedures, January-July 2012-2014. The tenure-aligned comparison shows an increase of 49,542 approved procedures, or 11.9 per cent, from 2012 to 2013.

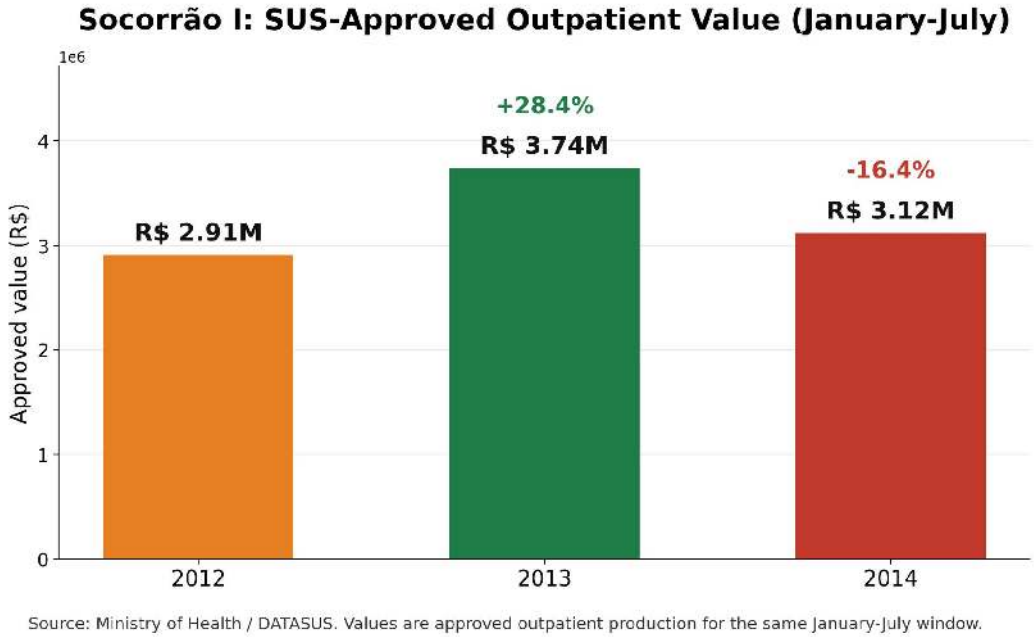



Figure 2. SUS-approved outpatient value, January-July 2012-2014. The tenure-aligned comparison shows an increase of R$ 826,339.25, or 28.4 per cent, from 2012 to 2013.

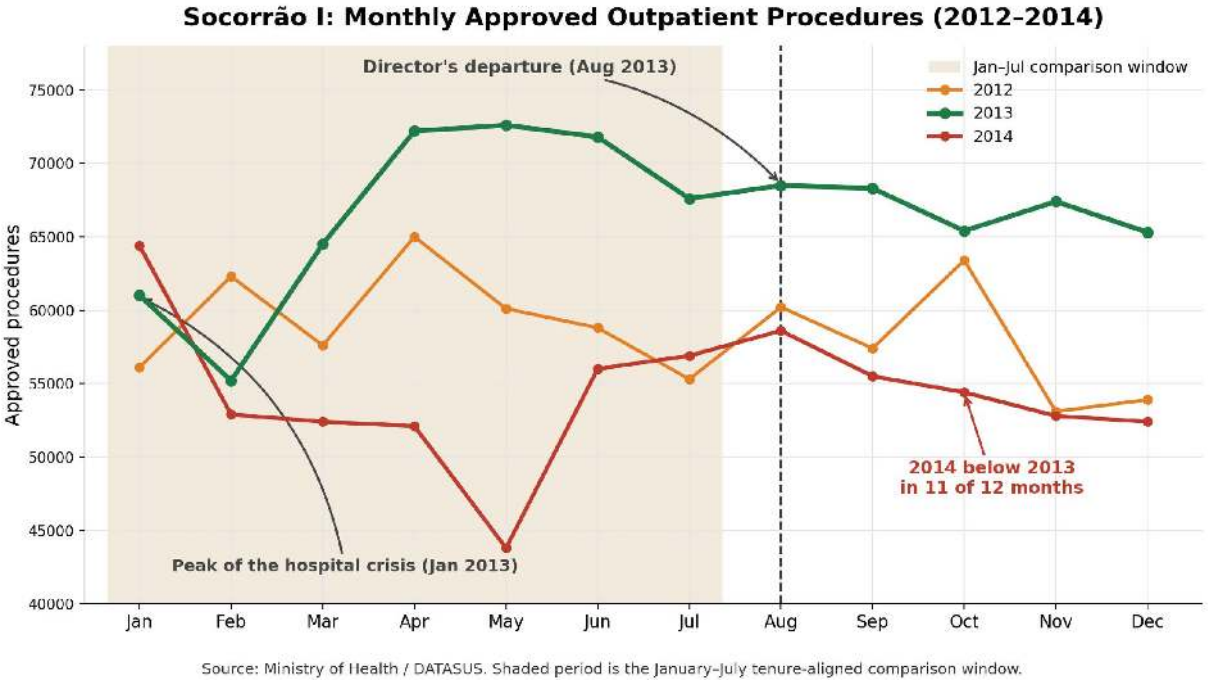



Figure 3. Monthly approved outpatient procedures, 2012-2014. The dashed marker identifies the end of the Beneficiary's tenure in August 2013 and places the tenure-aligned increase within the complete monthly series.

Ultimately, the Petitioner submits additional supporting documentation under **Exhibit E** that, although not offered to satisfy any specific regulatory criterion, provides important context regarding Dr. Souza's professional accomplishments and further assists USCIS in evaluating the totality of the evidence supporting his sustained national and international acclaim and extraordinary ability.

When viewed collectively, the record proves that Dr. Souza has attained sustained national and international acclaim and belongs to the small percentage of physicians who have risen to the very top of the narrowly defined field of digestive, oncologic, metabolic, and hepatopancreatobiliary surgery. Accordingly, the Petitioner has established, by a preponderance of the evidence, that Dr. Souza possesses extraordinary ability within the meaning of INA § 101(a)(15)(O)(i) and 8 C.F.R. § 214.2(o**)**.

## Conclusion

Sperling Medical USA LLC is a United States company established to expand the operations of its Brazilian parent company into the U.S. healthcare market by providing scientific advisory services, clinical evaluation of medical technologies, and FDA regulatory support. To advance these activities, the Company seeks to employ Dr. Yglésio Luciano Moyses Silva de Souza as its **Chief Medical Officer and Director of Clinical and Regulatory Sciences** for a temporary period of **three (3) years**, during which he will continue working exclusively within his established area of extraordinary ability in the medical sciences.

As demonstrated throughout this petition, the evidence establishes that Dr. Souza satisfies multiple regulatory criteria under 8 C.F.R. § 214.2(o)(3)(iii)(B). The record reveals that he earned selective specialist memberships requiring outstanding achievements as judged by recognized experts; has been the subject of substantial published material concerning his

professional work; has been repeatedly invited to evaluate the work of other physicians and researchers; has made original scientific contributions of major significance to the medical sciences; has authored a substantial body of scholarly work published in distinguished scientific journals, university publications, and proceedings of nationally and internationally recognized scientific conferences; has performed in leading and critical roles for distinguished healthcare, governmental, and academic institutions; and has commanded remuneration significantly exceeding that of similarly situated physicians. Viewed collectively, these accomplishments establish sustained national and international acclaim and demonstrate that Dr. Souza belongs to the small percentage of physician-scientists who have risen to the very top of his field.

The proposed position directly builds upon Dr. Souza's distinguished career by enabling him to continue applying the same specialized scientific expertise that has earned him international recognition to clinical evaluation, evidence-based medical technology assessment, FDA regulatory science, and scientific advisory services. His appointment therefore satisfies the statutory requirement that an O-1 beneficiary seek to enter the United States to continue work in the area of extraordinary ability for which classification is sought.

For the foregoing reasons, the Petitioner respectfully requests that USCIS approve this Form I-129 and grant O-1A classification on behalf of Dr. Yglésio Luciano Moyses Silva de Souza for the requested temporary period of three (3) years.

Thank you for your time and consideration of this Petition.

Sincerely,



**Otavio Haverroth Silva**
**California Bar # 343486**

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| | |
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# Exhibit A - Petitioner's Documentation

# Electronic Articles of Organization
# For
# Florida Limited Liability Company

L26000362722
FILED 8:00 AM
July 08, 2026
Sec. Of State
grkersey

## Article I

The name of the Limited Liability Company is:

SPERLING MEDICAL USA LLC

## Article II

The street address of the principal office of the Limited Liability Company is:

5563 WOOD BRIDGE PLACE
SAINT CLOUD, FL. US 34771

The mailing address of the Limited Liability Company is:

5563 WOOD BRIDGE PLACE
SAINT CLOUD, FL. US 34771

## Article III

The name and Florida street address of the registered agent is:

CORADINI CONSULTING LLC
8155 VINELAND AVE
STE 312
ORLANDO, FL. 32821

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: JOSE CORADINI

L26000362722
FILED 8:00 AM
July 08, 2026
Sec. Of State
grkersey

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR
SPERLING COMERCIO E SERVICOS LTDA
R EMANUEL KANT 60 SALA 806
CURITIBA, PR. 81020670 BR

## Article V

The effective date for this Limited Liability Company shall be:

07/08/2026

Signature of member or an authorized representative

Electronic Signature: ASSIS SPERLING HEMP

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

IRS Notice CP575G

Department Of the Treasury
Internal Revenue Service Philadelphia, PA
19255-0023
**Important Information - Please Read**

SPERLING MEDICAL USA LLC
MAQUERLI OLIVEIRA HEMP MBR
% MAQUERLI OLIVEIRA HEMP MBR
5563 WOOD BRIDGE PLACE
SAINT CLOUD, FL 34771

**July 13, 2026**

## We assigned you an employer identification number (EIN)

Your EIN is **42-3672109**. The name control associated with this EIN is **SPER**.

### What you need to do

- If you did **not** apply for this EIN, visit IRS.gov/EINNotRequested.
- Use this EIN and your name exactly as they appear above when you fill out your tax returns. Otherwise, it may cause delays. Keep a copy of this notice for your records because we'll only send it to you once. You can share a copy with future officers of your organization or anyone asking for proof of your EIN. If your name or address is incorrect as shown, send the correct information to the address at the top of this notice.
- If a Limited Liability Company (LLC) elects to be classified as an association taxable as a corporation, the LLC must file Form 8832, Entity Classification Election. If an LLC wants to elect S corporation status and meets certain criteria, the LLC must timely file Form 2553, Election by a Small Business Corporation. In that instance, we'll treat the LLC as a corporation as of the effective date of the S corporation election and the LLC doesn't need to file Form 8832. Visit IRS.gov/LLC and refer to Publication 3402, Taxation of Limited Liability Companies, for more information.

### Additional Information

- Refer to Publication 4557, Safeguarding Taxpayer Data: A Guide for Your Business, for tips on keeping your EIN safe.
- Find tax forms or publications by visiting IRS.gov/Forms or by calling 800-TAX-FORM (800-829-3676).
- Call us at 800-829-4933 if you can't find what you need online. If you prefer, you can write to the address at the top of this notice.

SPERLING
MEDICAL USA

# OPERATING AGREEMENT
# SPERLING MEDICAL USA LLC

*A Florida Limited Liability Company*

(Single-Member, Member-Managed)

---

**THIS OPERATING AGREEMENT** (this "Agreement") of **SPERLING MEDICAL USA LLC**, a Florida limited liability company (the "Company"), is made and entered into, and is effective, as of July 8, 2026 (the "Effective Date"), by and for **Sperling Comércio e Serviços Ltda**, a Brazilian limited liability company (*sociedade empresária limitada*), CNPJ 27.425.946/0001-56, as the sole member of the Company (the "Member").

## RECITALS

**A.** The Company was formed as a limited liability company under the Florida Revised Limited Liability Company Act, Chapter 605 of the Florida Statutes (the "Act"), by the filing of its Articles of Organization with the Florida Department of State, Division of Corporations, on July 8, 2026 (document number L26000362722), with an effective date of July 8, 2026.

**B.** The Company has been assigned Employer Identification Number (EIN) 42-3672109 by the U.S. Internal Revenue Service.

**C.** The Member is the sole and one-hundred-percent (100%) owner of the Company. The Member is an independent Brazilian company engaged in the importation, distribution, maintenance, and technical evaluation of medical and surgical equipment.

**D.** The Member desires to set forth the terms governing the organization, ownership, management, and operation of the Company, and, as the sole Member, to adopt this Agreement as the operating agreement of the Company within the meaning of the Act.

**NOW, THEREFORE**, the Member hereby agrees as follows:

## ARTICLE I — ORGANIZATION

**1.1 Formation.** The Company was organized as a Florida limited liability company upon the filing of its Articles of Organization with the Florida Department of State pursuant to the Act. The

rights, duties, and liabilities of the Member shall be as provided in the Act, except as otherwise expressly provided in this Agreement. In the event of any conflict between this Agreement and any non-mandatory provision of the Act, this Agreement shall control.

**1.2 Name.** The name of the Company is "Sperling Medical USA LLC." The business of the Company may be conducted under that name or, upon compliance with applicable law, under any other name determined by the Member.

**1.3 Principal Office.** The principal office and mailing address of the Company is 5563 Wood Bridge Place, Saint Cloud, Florida 34771, or such other place as the Member may designate from time to time.

**1.4 Registered Agent and Registered Office.** The registered agent of the Company in the State of Florida is Coradini Consulting LLC, and the registered office is 8155 Vineland Avenue, Suite 312, Orlando, Florida 32821. The Member may change the registered agent or registered office at any time in accordance with the Act.

**1.5 Term.** The Company commenced on the Effective Date and shall continue in perpetuity unless dissolved and its affairs wound up in accordance with this Agreement or the Act.

**1.6 Purpose.** The purpose of the Company is to engage in any lawful act or activity for which a limited liability company may be organized under the Act, including, without limitation: (a) providing U.S. regulatory advisory and clinical device-evaluation services, including support for U.S. Food and Drug Administration submissions (such as 510(k) premarket notifications) relating to surgical and medical devices; (b) providing scientific and clinical advisory services to hospitals, surgical centers, medical institutes, and other institutional counterparties in the fields of general, digestive, bariatric, and metabolic surgery, including clinical technology assessment, evidence appraisal, outcomes review, care-pathway design, research consulting, and scientific medical education; and (c) developing the U.S. market for the medical-device portfolio of the Member and its affiliates through evidence-based scientific and clinical engagement with U.S. institutional stakeholders.

**1.7 Limitation on Scope.** The Company shall not engage in the clinical practice of medicine requiring U.S. professional licensure, the diagnosis or treatment of patients, the prescribing of medication, the performance of surgery or procedures, the practice of law, or the brokerage, procurement, sale, or import/export of goods, and shall not conduct real-estate activity or any commercial enterprise unrelated to its stated purpose. The Company's activities are limited to lawful non-clinical scientific, advisory, regulatory, and educational services and related market-development activities.

**1.8 Powers.** The Company shall have all powers necessary or convenient to carry out its purpose, including all powers granted to a limited liability company under the Act.

## ARTICLE II — THE MEMBER; MEMBERSHIP INTEREST

**2.1 Sole Member.** The sole member of the Company is Sperling Comércio e Serviços Ltda, CNPJ 27.425.946/0001-56, having its address at Rua Emanuel Kant 60, Sala 806, Curitiba, Paraná, 81020-670, Brazil. The Member owns one hundred percent (100%) of the membership interests in the Company, as set forth on Schedule A.

**2.2 Capital Contributions.** The Member has contributed, or shall contribute, the capital set forth on Schedule A. The Member is not obligated to make any additional capital contribution except as it may determine in its sole discretion. No person other than the Member shall have any right to require, or any interest in, any capital contribution.

**2.3 No Interest on Capital; Return of Capital.** No interest shall accrue on any capital contribution, and the Member shall have no right to withdraw or receive any return of its capital contribution except as expressly provided in this Agreement or the Act.

**2.4 Admission of Additional Members; Transfers.** No additional member may be admitted, and no membership interest may be issued, assigned, pledged, or otherwise transferred, except by written instrument executed by the Member. Any purported issuance or transfer in violation of this Section is void. Until such time as an additional member is admitted, the Company shall be treated as a single-member limited liability company.

**2.5 No Membership Interest by Employment or Service.** No officer, employee, contractor, advisor, or other person shall acquire any membership interest, equity interest, profits interest, ownership stake, capital account, voting right, or governance right in the Company by reason of employment by, service to, or the provision of services or capital to the Company. Any such interest may be created only by an express written instrument executed by the Member in accordance with Section 2.4. For the avoidance of doubt, the engagement of any officer or employee (including any Chief Medical Officer) confers no ownership, membership, or economic interest of any kind in the Company.

**2.6 Limited Liability.** Except as otherwise required by the Act, the debts, obligations, and liabilities of the Company, whether arising in contract, tort, or otherwise, shall be solely the debts, obligations, and liabilities of the Company, and the Member shall not be personally liable for any such debt, obligation, or liability of the Company solely by reason of being the Member.

## ARTICLE III — MANAGEMENT

**3.1 Member-Managed.** The Company is a member-managed limited liability company. All management powers and authority over the business, affairs, and property of the Company are vested exclusively in the Member. No person other than the Member (acting through its Authorized Representatives) shall have any right or authority to manage, direct, or bind the Company, except to the extent expressly delegated in writing by the Member and subject to revocation by the Member at any time.

**3.2 Authority of the Member.** The Member has exclusive and complete authority and discretion to manage and control the business and affairs of the Company, to make all decisions regarding

the Company's operations, and to take any and all actions necessary or appropriate to carry out the Company's purpose, including, without limitation, the authority to: enter into, execute, and perform contracts; open and operate bank accounts and designate signatories; borrow money and grant security; retain, direct, compensate, and terminate officers, employees, contractors, and professional advisors; approve budgets and compensation; and file and pursue immigration, tax, licensing, and regulatory matters on behalf of the Company.

**3.3 Authorized Representatives.** Because the Member is an entity, it shall act through one or more natural persons designated as its authorized representatives (each, an "Authorized Representative"). The Member hereby designates Assis Sperling Hemp and Maquerli Oliveira Hemp, each acting individually, as Authorized Representatives with full power to act for and bind the Member and the Company. The Member may add, remove, or replace any Authorized Representative at any time by written instrument. Each Authorized Representative acts on behalf of, and subject to the direction and control of, the Member.

**3.4 Reliance by Third Parties.** Any person dealing with the Company may rely conclusively upon a certificate signed by an Authorized Representative as to the identity and authority of the Member and its Authorized Representatives and as to any action taken or authorized by the Member. No third party shall be required to inquire into the authority of an Authorized Representative to bind the Company.

**3.5 No Management Rights in Non-Members.** No officer, employee, or other agent of the Company is a manager of the Company within the meaning of the Act, and the appointment of any officer or the delegation of any operational responsibility shall not confer any management, governance, or voting authority in derogation of the Member's exclusive authority under this Article III.

## ARTICLE IV — OFFICERS, EMPLOYEES, AND RESERVATION OF CONTROL

**4.1 Appointment of Officers.** The Member may, from time to time, appoint officers of the Company, who may include a Chief Executive Officer, a President, a Chief Medical Officer, a Director of Clinical and Regulatory Sciences, a Secretary, a Treasurer, and such other officers as the Member deems appropriate. Officers need not be members. Each officer shall have such duties and authority as the Member delegates in writing, and shall exercise that authority only within the scope, and subject to the supervision and direction, established by the Member.

**4.2 Officers Serve at the Pleasure of the Member.** Each officer serves at the pleasure of the Member and holds office until a successor is appointed or until the officer's earlier resignation or removal. The Member may remove any officer at any time, with or without cause and with or without notice, and may modify the title, duties, authority, and compensation of any officer at any time. No officer has any right to continued appointment, employment, or authority.

**4.3 Exclusive Control Over Employment.** The Company, acting through the Member and its Authorized Representatives, retains sole, exclusive, and continuing authority and the right to

control the employment and engagement of all officers, employees, and personnel of the Company, including, without limitation, the exclusive right to: (a) hire, engage, and offer employment; (b) supervise, direct, assign, schedule, and control the manner and means by which their services and duties are performed; (c) set, review, and change compensation, benefits, titles, and terms and conditions of employment; (d) evaluate performance, promote, demote, discipline, and reassign; and (e) suspend, terminate, or end the employment or engagement of any such person, with or without cause. This right of control applies to all personnel of the Company, including any beneficiary of a nonimmigrant or immigrant petition filed by the Company, and is not diminished, shared, or waived by any employment agreement, services agreement, or related-party arrangement.

**4.4 Sponsorship of Personnel.** The Company is authorized to sponsor, petition for, and employ qualified personnel, including foreign nationals authorized to work in the United States, and to file and pursue immigration petitions and applications on their behalf. Any such person is an employee of the Company subject to the Company's exclusive control under Section 4.3, holds no ownership or governance interest under Section 2.5, and may be terminated by the Company in accordance with Section 4.3.

**4.5 Compensation and Payroll.** The Company shall compensate its officers and employees through a compliant U.S. payroll structure, including applicable wage reporting and tax withholding as required by federal and state law. The classification, payroll treatment, and withholding procedures shall be implemented in coordination with the Company's certified public accountant. The Member may guarantee, fund, or capitalize the Company as necessary to satisfy compensation obligations.

## ARTICLE V — RELATED-PARTY TRANSACTIONS

**5.1 Approval Required.** The Company may enter into transactions or agreements with the Member, an affiliate of the Member, an officer, or an entity in which an officer holds an interest (each, a "Related Party"), only with the prior written approval of the Member. Any such transaction shall be on arm's-length terms and subject to the ongoing oversight of the Member.

**5.2 No Interest Conferred.** No agreement or transaction with a Related Party shall confer upon that Related Party any ownership, membership, equity, or governance interest in the Company, and no such agreement shall diminish, share, or waive the Member's exclusive control over the Company or over the employment of any officer or employee under Article IV. Without limiting the foregoing, any administrative-support or advisory-services agreement between the Company and an entity affiliated with an officer is subject to this Article V and confers no ownership or governance interest in the Company on that officer or that entity.

**5.3 Recusal of Interested Persons.** Any officer or Authorized Representative who has a personal or financial interest in a proposed Related-Party transaction shall disclose that interest and shall not approve, or participate on behalf of the Company in approving, that transaction; approval shall be given solely by the Member acting through a disinterested Authorized Representative.

## ARTICLE VI — CAPITAL ACCOUNTS, ALLOCATIONS, AND DISTRIBUTIONS

**6.1 Capital Account.** A capital account shall be maintained for the Member in accordance with applicable tax and accounting principles.

**6.2 Allocations.** For so long as the Company has a single member, all items of income, gain, loss, deduction, and credit of the Company shall be allocated to the Member.

**6.3 Distributions.** Distributions shall be made to the Member at such times and in such amounts as the Member determines in its sole discretion, subject to the limitations on distributions under the Act. No distribution shall be made if, after giving effect to the distribution, the Company would not be able to pay its debts as they become due in the ordinary course of business or the Company's total assets would be less than its total liabilities.

## ARTICLE VII — TAX MATTERS

**7.1 Tax Classification.** For so long as the Company has a single member, the Company shall be treated as a disregarded entity for U.S. federal income-tax purposes, unless the Member elects otherwise by filing the appropriate election with the Internal Revenue Service. The Member may cause the Company to elect to be classified or taxed as an association, a corporation, or an S corporation to the extent permitted by law.

**7.2 Responsible Party.** Maquerli Oliveira Hemp is designated as the responsible party of the Company for U.S. federal tax purposes and in connection with the Company's Employer Identification Number, acting in her capacity as an Authorized Representative of the Member and subject to the direction of the Member. The Member may change the designated responsible party at any time by written instrument and by filing any required notice with the Internal Revenue Service.

**7.3 Fiscal Year.** The fiscal year of the Company shall be the calendar year unless otherwise determined by the Member in accordance with applicable law.

## ARTICLE VIII — BOOKS, RECORDS, AND BANK ACCOUNTS

**8.1 Books and Records.** The Company shall maintain complete and accurate books and records of its business and affairs, including the records required by the Act, at its principal office or such other location as the Member may determine.

**8.2 Bank Accounts.** The Company shall maintain one or more bank accounts in its own name. Funds of the Company shall not be commingled with the funds of the Member or any other person. Signatories on Company accounts shall be designated by the Member.

**8.3 Separateness.** The Company shall hold itself out as a separate legal entity, maintain its own corporate records and accounts, and conduct its affairs in a manner that preserves its separate legal existence.

## ARTICLE IX — LIABILITY AND INDEMNIFICATION

**9.1 Exculpation.** To the fullest extent permitted by the Act, neither the Member nor any Authorized Representative or officer shall be liable to the Company for any act or omission performed or omitted in good faith on behalf of the Company and reasonably believed to be within the scope of authority conferred by this Agreement, except for conduct constituting fraud, willful misconduct, or a knowing violation of law.

**9.2 Indemnification.** To the fullest extent permitted by the Act, the Company shall indemnify and hold harmless the Member and each Authorized Representative and officer from and against any claim, liability, loss, or expense (including reasonable attorneys' fees) arising out of any act or omission performed or omitted in connection with the Company, except to the extent attributable to fraud, willful misconduct, or a knowing violation of law. Any indemnification shall be satisfied solely out of Company assets.

## ARTICLE X — DISSOLUTION AND WINDING UP

**10.1 Dissolution.** The Company shall be dissolved upon the written determination of the Member or upon the occurrence of any event requiring dissolution under the Act.

**10.2 Winding Up.** Upon dissolution, the Company's affairs shall be wound up, its assets applied to its liabilities in the order of priority required by the Act, and the remaining assets distributed to the Member. Upon completion of winding up, the Company shall file articles of dissolution with the Florida Department of State.

## ARTICLE XI — MISCELLANEOUS

**11.1 Amendment.** This Agreement may be amended only by a written instrument executed by the Member.

**11.2 Governing Law.** This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflict-of-laws principles.

**11.3 Entire Agreement.** This Agreement, together with the Articles of Organization and the schedules hereto, constitutes the entire agreement concerning the organization, ownership, management, and operation of the Company and supersedes all prior agreements and understandings with respect thereto.

**11.4 Severability.** If any provision of this Agreement is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect, and the invalid or unenforceable provision shall be modified to the minimum extent necessary to render it valid and enforceable while preserving the intent of the parties.

**11.5 Binding Effect.** This Agreement is binding upon and inures to the benefit of the Member and its successors and permitted assigns.

**11.6 Counterparts; Electronic Signatures.** This Agreement may be executed in counterparts, including by electronic signature, each of which shall be deemed an original and all of which together shall constitute one instrument.

**IN WITNESS WHEREOF**, the undersigned, being the sole Member of the Company, has executed and adopted this Operating Agreement as of the Effective Date.

**MEMBER:**
**SPERLING COMÉRCIO E SERVIÇOS LTDA**
CNPJ 27.425.946/0001-56

By: Maquerli Oliveira Hemp
Title: Authorized Representative of the Member
Date: July 13, 2026

By: Assis Sperling Hemp
Title: Authorized Representative of the Member
Date: July 13, 2026

**ACKNOWLEDGED FOR THE COMPANY:**
**SPERLING MEDICAL USA LLC**

By: Maquerli Oliveira Hemp (Authorized Representative of the Member)
Date: July 13, 2026

## SCHEDULE A

*Member, Capital Contribution, and Membership Interest*

| Member | Capital Contribution | Membership Interest | Voting Interest |
|---|---|---|---|
| Sperling Comércio e Serviços Ltda<br>CNPJ 27.425.946/0001-56<br>Rua Emanuel Kant 60, Sala 806, Curitiba – PR, 81020-670, Brazil | US$ 135,000 (cash) | **100%** | **100%** |
| **TOTAL** | **US$ 135,000** | **100%** | **100%** |

*Note: The Member shall contribute initial capital of US$ 135,000 in cash, an amount exceeding the Chief Medical Officer's first-year guaranteed base salary of US$ 120,000. The capital contribution shall be deposited into the Company's bank account before the filing of the applicable immigration petition. The Company's ability to fund officer and employee compensation is further supported by (i) the Member's unconditional guarantee of the Chief*

*Medical Officer's base salary for the first twelve (12) months and the Member's commitment to provide additional capital as needed to meet payroll and operating obligations, and (ii) advisory and service-contract revenue invoiced through the Company. The initial capital-contribution amount stated above should match the Company's bank records and books.*



# OFFICE USE AGREEMENT / ADMINISTRATIVE OFFICE LEASE

*Limited administrative office and corporate mailing address agreement*

| | |
|---|---|
| **Landlord** | MYG PROPERTIES REAL ESTATE INVESTMENTS LLC, a Florida limited liability company |
| **Tenant** | Sperling Medical USA LLC, a Florida limited liability company, EIN 42-3672109 |
| **Premises / Property** | 5563 Wood Bridge Place, Saint Cloud, FL 34771 |
| **Effective Date** | July 13, 2026 |
| **Initial Term** | Twelve (12) months, from July 13, 2026 through July 12, 2027 |
| **Monthly Office Use Fee** | US$2,800.00 per month |
| **Brokerage / Licensee** | NOSSA REALTY LLC / Daniel Serpa, Florida License No. 3602209 |
| **Brokerage Commission** | US$1,400.00, one time, payable by Landlord |

This Office Use Agreement / Administrative Office Lease (the "Agreement") is entered into as of the Effective Date stated above by and between MYG PROPERTIES REAL ESTATE INVESTMENTS LLC, a Florida limited liability company ("Landlord"), and Sperling Medical USA LLC, a Florida limited liability company ("Tenant"). Landlord and Tenant may be referred to individually as a "Party" and collectively as the "Parties." The Parties confirm that they are separate legal entities and that the terms of this Agreement are commercially reasonable and independently authorized by each Party.

## 1. Recitals

Landlord is the owner or lawful holder of the property located at 5563 Wood Bridge Place, Saint Cloud, FL 34771 (the "Property").

Tenant is a Florida limited liability company organized to provide non-clinical scientific, regulatory, and advisory services in the medical and surgical sciences.

Tenant desires to use a limited portion of the Property solely as an administrative office and corporate mailing address for non-clinical, remote, scientific, advisory, and administrative activities.

Landlord desires to grant Tenant such limited administrative office use, subject to the restrictions and conditions set forth in this Agreement.

## 2. Premises and Limited Right of Use

Landlord grants Tenant the limited, non-exclusive right to use a designated portion of the Property as an administrative office, corporate mailing address, and records-maintenance location (the "Premises").

The Premises may include a desk or private office area, reasonable use of internet access, receipt of corporate mail, storage of ordinary corporate records, and reasonable use of common areas as necessary for administrative activities.

This Agreement does not grant Tenant exclusive possession of the entire Property and does not create a residential tenancy, homestead right, or possessory interest beyond the limited administrative office use described herein.

## 3. Term

The initial term of this Agreement shall be twelve (12) months, beginning on July 13, 2026 and ending on July 12, 2027, unless earlier terminated in accordance with this Agreement.

The Agreement may be renewed only by a written instrument signed by both Parties.

## 4. Office Use Fee and Payment

Tenant shall pay Landlord an office use fee of US$2,800.00 per month, payable on or before the first (1st) day of each month, unless otherwise agreed in writing.

Payment shall be made by wire transfer, ACH, Zelle, check, or another method agreed in writing by the Parties.

The Parties acknowledge that the office use fee reflects reasonable compensation for limited administrative office use, mail receipt, records maintenance, and ordinary related utilities.

## 4A. Brokerage Commission

Landlord acknowledges that NOSSA REALTY LLC, through Daniel Serpa, Florida real estate license number 3602209, facilitated this transaction.

Landlord shall pay NOSSA REALTY LLC a one-time brokerage commission of US$1,400.00, equal to fifty percent (50%) of the first monthly office use fee, within three (3) business days after Landlord receives that first monthly payment. Payment shall be made pursuant to the brokerage's written payment instructions, currently by Zelle to 321-558-0990. Tenant has no obligation to pay this commission. The commission is non-recurring, and no renewal commission is due unless separately agreed in writing.

## 5. Security Deposit and Advance Payments

No security deposit is required unless the Parties later agree in writing. If a security deposit is later collected, Landlord shall handle the deposit in accordance with applicable Florida law.

No advance rent is required unless the Parties later agree in writing.

## 6. Permitted Use

Tenant shall use the Premises solely for corporate administration, maintenance of company records, receipt of corporate mail, remote clinical and scientific advisory work, preparation of written technical, scientific, and advisory deliverables, virtual meetings with clients, advisors, and the Board of Managers, business planning, and internal company management.

Tenant's use is limited to non-clinical, remote, administrative, scientific, and advisory activities within Tenant's stated business purpose.

## 7. Prohibited Uses

Tenant shall not use the Premises for patient care, patient consultations, medical diagnosis, prescription, treatment, surgery, procedures, or the clinical practice of medicine requiring U.S. licensure.

HPP MOH

Tenant shall not use the Premises for the practice of law, legal services, real-estate brokerage, property management, leasing services, real-estate investment activities, retail sales, public-facing commercial activity, walk-in services, or any activity unrelated to Tenant's clinical and scientific advisory business.

Tenant shall not store, sell, distribute, broker, procure, import, export, display, or commercially intermediate medical equipment, devices, inventory, supplies, or products at or through the Premises.

Tenant shall not receive patients, customers, clients, members of the public, vendors, or commercial visitors for walk-in or in-person business at the Premises, except for occasional administrative meetings that are lawful, quiet, and compliant with any applicable homeowners' association, zoning, insurance, and community rules.

Tenant shall not conduct any activity prohibited by federal, state, county, municipal, homeowners' association, condominium, zoning, tax, or insurance requirements.

### 8. Utilities and Services

Unless otherwise agreed in writing, the monthly office use fee includes reasonable administrative use of electricity, internet, water, common-area access, and mail receipt.

Tenant shall not install signage, fixtures, commercial equipment, medical equipment, inventory, or improvements without Landlord's prior written consent and without compliance with applicable rules and law.

### 9. Homeowners' Association, Zoning, Insurance, and Community Rules

Tenant shall comply with all applicable homeowners' association rules, community covenants, zoning restrictions, insurance requirements, and governmental laws and ordinances affecting the Property.

Tenant's use shall not increase public traffic, create nuisance, disturb neighbors, require exterior signage, change the residential character of the Property, or require alteration of the Property.

If any applicable rule or governmental requirement prohibits or materially restricts the permitted office use, either Party may terminate this Agreement upon written notice.

### 10. Maintenance and Condition of Premises

Landlord shall maintain the Property in a condition suitable for ordinary residential and administrative office use, subject to normal limitations of a residential property.

Tenant shall keep its office area and corporate records in good order, shall not damage the Property, and shall promptly notify Landlord of any maintenance issue affecting Tenant's limited use.

Tenant shall be responsible for damage caused by Tenant's negligence, willful misconduct, or unauthorized use.

### 11. No Medical Practice at the Premises

The Parties expressly acknowledge that Tenant's business consists of independent clinical and scientific advisory services only.

No patient care, diagnosis, prescription, medical treatment, surgery, clinical procedure, or other licensed medical practice shall occur at the Premises.

No statement in this Agreement authorizes Tenant, its officers, employees, contractors, or agents to engage in any activity requiring a professional license unless separately and properly licensed and legally authorized.

### 12. Separate Entities; No Commingling

Landlord and Tenant are separate legal entities. This Agreement does not merge, combine, or commingle the business activities, assets, liabilities, bank accounts, employees, records, contracts, or operations of Landlord and Tenant.

Landlord is not responsible for Tenant's business obligations, debts, taxes, employees, professional activities, advisory reports, or client relationships.

Tenant is not responsible for Landlord's real-estate obligations, property-related debts, mortgages, taxes, homeowners' association dues, insurance obligations, or landlord obligations except as expressly stated in this Agreement.

Tenant shall maintain separate books, bank accounts, contracts, records, letterhead, email, and business identity from Landlord.

### 13. Access and Records

Landlord may access the Property as owner or lawful holder, subject to reasonable respect for Tenant's confidential business records and ordinary business privacy.

Tenant may keep ordinary corporate records at the Premises, provided that such records are maintained securely and do not create safety, fire, insurance, privacy, or compliance issues.

Tenant shall not store hazardous materials, medical supplies, pharmaceuticals, biological samples, devices, controlled substances, or any regulated inventory at the Premises.

### 14. Confidentiality

Each Party shall use reasonable efforts to avoid unauthorized disclosure of the other Party's confidential business information obtained solely by reason of this Agreement.

This section does not prohibit disclosure to attorneys, accountants, tax advisors, government agencies, courts, banks, insurers, or other persons when disclosure is reasonably necessary for lawful business, tax, compliance, or legal purposes.

### 15. Assignment and Sublease

Tenant shall not assign this Agreement, sublease the Premises, or permit another person or entity to use the Premises under Tenant's rights without Landlord's prior written consent.

Landlord may transfer the Property or assign this Agreement to a successor owner, provided that the successor assumes Landlord's obligations under this Agreement or the Agreement is otherwise terminated in accordance with its terms.

### 16. Insurance and Risk of Loss

Tenant is responsible for its own business property, equipment, records, data, and liability arising from Tenant's business activities.

Landlord and Tenant shall each be responsible for loss, damage, or injury caused by its own negligence, willful misconduct, or breach of this Agreement.

Tenant is encouraged to maintain any business liability, cyber, professional, or renter's/business personal property insurance appropriate to Tenant's activities.





**17. Taxes and Compliance**

Tenant is responsible for its own federal, state, and local tax filings, business registrations, licenses, reports, and compliance obligations arising from Tenant's business.

Landlord is responsible for property ownership obligations unless otherwise expressly stated in this Agreement.

Nothing in this Agreement shall be construed as tax, legal, zoning, or professional-licensing advice.

**18. Notices**

All notices under this Agreement shall be in writing and may be delivered by hand, U.S. mail, courier, or email to the addresses below, unless a Party gives written notice of a different address.

Landlord notice address/email: MYG PROPERTIES REAL ESTATE INVESTMENTS LLC, 5563 Wood Bridge Place, Saint Cloud, FL 34771; Email: mygpropertiesrealestate@gmail.com.

Tenant notice address/email: Sperling Medical USA LLC, 5563 Wood Bridge Place, Saint Cloud, FL 34771; Email: sperlingmedical.usa@gmail.com.

**19. Default**

A Party is in default if it materially breaches this Agreement and fails to cure the breach within ten (10) days after written notice, except that prohibited medical, legal, equipment, import/export, real-estate, or unlawful activity may be grounds for immediate termination.

Failure to pay the monthly office use fee within five (5) days after written notice of nonpayment constitutes default.

**20. Termination**

Either Party may terminate this Agreement without cause upon thirty (30) days' written notice to the other Party.

Landlord may terminate immediately upon written notice if Tenant uses the Premises for any prohibited activity, violates applicable law or homeowners' association rules, materially increases foot traffic or nuisance, stores prohibited items, or engages in conduct that could jeopardize property insurance, zoning compliance, or the residential character of the Property.

Upon termination, Tenant shall cease using the Premises as its administrative office and corporate mailing address and shall remove its business records and personal property in a reasonable manner.

**21. No Partnership or Agency**

Nothing in this Agreement creates a partnership, joint venture, employment relationship, agency, franchise, or fiduciary relationship between Landlord and Tenant.

Neither Party may bind the other Party to any obligation except as expressly provided in this Agreement.

**22. Governing Law; Venue**

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida.

Any dispute arising from this Agreement shall be brought in a court of competent jurisdiction in the county where the Property is located, unless the Parties agree otherwise in writing.

**23. Attorneys' Fees**

In any action to enforce this Agreement, the prevailing Party may recover reasonable attorneys' fees and costs to the extent permitted by applicable law.

**24. Entire Agreement; Amendments**

This Agreement constitutes the entire agreement between the Parties regarding Tenant's limited administrative office use of the Premises and supersedes all prior oral or written understandings on that subject.

Any amendment must be in writing and signed by both Parties.

**25. Severability**

If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall remain in full force to the maximum extent permitted by law, and the Parties shall replace the invalid provision with an enforceable provision that most closely reflects the original intent.

**26. Counterparts and Electronic Signatures**

This Agreement may be executed in counterparts, including electronically. A signed PDF, scanned copy, electronic signature, or counterpart shall be treated as an original for all purposes.

**27. Corporate Documentation Purpose**

The Parties acknowledge that this Agreement may be used as evidence that Tenant has an authorized administrative office and corporate mailing address in Florida for corporate, tax, banking, operational, and compliance purposes.

The Parties further acknowledge that the permitted use described in this Agreement is limited to administrative, remote, non-clinical, scientific, and advisory activities and does not authorize any activity outside Tenant's lawful business purpose.

**SIGNATURES**

IN WITNESS WHEREOF, the Parties execute this Agreement as of the Effective Date first written above.

| | |
|---|---|
| **LANDLORD:**<br>AuthentiSIGN<br>Hellycleiton Pereira Palacio 07/19/26<br>**MYG PROPERTIES REAL ESTATE INVESTMENTS LLC**<br>a Florida limited liability company, acting through its Managing Member, MY Negócios S.A.<br>Title: Director, MY Negócios S.A. — authorized representative of Managing Member: Hellycleyton Pereira Palácio<br>Date: July 13, 2026 | **TENANT:**<br>AuthentiSIGN<br>Maquerli Oliveira Hemp 07/19/26<br>**Sperling Medical USA LLC**<br>a Florida limited liability company, acting through its Sole Member, Sperling Comércio e Serviços Ltda<br>Name: Assis Sperling Hemp<br>Title: Managing Partner, Sperling Comércio e Serviços Ltda — authorized representative of the Sole Member<br>Date: July 13, 2026 |

5563 Wood Bridge Place, Saint Cloud, FL 34771
Florida LLC · EIN 42-3672109

# BUSINESS PLAN

## SPERLING MEDICAL USA LLC

A Florida Limited Liability Company
Medical Device Regulatory Advisory & Clinical Sciences
**Prepared: August 2026 | Confidential**

## I. EXECUTIVE SUMMARY

Sperling Medical USA LLC (the "Company") is the U.S. subsidiary of Sperling Comércio e Serviços Ltda, a Brazilian company established in 2017 and engaged in the importation, distribution, maintenance, and technical analysis of medical and surgical equipment, including ultrasonic surgical instruments, dissectors, transducers, and energy controllers for use in digestive, bariatric, and metabolic surgery.

The Company was formed to lead Sperling Brasil's expansion into the United States market. Its U.S. operations encompass three integrated business lines: (1) scientific and clinical advisory services to U.S. and international hospitals, medical institutes, health-technology companies, and public-interest health organizations in metabolic, digestive, and bariatric surgery, clinical outcomes measurement, and evidence-based care; (2) FDA regulatory advisory and clinical device evaluation supporting 510(k) pre-market notification submissions for the parent company's product portfolio; and (3) U.S. market development for the parent company's medical device portfolio through evidence-based clinical engagement with U.S. institutional stakeholders.

The Company's near-term revenue is anchored by documented advisory demand: five institutional counterparties have executed non-binding Letters of Intent (LOIs) expressing their intent to engage the Company's advisory services, contingent upon O-1A approval, at monthly fees documented in Section VI. This demand spans surgical-outcomes measurement, digital-health infrastructure, chronic-disease and community-health program design, regulatory quality systems, and scientific education — confirming that the Company's advisory function is not speculative.

**Chief Medical Officer:** Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D., a physician-scientist with documented expertise in digestive, metabolic, and bariatric surgery and peer-reviewed publication impact in the precise surgical domain where the Company's devices are deployed and the advisory demand is concentrated.

**Sole Member:** Sperling Comércio e Serviços Ltda (CNPJ 27.425.946/0001-56), Curitiba, Brazil.

## II. COMPANY OVERVIEW AND PARENT COMPANY BACKGROUND

### Parent Company — Sperling Comércio e Serviços Ltda

Sperling Comércio e Serviços Ltda was incorporated in Curitiba, Paraná, Brazil in March 2017. The company operates as a distributor, importer, and technical services provider for medical and surgical equipment in the Brazilian market. Its activities include:

- Maintenance, repair, and rental of medical and surgical equipment;
- Wholesale distribution of machines, prostheses, orthopedic articles, and instruments for medical, surgical, hospital, odontological, and laboratory use;
- Importation and distribution of the SanAgile line of ultrasonic surgical instruments and energy controllers manufactured by Shanghai Saints Sages Surgical Co., Ltd. (Shanghai, China), pursuant to a formal authorization letter from the manufacturer dated January 23, 2026 (the manufacturer's authorization and the corresponding ANVISA registrations are held under CNPJ 27.425.946/0002-37, a branch establishment (filial) of the same legal entity that serves as Sole Member, whose head office (matriz) carries CNPJ 27.425.946/0001-56; the root CNPJ 27.425.946 identifies a single Brazilian company); and
- Technical testing and analysis services for medical devices.

Sperling Brasil has a capital base of R$1,000,000 and established commercial operations since 2017. Its managing partners are Assis Sperling Hemp and Maquerli Oliveira Hemp, who jointly manage the Company.

### The U.S. Subsidiary — Sperling Medical USA LLC

Sperling Medical USA LLC is a Florida limited liability company formed as the U.S. operational arm of Sperling Brasil. The Company is wholly owned by Sperling Brasil (100% membership interest). The Company's registered office is in the State of Florida. The Company's principal business activities are described in Section III below.

## III. BUSINESS DESCRIPTION AND SERVICE LINES

### Scientific and Clinical Advisory Services (Primary Advisory Revenue)

The Company's principal advisory activity is the provision of non-clinical scientific and clinical advisory services to hospitals, surgical centers, medical institutes, health-technology companies, and public-interest health organizations. These services are the source of the Company's documented near-term demand (Section VI) and include:

- Evidence-based clinical and technology assessment of surgical and medical technologies, methods, and care models in digestive, bariatric, and metabolic surgery;
- Surgical-outcomes measurement, clinical-outcomes review, health-data governance, and outcomes-methodology design for hospitals and digital-health platforms;
- Chronic and metabolic disease advisory, including care-pathway design and community-health program design for underserved populations;
- Clinical research consulting, protocol design, evidence appraisal, and research strategy; and

- Scientific medical education and training content for clinical teams, affiliated residents, and institutional stakeholders.

These services are priced on a retainer or project basis and are principally directed and performed by the CMO while he is lawfully present in the United States, with international business travel and limited remote coordination from abroad as operationally appropriate. The role does not require uninterrupted physical presence in the United States. All services are non-clinical in nature; no U.S. medical licensure is required for the advisory and educational functions.

## FDA Regulatory Advisory and Clinical Device Evaluation

The Company also provides FDA regulatory advisory services for Sperling Brasil's medical device portfolio. The portfolio includes products already covered by FDA clearance K242894, as well as additional product lines and configurations that remain subject to regulatory assessment, premarket notification, change documentation, or other applicable FDA requirements before U.S. commercialization. The Company provides scientific and clinical regulatory support across this product lifecycle, including post-clearance activities, clinical evaluation, and preparation of future regulatory submissions where required.

The 510(k) pathway requires the Company to demonstrate that its devices are substantially equivalent to legally marketed predicate devices. The energy generation controllers are evaluated under the standard 510(k) pathway applicable to electrosurgical and ultrasonic energy systems (21 C.F.R. Part 878). The Company's CMO, Dr. Souza, brings direct published expertise in the digestive, metabolic, and bariatric surgical domain where these devices are deployed — a domain-specific qualification that is essential to the credibility and efficiency of the 510(k) clinical evaluation.

Services in this line include: device classification analysis; predicate device identification; clinical evaluation reports; technical file preparation; performance testing protocol design; 510(k) technical documentation; and liaison with FDA reviewers and regulatory consultants.

| Device Category | FDA Pathway | Estimated Timeline |
|---|---|---|
| SanAgile Scissors line (SASG9/SASG17, with SATG01 transducer) — submission planned | 510(k) — Class II | 6–12 months |
| SanAgile Controller / Advanced Dissector system (ANVISA No. 80117581253: SA10, SAS-series dissectors, SAT01 transducer, SAA01 connector) — new submission only if not covered by clearance K242894 | 510(k) — Class II | 9–18 months |

*Table 1. FDA regulatory pathway for Sperling Brasil's principal product categories. The SA10 portable controller and the SASD dissector system already hold FDA 510(k) clearance K242894 (June 2025).*

## U.S. Market Development — Clinical Interface

The Company supports Sperling Brasil's expansion into the U.S. market by developing clinical relationships with U.S. hospitals, surgical centers, and group purchasing organizations. This activity is exclusively scientific and advisory in nature: the CMO provides evidence-based assessments of device performance

and clinical outcomes data to U.S. institutional counterparties. Commercial sales, procurement, and distribution activities are not conducted by the Company and are excluded from the CMO's role.

## IV. MARKET OPPORTUNITY

### Demand for Independent Clinical and Scientific Advisory Services

The Company's advisory function responds to concrete, documented demand. Hospitals, digital-health companies, and public-interest health organizations increasingly require independent, clinically grounded expertise in outcomes measurement, evidence appraisal, care-pathway design, and regulatory quality systems — expertise that mid-sized institutions frequently cannot maintain in-house. The five institutional counterparties that have executed Letters of Intent with the Company (Section VI) illustrate this demand directly, spanning surgical-outcomes measurement, digital-health infrastructure, chronic-disease and community-health program design, regulatory quality systems, and scientific education.

### U.S. Surgical Device Market

The U.S. medical device market is the largest in the world, valued at approximately USD $180 billion annually. The surgical instruments and energy devices segment — which includes ultrasonic surgical instruments and energy controllers — is one of the fastest-growing segments, driven by the expansion of minimally invasive surgery, bariatric and metabolic procedures, and robotic-assisted surgical platforms.

The U.S. market for energy-based surgical devices was estimated at USD $4.1 billion in 2023 and is projected to reach USD $6.8 billion by 2030, representing a compound annual growth rate of approximately 7.5%. Ultrasonic surgical systems, including the type of devices in Sperling Brasil's portfolio, represent a significant and growing share of this market.

### Regulatory Entry Barrier as Competitive Moat

FDA clearance is the primary barrier to entry for medical device distribution in the United States. Companies that successfully navigate the 510(k) pathway obtain a durable competitive advantage: cleared devices may be commercialized nationwide, and FDA clearance letters are transferable to distribution agreements and hospital procurement contracts. The Company's investment in FDA regulatory science — led by a domain-expert CMO — is therefore an investment in the long-term commercial position of the parent company's product line in the U.S. market.

### Competitive Positioning

The Company's competitive advantage rests on three pillars: (1) the parent company's established Brazilian operations and product relationships with international manufacturers of ultrasonic and energy surgical devices; (2) the CMO's direct published expertise in the surgical domain where the devices are used and the advisory demand is concentrated, which is a credibility differentiator in both advisory engagements and FDA regulatory submissions; and (3) the Company's nimble structure as a focused advisory and regulatory entity, enabling rapid response to client needs without the overhead of large device manufacturers.



## V. OPERATIONAL PLAN

### Year 1 — Foundation, Advisory Launch, and FDA Filing (Months 1–12)

- Formation of Sperling Medical USA LLC in Florida; EIN registration; bank account opening; Member capitalization;
- O-1A petition filing and approval for CMO (Dr. Souza);
- Activation of the initial scientific advisory engagements under the executed Letters of Intent (Section VI), beginning with counterparties according to mutually agreed implementation schedules following O-1A approval;
- FDA regulatory assessment of the SanAgile product portfolio, including evaluation of products already covered by FDA clearance K242894 and determination of the appropriate regulatory pathway for additional products and updated configurations;
- Engagement of FDA regulatory consultant (outside counsel/CRO) to support 510(k) preparation; and
- Delivery of initial advisory work product (evidence reviews, outcomes-measurement frameworks, and scientific briefings) to the LOI counterparties.

### Year 2 — FDA Submission and Advisory Client Development (Months 13–24)

- Preparation and submission of a 510(k), as applicable, for the SanAgile ultrasonic scissors product line (SASG9/SASG17 with associated components), together with post-clearance scientific support for products covered by FDA clearance K242894 and regulatory assessment of additional configurations where required;
- Continuation of regulatory documentation, change assessment, and technical support for additional product configurations, where required;
- Renewal and expansion of the advisory client base beyond the initial five LOI counterparties;
- First scientific and clinical-evidence discussions with institutional stakeholders and U.S. hospital group purchasing organizations; and
- Publication of first U.S.-based scientific deliverable (clinical evaluation report or outcomes analysis).

### Year 3 — Commercial Launch and Revenue Scaling (Months 25–36)

- Anticipated FDA clearance of additional SanAgile product lines submitted during Year 2, continued post-clearance scientific support for products covered by FDA clearance K242894, and evaluation of further portfolio expansion;
- Scientific and clinical-evidence support for post-clearance market-entry planning; coordination with Company-authorized commercial personnel on scientific and clinical-evidence discussions with institutional stakeholders;
- Expansion of scientific advisory retainer agreements with U.S. hospitals and medical institutions; and
- Evaluation of additional product lines for FDA submission.

## VI. DOCUMENTED ADVISORY DEMAND AND FINANCIAL PROJECTIONS

### Documented Advisory Demand — Executed Letters of Intent

The Company's advisory revenue is not speculative. Five institutional counterparties have executed non-binding Letters of Intent (LOIs) documenting their intent to engage the Company's advisory services — with Dr. Souza as the assigned advisor — contingent upon the grant of O-1A work authorization. Each LOI provides that the counterparty will contract with and pay the Company (not Dr. Souza personally) and that supervision of the work remains with the Company. The documented monthly fee ranges are summarized below:

| Counterparty (LOI) | Advisory Focus | Monthly Fee | LOI Date |
|---|---|---|---|
| HJM DOM PEDRO Gestão e Serviços em Saúde | Healthcare-system optimization, care-pathway review, outcomes | $4,000–$6,000 | Jul 20, 2026 |
| TCTA MELO / SeeDoctor | Surgical-outcomes measurement, health-data governance, digital health | $3,000–$4,500 | Jul 17, 2026 |
| Instituto Transformar | Chronic-disease care and community-health advisory | $3,000 | Jul 15, 2026 |
| Colégio Brasileiro de Cirurgiões — Cap. Maranhão | Scientific education, research methodology, outcomes scholarship | Voluntary / expenses | Jul 25, 2026 |
| Infinity Medical International LLC (Miami, FL) | FDA regulatory quality systems and clinical-evidence consulting | $5,800 | Aug 3, 2026 |
| **Aggregate documented monthly advisory demand (fee-bearing LOIs)** | | **$15,800–$19,300** | |

*Table 2. Documented advisory demand from executed Letters of Intent (Exhibit 10). Fee-bearing engagements, if all active concurrently, represent approximately USD $190,000–$232,000 in annualized advisory demand — a figure that comfortably supports the conservative Scientific Advisory Services revenue projected below, which assumes only partial-year, staggered activation of these engagements.*

### Three-Year Financial Projections

The following projections are based on the Company's planned service activities and are conservative estimates reflecting the early-stage nature of U.S. operations and staggered activation of the advisory engagements documented above. Revenue projections exclude device-distribution income, which remains contingent on FDA clearance and distribution-agreement execution and is therefore not included in the three-year advisory revenue forecast.

The projections combine staggered activation of the executed LOIs with a measured client-acquisition plan. Growth assumptions: 1 new fee-bearing client in Year 1, 2 additional clients in Year 2, and 3 additional clients in Year 3; average retainers remain within the documented LOI range and activate progressively.

| Item | Year 1 | Year 2 | Year 3 |
|---|---|---|---|
| Scientific Advisory Services (LOIs + new clients) | $96,000 | $192,000 | $312,000 |
| FDA Regulatory Advisory Fees | $48,000 | $72,000 | $96,000 |
| Scientific Education / Training | $12,000 | $24,000 | $36,000 |
| **Total Revenue** | **$156,000** | **$288,000** | **$444,000** |
| CMO Base Salary (W-2) | ($120,000) | ($126,000) | ($132,300) |
| Payroll Taxes / Benefits | ($18,360) | ($19,278) | ($20,242) |
| FDA Regulatory Consultant | ($24,000) | ($36,000) | ($48,000) |
| Legal / Compliance / CPA | ($12,000) | ($12,000) | ($14,400) |
| Business Development / Marketing | ($18,000) | ($30,000) | ($42,000) |
| Operating Expenses | ($9,600) | ($14,400) | ($21,600) |
| **Total Expenses** | **($201,960)** | **($237,678)** | **($278,542)** |
| **Net Income / (Loss)** | **($45,960)** | **$50,322** | **$165,458** |

*Table 3. Three-year projection (USD). Advisory growth is driven by partial conversion of current LOIs, retention, and staged acquisition of new clients. Year 1 is funded by Member capitalization and the salary guarantee; projected operating break-even occurs in Year 2. Estimates remain subject to revision.*

### Funding of the Establishment Phase

The Member (Sperling Comércio e Serviços Ltda) has capitalized the Company with an initial capital contribution of USD $135,000 in cash, an amount that exceeds the CMO's first-year guaranteed base salary of USD $120,000, as documented in Schedule A to the Operating Agreement, the Member Written Consent and Resolution, and the Company's bank records. In addition to this initial capitalization, the Member has, by written resolution, (i) unconditionally and irrevocably guaranteed payment of the CMO's base salary for the first twelve months of employment, regardless of Company revenue; and (ii) committed to contribute such additional capital as may be necessary from time to time to enable the Company to meet its payroll and operating obligations through revenue break-even.

Together, the initial $135,000 capitalization, the twelve-month salary guarantee, the Member's standing commitment to provide additional capital as needed, and the advisory revenue documented by the executed Letters of Intent provide the Company with a fully funded runway through the establishment phase. The Member has the financial capacity and commitment to fund U.S. operations during this phase, as evidenced by its established Brazilian operations since 2017 and its capital base of R$1,000,000. Supporting financial documentation, including the Member's Brazilian financial records and CPA declaration, is submitted as a supporting exhibit.

## VII. COMPLIANCE AND GOVERNANCE

The Company shall maintain strict compliance with all applicable U.S. federal and state laws, including:

- FDA Medical Device Regulation (21 C.F.R. Parts 800–898) for all device-related activities;
- FDA premarket notification (510(k)) requirements (21 C.F.R. Part 807) for the Company's device classification and evaluation activities;
- U.S. immigration law and O-1A work authorization requirements for the CMO;
- Federal and Florida state payroll, tax withholding, and wage-reporting requirements;
- Anti-Kickback Statute and applicable healthcare regulatory requirements; and
- Corporate governance requirements under the Florida Revised Limited Liability Company Act, including Member approval and oversight of any related-party arrangements.

The Company expressly does not engage in the clinical practice of medicine, procurement brokerage, direct device sales, or any activity requiring U.S. medical licensure by the CMO. All services are non-clinical, scientific, regulatory, and advisory in nature.

## VIII. CONCLUSION

Sperling Medical USA LLC is a strategically positioned U.S. subsidiary with a clear commercial rationale: to deliver independent scientific and clinical advisory services for which demand is already documented, to lead the FDA regulatory clearance of Sperling Brasil's medical device portfolio, and to establish the scientific advisory infrastructure necessary for the parent company's U.S. market entry. The Company's engagement of Dr. Yglésio Luciano Moyses Silva de Souza as CMO is grounded in commercial necessity — his published expertise in the precise surgical domain where the Company's devices are deployed and its advisory demand is concentrated makes him uniquely qualified to lead both the advisory function and the FDA regulatory program. The Company is capitalized and committed to U.S. operations on the timeline set forth in this Business Plan.

**Prepared and approved by:**

For the Sole Member — Sperling Comércio e Serviços Ltda



By: **Maquerli Oliveira Hemp**
Title: Authorized Representative of the Member Date: August 4, 2026



By: **Assis Sperling Hemp**
Title: Authorized Representative of the Member Date: August 4, 2026

bradesco bank

## Ltd Lib Corp Temporary Statement

**SPERLING MEDICAL USA LLC**
5563 Wood Bridge Place
Saint Cloud, FL 34771-8463

| | |
|---|---|
| Account Number: | XXXXXXXXXXXX9877 |
| Interest Rate: | 0.000000 % |
| Previous Statement Balance: | $0.00 |
| Average Balance: | $28,645.12 |
| Date Range: | 8/3/2026-8/14/2026 |

| Date | Check # | Tran Code | Description | Amount | Balance |
|---|---|---|---|---|---|
| 08/11/2026 | | 8 | Incoming Wire Transfer | $95,524.73 | $95,524.73 |
| 08/11/2026 | | 29 | Wire Transfer Fee | ($15.00) | $95,509.73 |
| 08/13/2026 | | 163 | ACH Credit<br>PAYMENTS Blind Pay Inc.<br>SPERLING MEDICAL USA L<br>pov995BOk7YEPE<br>CCD<br>NTE*ZZZ*BlindPay payout po v99<br>5BOk7YEPE\<br>NTE*ZZZ*NA\ | $28,567.20 | $124,076.93 |
| 08/14/2026 | | 920 | Memo Credit<br>ACH GEN. | $11,500.00 | $135,576.93 |

This temporary statement from Bradesco Bank is not a formal statement of your account.
These items will be reflected again on your regularly scheduled statement.

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Coral Gables, Florida
33134 USA

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EQUAL HOUSING LENDER

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EQUAL HOUSING LENDER

Member FDIC

June 18, 2025

Shanghai Saints Sages Surgical Co., Ltd.
% Giselle Zhang
Lead QA&RA Consultant
Emergo Global Consulting, LLC
2500 Bee Cave Road
Building 1, Suite 300
Austin, Texas 78746

Re: K242894
Trade/Device Name: SanAgile™ Ultrasonic Surgery Advanced Portable Controller (SA10); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD14); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD23); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD36); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD45)
Regulatory Class: Unclassified
Product Code: LFL
Dated: May 16, 2025
Received: May 16, 2025

Dear Giselle Zhang:

We have reviewed your section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (the Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. Although this letter refers to your product as a device, please be aware that some cleared products may instead be combination products. The 510(k) Premarket Notification Database available at https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm identifies combination product submissions. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration. Please note: CDRH does not evaluate information related to contract liability warranties. We remind you, however, that device labeling must be truthful and not misleading.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to additional controls. Existing major regulations affecting your device can be found in the Code of

Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Additional information about changes that may require a new premarket notification are provided in the FDA guidance documents entitled "Deciding When to Submit a 510(k) for a Change to an Existing Device" (https://www.fda.gov/media/99812/download) and "Deciding When to Submit a 510(k) for a Software Change to an Existing Device" (https://www.fda.gov/media/99785/download).

Your device is also subject to, among other requirements, the Quality System (QS) regulation (21 CFR Part 820), which includes, but is not limited to, 21 CFR 820.30, Design controls; 21 CFR 820.90, Nonconforming product; and 21 CFR 820.100, Corrective and preventive action. Please note that regardless of whether a change requires premarket review, the QS regulation requires device manufacturers to review and approve changes to device design and production (21 CFR 820.30 and 21 CFR 820.70) and document changes and approvals in the device master record (21 CFR 820.181).

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); medical device reporting (reporting of medical device-related adverse events) (21 CFR Part 803) for devices or postmarketing safety reporting (21 CFR Part 4, Subpart B) for combination products (see https://www.fda.gov/combination-products/guidance-regulatory-information/postmarketing-safety-reporting-combination-products); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820) for devices or current good manufacturing practices (21 CFR Part 4, Subpart A) for combination products; and, if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR Parts 1000-1050.

All medical devices, including Class I and unclassified devices and combination product device constituent parts are required to be in compliance with the final Unique Device Identification System rule ("UDI Rule"). The UDI Rule requires, among other things, that a device bear a unique device identifier (UDI) on its label and package (21 CFR 801.20(a)) unless an exception or alternative applies (21 CFR 801.20(b)) and that the dates on the device label be formatted in accordance with 21 CFR 801.18. The UDI Rule (21 CFR 830.300(a) and 830.320(b)) also requires that certain information be submitted to the Global Unique Device Identification Database (GUDID) (21 CFR Part 830 Subpart E). For additional information on these requirements, please see the UDI System webpage at https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/unique-device-identification-system-udi-system.

Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). For questions regarding the reporting of adverse events under the MDR regulation (21 CFR Part 803), please go to https://www.fda.gov/medical-devices/medical-device-safety/medical-device-reporting-mdr-how-report-medical-device-problems.

For comprehensive regulatory information about medical devices and radiation-emitting products, including information about labeling regulations, please see Device Advice (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance) and CDRH Learn (https://www.fda.gov/training-and-continuing-education/cdrh-learn). Additionally, you may contact the

Division of Industry and Consumer Education (DICE) to ask a question about a specific regulatory topic. See the DICE website (https://www.fda.gov/medical-devices/device-advice-comprehensive-regulatory-assistance/contact-us-division-industry-and-consumer-education-dice) for more information or contact DICE by email (DICE@fda.hhs.gov) or phone (1-800-638-2041 or 301-796-7100).

Sincerely,

James H. Jang -S

Digitally signed by James H. Jang -S
Date: 2025.06.18 13:51:41 -04'00'

James Jang, Ph.D.
Acting Assistant Director
DHT4A: Division of General Surgery Devices
OHT4: Office of Surgical and Infection Control Devices
Office of Product Evaluation and Quality
Center for Devices and Radiological Health

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Food and Drug Administration

# Indications for Use

Form Approved: OMB No. 0910-0120
Expiration Date: 07/31/2026
*See PRA Statement below.*

510(k) Number *(if known)*
K242894

Device Name
SanAgile™ Ultrasonic Surgery Advanced Portable Controller (SA10); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD14); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD23); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD36); SanAgile™ Ultrasonic Surgery Advanced Dissector (SASD45)

Indications for Use *(Describe)*
SA10 Portable Controller is intended to provide power to drive SanAgile™ Ultrasonic Surgery Advanced Dissectors that are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired.
SanAgile™ Ultrasonic Surgery Advanced Dissectors are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired in general, sealing and transection of lymphatic vessels, and other open or laparoscopic procedures.
The dissectors can be used to coagulate isolated vessels up to and including 5 mm in diameter, using the MIN button.

Type of Use *(Select one or both, as applicable)*

☒ Prescription Use (Part 21 CFR 801 Subpart D) ☐ Over-The-Counter Use (21 CFR 801 Subpart C)

**CONTINUE ON A SEPARATE PAGE IF NEEDED.**

This section applies only to requirements of the Paperwork Reduction Act of 1995.

***DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.***

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Department of Health and Human Services
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Office of Chief Information Officer
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*PRAStaff@fda.hhs.gov*

*"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number."*

# 510(k) Summary

# Shanghai Saints Sages Surgical Co., Ltd.

**1. Submission Sponsor**

Shanghai Saints Sages Surgical Co., Ltd.
No.19, Lane 388, Shengrong Road,
Pilot Free Trade Zone,
201210 Shanghai,
People's Republic of China
Xue Ting, RA Manager
Email: ting.xue@snssurgical.com.cn
Phone number: +86-13951232953

**2. Submission Correspondent**

Emergo by UL
2500 Bee Cave Road
Building 1, Suite 300
Austin, TX 78746
Office Phone: (512) 327-9997
Email: LST.US.EmergoFDASubmissions@ul.com or Giselle.Zhang@ul.com
Contact: Giselle.Zhang@ul.com
Title: Lead QA&RA Consultant

**3. Date Prepared**

06/18/2025

**4. Device Identification**

| | |
|---|---|
| Trade/Proprietary Name: | SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller |
| Classification Name: | Instrument, Ultrasonic Surgical |
| Regulation Number(s): | Pre-Amendment |
| Product Code(s): | LFL |
| Class: | Unclassified |
| Classification Panel: | General & Plastic Surgery |

**5. Legally Marketed Predicate Device(s)**

| | |
|---|---|
| Device name: | HARMONIC ACE+ 7 Laparoscopic Shears with Advanced Hemostasis (23cm, 36cm, 45cm length) |
| 510(k) number: | K1312612 |
| Manufacturer: | ETHICON ENDO-SURGERY, LLC |

| | |
|---|---|
| Device name: | Ethicon Endo-Surgery Generator GIII |
| 510(k) number: | K101990 |
| Manufacturer: | ETHICON ENDO-SURGERY, LLC |

**6. Indication for Use Statement**

SA10 Portable Controller is intended to provide power to drive SanAgile™ Ultrasonic Surgery Advanced Dissectors that are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired.

SanAgile™ Ultrasonic Surgery Advanced Dissectors are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired in general, sealing and transection of lymphatic vessels, and other open or laparoscopic procedures.

The dissectors can be used to coagulate isolated vessels up to and including 5 mm in diameter, using the MIN button.

**7. Device Description**

The SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller consists of two interdependent devices: portable controller (Cat. # SA10) and single patient use dissector (Cat. #s SASD14, SASD23, SASD36 and SASD45). The SA10 Portable Controller is a compact portable generator and provides power to drive the dissectors for dissection, coagulation, and cutting tissues in open or laparoscopic procedures.

The SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller is intended to be used by qualified medical professionals trained in the techniques and surgical procedures, such as surgeons and nurses, in hospital operation rooms. SA10 Portable Controller is also intended to be maintained by trained service or biomedical engineers and validated for cleaning and disinfection between surgeries. The Advanced Dissector is integrated with a transducer for single use; therefore, no dissector-transducer assembly is required prior to surgery.

**8. Substantial Equivalence Discussion**

The following table compares the SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller to the predicate device with respect to indications for use, principles of operation, technological characteristics, materials, and performance, and forms the basis for the determination of

substantial equivalence. The subject device does not raise any new questions of safety or effectiveness as compared to the predicate device.

**Comparison of Characteristics**

| **Portable Controller** | | | |
|---|---|---|---|
| **Attribute** | **Subject:**<br>**SanAgileTM Ultrasonic Surgery Advanced Dissector and Portable Controller** | **Predicate:**<br>**Ethicon Endo-Surgery Generator GIII K101990** | **Comparison Comments** |
| **Device Classification** | Same | Class II | N/A |
| **Product Code** | Same | LFL, GEI, HGI | N/A |
| **Regulation Number** | Same | N/A | N/A |
| **Indications for Use** | SA10 Portable Controller is intended to provide power to drive SanAgile™ Ultrasonic Surgery Advanced Dissectors that are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired. SanAgile™ Ultrasonic Surgery Advanced Dissectors are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired in general, sealing and transection of lymphatic vessels, and other open or laparoscopic procedures.<br>The dissectors can be used to coagulate isolated vessels up to and including 5 mm in diameter, using the MIN button. | The Generator G11 provides radiofrequency power to drive EnSeal® electrosurgical instruments that are used during open or laparoscopic general and gynecological surgery to cut and seal vessels and to cut, grasp, and dissect tissue. In addition the generator provides power to drive Harmonic® ultrasonic surgical instruments that are indicated for soft tissue incisions when bleeding control and minimal thermal injury are desired. EnSeal® and Harmonic® instruments when used with the Generator G11 have not been shown to be effective for sterilization procedures or tubal coagulation. Do not use these instruments for these procedures. | Different |
| **Technology** | Ultrasonic energy | Ultrasonic energy, Adaptive Tissue Technology | Different |
| **Output (Maximum Electrical Power)** | Same | 35W | N/A |
| **Power Setting** | Two energy delivery buttons<br>Minimum and maximum button.<br>User cannot adjust | Three energy delivery buttons:<br>• MAX Hand Control Button (both sides of instrument)<br>• MIN Hand Control Button (both sides of instrument)<br>• Advanced Hemostasis Hand Control Button | Different |

| **Dissector** | | | |
|---|---|---|---|
| **Attribute** | **Subject:**<br>**SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller** | **Predicate:**<br>**HARMONIC ACE+ 7 Laparoscopic Shears with Advanced Hemostasis (23cm, 36cm, 45cm length)**<br>**K132612** | **Comparison Comments** |
| **Device Classification** | Same | Unclassified | N/A |
| **Product Code** | Same | LFL | N/A |
| **Regulation Number** | Same | N/A | N/A |
| **Indications for Use** | SA10 Portable Controller is intended to provide power to drive SanAgile™ Ultrasonic Surgery Advanced Dissectors that are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired. SanAgile™ Ultrasonic Surgery Advanced Dissectors are indicated for vessel sealing and soft tissue incisions when bleeding control and minimal thermal injury are desired in general, sealing and transection of lymphatic vessels, and other open or laparoscopic procedures.<br>The dissectors can be used to coagulate isolated vessels up to and including 5 mm in diameter, using the MIN button. | The HARMONIC ACE®+7, 5 mm Diameter Shears with Advanced Hemostasis are indicated for soft tissue incisions when bleeding control and minimal thermal injury are desired. The instruments can be used as an adjunct to or substitute for electrosurgery, lasers and steel scalpels in general, plastic, pediatric, gynecologic, urologic, thoracic, exposure to orthopedic structures (such as spine and joint space), sealing and transection of lymphatic vessels, and other open and endoscopic procedures. The instruments allow for the coagulation of vessels up to and including 7 mm in diameter, using the Advanced Hemostasis hand control button. | Different |
| **Technology** | Ultrasonic energy | Ultrasonic energy, Adaptive Tissue Technology | Different |
| **Sterility** | Same | EO Sterilized | N/A |
| **Output (Drive Frequency)** | Same | 55.5 kHz | N/A |
| **Shaft Diameter** | 5mm | 5 mm | Different |
| **Jaw Aperture** | 11.23 mm | 11.16 mm | N/A |
| **Jaw Length** | 17 mm | 14.56 mm | N/A |
| **Clamping Force** | Same | 13.30N | N/A |
| **Grasping Force** | > 10N | 11.50N | N/A |
| **Blade Design / Geometry** | Same | Curved | N/A |

| | | | |
|---|---|---|---|
| **Shaft Lengths** | 14, 23, 36, 45 cm | 23, 36, 45 cm | Different |
| **Packaging** | Same | ASTM D4196<br>ISO 11607-1 | N/A |
| **Energy Activation Method** | Hand-switches | Hand-switches and footswitches | Different |
| **Maximum Indicated Vessel Size** | Same | 7mm | N/A |
| **Handle Type** | Same | Pistol Grip | N/A |
| **Electrical Safety** | Same | IEC 60601-1 | N/A |
| **EMC** | Same | IEC 60601-1-2 | N/A |
| **Biocompatibility** | Same | Biocompatible | N/A |

**9. Non-Clinical Performance Data**

To demonstrate safety and effectiveness of SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller and to show substantial equivalence to the predicate device, Saint Sages completed the following non-clinical tests. Results confirm that the design inputs and performance specifications for the device are met. The SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller passed the testing in accordance with internal requirements, national standards, and international standards shown below, supporting its safety and effectiveness, and its substantial equivalence to the predicate device:

- Cytotoxicity testing per ISO 10993-5 – Passed
- Sensitization testing per ISO 10993-10 – Passed
- Acute Systemic Toxicity Effects per ISO 10993-11 – Passed
- Intracutaneous Reactivity testing per ISO 10993-23 – Passed
- Pyrogen per USP <151> – Passed
- Electrical Safety testing per IEC 60601-1 – Passed
- Electromagnetic Disturbance testing per IEC 60601-1-2 – Passed
- Electromagnetic Immunity testing per IEC 60601-4-2
- Software verification and validation per IEC 62304/FDA Guidance – results /conclusion
- Dimensional verification – Met specifications
- Sterilization validation – demonstrates SAL of $10^{-6}$
- Shelf-Life testing – Supports shelf life of 3 years
- Transportation testing per ASTM D4169 – Demonstrates package integrity maintained
- Ex Vivo Burst Pressure Study – Demonstrates the device can perform as intended
- Acute and Chronic Animal Study – Demonstrates the device can perform as intended in animal models

**10. Clinical Performance Data**

No clinical data was necessary to determine the substantial equivalence of this device.

**11. Statement of Substantial Equivalence**

The SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller has the same intended use as the predicate device and similar technological characteristics. The differences in technological characteristics do not raise new or different questions of safety and effectiveness. Based on the results of the risk assessment and all applicable testing, the SanAgile™ Ultrasonic Surgery Advanced Dissector and Portable Controller is determined to perform as intended during normal anticipated usage and is at least as safe, as effective, and performs as well as the legally marketed predicate device and therefore is substantially equivalent to the predicate device.

SPERLING
MEDICAL USA

*Medical Device Regulatory Advisory & Clinical Sciences*
A Florida Limited Liability Company | Wholly owned by Sperling Comércio e Serviços Ltda

July 15, 2026

**Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D.**
São Luís, Maranhão, Brazil

**Re: Offer of Employment — Chief Medical Officer and Director of Clinical and Regulatory Sciences**

Dear Dr. Yglésio,

On behalf of Sperling Medical USA LLC (the "Company"), and following our conversations over the past weeks, I am very pleased to formally offer you the position of **Chief Medical Officer and Director of Clinical and Regulatory Sciences**. The Company's Sole Member has approved this offer, and we would be glad to have you lead our clinical and FDA regulatory science program as we bring the SanAgile surgical platform into the United States market.

This letter sets out the principal terms of the offer. It is intended as a summary; the full terms will be governed by the Employment Agreement (Exhibit 7), which you and the Company will execute and which controls in the event of any inconsistency with this letter.

## Summary of Key Terms

| | |
|---|---|
| **Position** | Chief Medical Officer and Director of Clinical and Regulatory Sciences |
| **Employer** | Sperling Medical USA LLC, a Florida limited liability company |
| **Reports To** | The Sole Member (Sperling Comércio e Serviços Ltda), acting through Assis Sperling Hemp and Maquerli Oliveira Hemp |
| **Employment Type** | Full-time employee — W-2; non-clinical, scientific advisory role |
| **Work Location** | State of Florida, United States (office / remote advisory) |
| **Base Salary** | USD $120,000 per annum, payable bi-weekly as W-2 wages |
| **Performance Bonus** | Discretionary annual bonus of up to USD $30,000, subject to the terms of the Employment Agreement |
| **Initial Term** | Three (3) years from the Effective Date |
| **Effective Date** | Contingent upon USCIS grant of O-1A nonimmigrant work authorization |

## Your Role

As Chief Medical Officer, you will serve as the Company's senior scientific officer. Your responsibilities will center on leading the Company's FDA regulatory science program — including 510(k) pre-market notification support for the SanAgile portfolio — together with clinical technology assessment, evidence review, and non-

clinical scientific advisory services for our institutional counterparties. This is a non-clinical position: it does not involve the practice of medicine in the United States, and no U.S. medical licensure is required for any duty within its scope. A complete description of the role is set out in the Job Description (Exhibit 8).

### Conditions of the Offer

This offer, and the commencement of your employment, are contingent upon (i) the grant of O-1A nonimmigrant work authorization on your behalf by U.S. Citizenship and Immigration Services; (ii) your execution of the Company's Employment Agreement and related onboarding documents; and (iii) your continued eligibility to work in the United States in the offered classification. Your employment will begin on the Effective Date defined in the Employment Agreement, once these conditions are satisfied.

Please note that this letter is not a contract of employment for any fixed period beyond the initial term stated in the Employment Agreement, and it does not modify the Member's authority to direct the terms and conditions of your employment as described therein.

### Acceptance

If the terms above are acceptable to you, please sign and date where indicated below and return one signed copy to my attention, so that we may proceed with the remaining steps of the hiring process. We are genuinely excited about the contribution your expertise in digestive, metabolic, and bariatric surgery will bring to the Company, and we look forward to working with you.

Warm regards,

**FOR THE COMPANY — SPERLING MEDICAL USA LLC**
acting through its Sole Member, Sperling Comércio e Serviços Ltda

**Maquerli Oliveira Hemp**
Authorized Representative — Managing Partner, Sperling Comércio e Serviços Ltda
Date: 07/15/2026

**ACCEPTED AND AGREED**
I accept the offer of employment on the terms set out in this letter and the Employment Agreement.

**Dr. Yglesio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D.**
Chief Medical Officer and Director of Clinical and Regulatory Sciences
Date: 07/16/2026

# ACTION BY WRITTEN CONSENT OF THE SOLE MEMBER
# SPERLING MEDICAL USA LLC

*A Florida Limited Liability Company — In Lieu of a Meeting*

The undersigned, being the sole member of Sperling Medical USA LLC, a Florida limited liability company (the "Company"), acting by written consent in lieu of a meeting pursuant to the Florida Revised Limited Liability Company Act (Chapter 605, Florida Statutes) and the Company's Operating Agreement, hereby adopts the following recitals and resolutions, effective as of the date set forth below.

## RECITALS

**A.** Sperling Comércio e Serviços Ltda, CNPJ 27.425.946/0001-56, a Brazilian company (the "Member"), is the sole and one-hundred-percent (100%) owner of the Company.

**B.** The Company was organized under the laws of the State of Florida with an effective date of July 8, 2026 (document number L26000362722) and has been assigned EIN 42-3672109.

**C.** The Member desires to confirm the capitalization of the Company, appoint an officer, approve executive compensation, and authorize the filing of a Form I-129 O-1A petition on behalf of the proposed officer.

## RESOLUTIONS

**1. Operating Agreement.** RESOLVED, that the Operating Agreement of the Company, effective as of July 8, 2026, is hereby adopted, ratified, and confirmed in all respects.

**2. Capitalization.** RESOLVED, that the Member has made, or shall make, an initial capital contribution to the Company of One Hundred Thirty-Five Thousand United States Dollars (US$ 135,000) in cash; and further RESOLVED, that the Member commits to contribute such additional capital as may be necessary from time to time to enable the Company to meet its payroll and operating obligations.

**3. Salary Guarantee.** RESOLVED, that the Member unconditionally and irrevocably guarantees the payment of the base salary of the Company's Chief Medical Officer, in the amount of One Hundred Twenty Thousand United States Dollars (US$ 120,000) per annum, for the first twelve (12) months of employment, and shall fund the Company as necessary to satisfy that obligation.

**4. Appointment of Officer.** RESOLVED, that Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. (the "Officer"), is hereby appointed as Chief Medical Officer and Director of Clinical and Regulatory Sciences of the Company, a non-clinical scientific and advisory position; and further RESOLVED, that the Officer shall serve at the pleasure of the Member, may be removed at any time with or without cause, and acquires no membership, equity, ownership, or governance interest of any kind in the Company by reason of such appointment or employment.

**5. Compensation.** RESOLVED, that the Officer's compensation is approved as an annual base salary of US$ 120,000, payable as W-2 wages through the Company's compliant U.S. payroll, together with a discretionary performance bonus of up to US$ 30,000 per annum (target total compensation of US$ 150,000), subject to the terms of the Officer's Employment Agreement.

**6. Exclusive Employer Control.** RESOLVED, that the Company, acting through the Member and its Authorized Representatives, retains the sole and exclusive right to hire, supervise, direct the manner and means of work, evaluate, compensate, discipline, and terminate the Officer; and further RESOLVED, that the appointment and employment of the Officer are contingent upon, and shall become effective only upon, the grant by U.S. Citizenship and Immigration Services of O-1A classification and valid employment authorization.

**7. Immigration Petition.** RESOLVED, that the Company is authorized to file a Form I-129 petition to classify the Officer as an O-1A nonimmigrant of extraordinary ability and to execute and submit all supporting documents, employment offers, and related filings; and that the Authorized Representatives are each empowered to sign such filings on behalf of the Company.

**8. Employment Agreement.** RESOLVED, that the Authorized Representatives are authorized to negotiate, execute, and deliver, on behalf of the Company, an Employment Agreement with the Officer consistent with these resolutions.

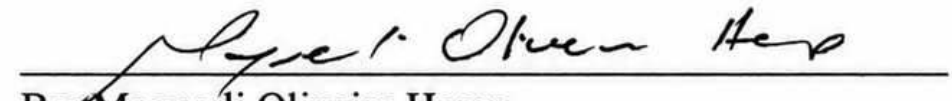
**9. Responsible Party.** RESOLVED, that Maquerli Oliveira Hemp is confirmed as the responsible party of the Company for U.S. federal tax purposes, acting as an Authorized Representative of the Member and subject to the Member's direction.

**10. General Authority.** RESOLVED, that the Authorized Representatives of the Member — Maquerli Oliveira Hemp and Assis Sperling Hemp, each acting individually — are authorized to open and operate Company bank accounts, execute contracts, and take all further actions and execute all further documents as they deem necessary or appropriate to carry out the intent of these resolutions; and that all actions previously taken in furtherance hereof are ratified and confirmed.

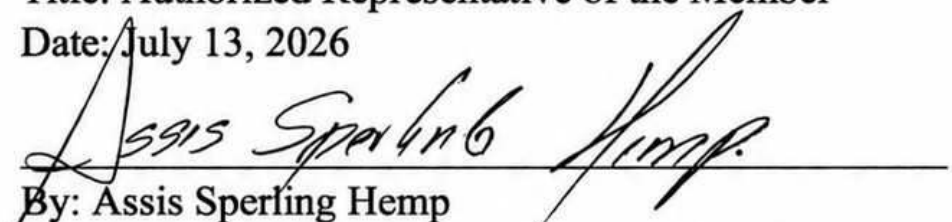
This written consent may be executed in counterparts, including by electronic signature, and shall be filed with the records of the Company.

IN WITNESS WHEREOF, the sole Member has executed this written consent as of July 13, 2026.

**SOLE MEMBER:**
**SPERLING COMÉRCIO E SERVIÇOS LTDA**
CNPJ 27.425.946/0001-56



By: Maquerli Oliveira Hemp
Title: Authorized Representative of the Member
Date: July 13, 2026



By: Assis Sperling Hemp
Title: Authorized Representative of the Member
Date: July 13, 2026

C.N.P.J.: 27.425.946/0001-56
Address: RUA R EMANUEL KANT, 60, ROOM 806, CAPAO RASO, CURITIBA/PR, ZIP CODE 81020-670

## BALANCE SHEET

| Code | Account Code | Description | Current Balance |
|---|---|---|---|
| **1** | **1** | **ASSET** | **2.725.816,74D** |
| **2** | **1.1** | **CURRENT ASSETS** | **1.976.369,41D** |
| **3** | **1.1.1** | **CASH AND CASH EQUIVALENTS** | **993.841,30D** |
| **4** | **1.1.1.01** | **CASH** | **126.587,32D** |
| 5 | 1.1.1.01.001 | CASH ON HAND | 126.587,32D |
| **7** | **1.1.1.02** | **CHECKING ACCOUNTS** | **1,00D** |
| 664 | 1.1.1.02.004 | BANCO SICREDI BRANCH 0730 CHECKING ACCOUNT 84635-4 | 1,00D |
| **10** | **1.1.1.03** | **SHORT-TERM INVESTMENTS** | **867.252,98D** |
| 649 | 1.1.1.03.002 | AUT MAIS ITAU INVESTMENT | 338.211,75D |
| 676 | 1.1.1.03.002 | SICREDI FINANCIAL INVESTMENT | 529.041,23D |
| **18** | **1.1.3** | **OTHER RECEIVABLES** | **335.086,30D** |
| **24** | **1.1.3.06** | **EMPLOYEE ADVANCES** | **3.798,93D** |
| 608 | 1.1.3.06.003 | VACATION PAY ADVANCES | 3.798,93D |
| **27** | **1.1.3.07** | **ADVANCES TO PARTNERS** | **312.322,25D** |
| 615 | 1.1.3.07.001 | ADVANCES TO PARTNERS | 312.322,25D |
| **28** | **1.1.3.08** | **DEFERRED TAX ASSETS** | **18.965,12D** |
| 38 | 1.1.3.08.010 | INSS TAX CREDITS RECOVERABLE | 1.713,22D |
| 39 | 1.1.3.08.011 | SIMPLES TAX CREDITS RECOVERABLE | 17.251,90D |
| **53** | **1.1.5** | **INVENTORY** | **647.441,81D** |
| **54** | **1.1.5.01** | **GOODS, PRODUCTS AND SUPPLIES** | **647.441,81D** |
| 55 | 1.1.5.01.001 | FINISHED GOODS | 647.441,81D |
| 59 | 1.1.5.01.005 | THIRD-PARTY INVENTORY | 7.179.334,21D |
| 617 | 1.1.5.01.006 | THIRD-PARTY INVENTORY | 7.179.334,21C |
| **501** | **1.2** | **NON-CURRENT ASSETS** | **749.447,33D** |
| **76** | **1.2.2** | **OTHER RECEIVABLES** | **106.173,19D** |
| **79** | **1.2.2.03** | **INVESTMENTS IN PARENT, SUBSIDIARIES AND ASSOCIATES** | **106.173,19D** |
| 679 | 1.2.2.03.001 | SPERLING BRANCH | 106.173,19D |
| **88** | **1.2.3** | **INVESTIMENTOS** | **905,00D** |
| **96** | **1.2.3.03** | **OTHER EQUITY INVESTMENTS** | **905,00D** |
| 677 | 1.2.3.03.001 | BANCO SICREDI | 905,00D |
| **111** | **1.2.4** | **PROPERTY, PLANT, AND EQUIPMENT** | **642.369,14D** |
| **112** | **1.2.4.01** | **REAL ESTATE** | **640.000,00D** |
| 655 | 1.2.4.01.004 | COMMERCIAL OFFICE UNITS | 640.000,00D |
| **116** | **1.2.4.02** | **FURNITURE AND FIXTURES** | **3.308,29D** |
| 117 | 1.2.4.02.001 | FURNITURE AND FIXTURES | 3.308,29D |
| **118** | **1.2.4.03** | **MACHINERY, EQUIPMENT AND TOOLS** | **50.000,00D** |
| 119 | 1.2.4.03.001 | MACHINERY AND EQUIPMENT | 50.000,00D |
| **120** | **1.2.4.04** | **VEHICLES** | **25.000,00D** |
| 121 | 1.2.4.04.001 | VEHICLES | 25.000,00D |
| **122** | **1.2.4.05** | **COMPUTERS AND PERIPHERALS** | **4.316,53D** |
| 652 | 1.2.4.05.001 | COMPUTERS AND PERIPHERALS | 4.316,53D |
| **125** | **1.2.4.07** | **(-) ACCUMULATED DEPRECIATION, DEPLETION, AND AMORTIZATION** | **80.255,68C** |
| 127 | 1.2.4.07.002 | (-) DEPRECIATION OF FURNITURE AND FIXTURES | 1.091,48C |
| 128 | 1.2.4.07.003 | (-) DEPRECIATION OF MACHINERY, EQUIPMENT AND TOOLS | 2.339,67C |
| 129 | 1.2.4.07.004 | (-) DEPRECIATION OF VEHICLES | 19.609,57C |
| 130 | 1.2.4.07.005 | (-) DEPRECIATION OF REAL ESTATE | 54.507,46C |
| 653 | 1.2.4.07.007 | (-) DEPRECIATION OF COMPUTERS AND PERIPHERALS | 2.707,50C |
| **149** | **2** | **LIABILITIES** | **2.725.816,74C** |
| **150** | **2.1** | **CURRENT LIABILITIES** | **685.408,46C** |
| **382** | **2.1.1** | **LOANS AND FINANCING** | **172.910,00C** |

MAQUERLI OLIVEIRA HEMP
MANAGING PARTNER
CPF: 664.597.960-68

FERNANDO SERGIO MANELLI
Accounting Technician
Reg. with no CRC - PR under No. PR051675/O2
CPF: 037.895.339-71

C.N.P.J.: 27.425.946/0001-56
Address: RUA R EMANUEL KANT, 60, ROOM 806, CAPAO RASO, CURITIBA/PR, ZIP CODE 81020-670

**BALANCE SHEET**

| Code | Account Code | Description | Current Balance |
|---|---|---|---|
| **151** | **2.1.1.01** | **LOANS** | **25.060,00C** |
| 656 | 2.1.1.01.002 | M OLIVER SERVIÇOS | 25.060,00C |
| **638** | **2.1.1.08** | **ADVANCE FOR FUTURE CAPITAL INCREASE** | **147.850,00C** |
| 639 | 2.1.1.08.001 | ASSIS SPERLING HEMP | 350,00C |
| 644 | 2.1.1.08.002 | MAQUERLI OLIVEIRA HEMP | 147.500,00C |
| **164** | **2.1.3** | **ACCOUNTS PAYABLE** | **65.841,52C** |
| **165** | **2.1.3.01** | **VENDORS** | **65.841,52C** |
| 506 | 2.1.3.01.001 | OTHER VENDORS | 65.841,52C |
| **169** | **2.1.4** | **TAX LIABILITIES** | **19.038,52C** |
| **170** | **2.1.4.01** | **TAXES AND CONTRIBUTIONS PAYABLE** | **19.038,52C** |
| 178 | 2.1.4.01.008 | IRRF TAX PAYABLE | 1.610,39C |
| 479 | 2.1.4.01.015 | SIMPLES NACIONAL TAX PAYABLE | 17.728,13C |
| 512 | 2.1.4.01.025 | ADVANCE ICMS TAX PAYABLE | 300,00D |
| **185** | **2.1.5** | **LABOR AND SOCIAL SECURITY LIABILITIES** | **23.749,02C** |
| **186** | **2.1.5.01** | **PERSONNEL OBLIGATIONS** | **11.118,49C** |
| 187 | 2.1.5.01.001 | SALARIES AND WAGES PAYABLE | 5.151,99C |
| 188 | 2.1.5.01.002 | MANAGEMENT FEES PAYABLE | 5.966,50C |
| **190** | **2.1.5.02** | **SOCIAL SECURITY LIABILITIES** | **4.087,54C** |
| 191 | 2.1.5.02.001 | INSS PAYABBLE | 2.390,45C |
| 192 | 2.1.5.02.002 | FGTS PAYABBLE | 1.697,09C |
| **193** | **2.1.5.03** | **ACCRUED LIABILITIES** | **8.542,99C** |
| 194 | 2.1.5.03.001 | ACCRUED VACATION PAY | 8.542,99C |
| **200** | **2.1.6** | **OTHER LIABILITIES** | **403.869,40C** |
| **201** | **2.1.6.01** | **CUSTOMER ADVANCES** | **203.567,40C** |
| 660 | 2.1.6.01.001 | CUSTOMER ADVANCES | 203.567,40C |
| **605** | **2.1.6.07** | **GOODS SENT FOR REPAIR** | **200.302,00C** |
| 606 | 2.1.6.07.001 | GOODS RECEIVED FOR REPAIR | 200.302,00C |
| **242** | **2.3** | **STOCKHOLDERS' EQUITY** | **2.040.408,28C** |
| **243** | **2.3.1** | **SHARE CAPITAL** | **1.000.000,00C** |
| **244** | **2.3.1.01** | **SUBSCRIBED SHARED CAPITAL** | **1.000.000,00C** |
| 245 | 2.3.1.01.001 | SHARE CAPITAL | 1.000.000,00C |
| **264** | **2.3.5** | **RETAINED EARNINGS (ACCUMULATED LOSSES)** | **1.040.408,28C** |
| **265** | **2.3.5.01** | **RETAINED EARNINGS (ACCUMULATED LOSSES)** | **1.040.408,28C** |
| 266 | 2.3.5.01.001 | RETAINED EARNINGS | 1.038.870,64C |
| 624 | 2.3.5.01.006 | PRIOR PERIOD ADJUSTMENTS | 1.537,64C |

MAQUERLI OLIVEIRA HEMP:66459796068
Digitally signed by MAQUERLI OLIVEIRA HEMP:66459796068
Data: 2026.06.22 15:04:23 -03'00'

MAQUERLI OLIVEIRA HEMP
MANAGING PARTNER
CPF: 664.597.960-68

FERNANDO SERGIO MANELLI:03789533971
Digitally signed by FERNANDO SERGIO MANELLI:03789533971
ND: C=BR, O=ICP-Brasil, OU=AC SOLUTI Multipla v5, OU=Renovacao Eletronica, OU=Certificado Digital, OU=Certificado PF A1, CN=FERNANDO SERGIO MANELLI:03789533971
Purpose: I am the author of the present document
Location:
Date: 2026.06.22 15:50:05 -03'00'

FERNANDO SERGIO MANELLI
Accounting Technician
Reg. with no CRC - PR under No. PR051675/O2
CPF: 037.895.339-71



Glossary:
INSS - Social Security
SIMPLES NACIONAL – Brazilian Tax Regime
IRRF – Withholding Income Tax
ICMS - Brazilian state-level tax on the movement of goods and services
FGTS - Length-of-Service Guarantee Fund
CRC – Regional Accounting Counsil

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: Month DD, 2026.**

**Empresa:** **SPERLING COMERCIO E SERVICOS LTDA** Folha: 0001

C.N.P.J.: 27.425.946/0001-56

Endereço: RUA R EMANUEL KANT, 60, SALA 806, CAPAO RASO, CURITIBA/PR, CEP 81020-670

## BALANÇO PATRIMONIAL

| Código | Classificação | Descrição | Saldo Atual |
|---|---|---|---|
| **1** | **1** | **ATIVO** | **2.725.816,74D** |
| **2** | **1.1** | **ATIVO CIRCULANTE** | **1.976.369,41D** |
| **3** | **1.1.1** | **DISPONÍVEL** | **993.841,30D** |
| **4** | **1.1.1.01** | **CAIXA** | **126.587,32D** |
| 5 | 1.1.1.01.001 | CAIXA GERAL | 126.587,32D |
| **7** | **1.1.1.02** | **BANCOS CONTA MOVIMENTO** | **1,00D** |
| 664 | 1.1.1.02.004 | BANCO SICREDI AG 0730 CC 84635-4 | 1,00D |
| **10** | **1.1.1.03** | **APLICAÇÕES FINANCEIRAS LIQUIDEZ IMEDIATA** | **867.252,98D** |
| 649 | 1.1.1.03.002 | APLICAÇÃO AUT MAIS ITAU | 338.211,75D |
| 676 | 1.1.1.03.002 | APLICAÇÃO FINANCEIRA SICREDI | 529.041,23D |
| **18** | **1.1.3** | **OUTROS CRÉDITOS** | **335.086,30D** |
| **24** | **1.1.3.06** | **ADIANTAMENTO A EMPREGADOS** | **3.798,93D** |
| 608 | 1.1.3.06.003 | ADIANTAMENTO DE FÉRIAS | 3.798,93D |
| **27** | **1.1.3.07** | **ADIANTAMENTO A SÓCIOS** | **312.322,25D** |
| 615 | 1.1.3.07.001 | ADIANTAMENTO À SOCIOS | 312.322,25D |
| **28** | **1.1.3.08** | **TRIBUTOS A RECUPERAR/COMPENSAR** | **18.965,12D** |
| 38 | 1.1.3.08.010 | INSS A COMPENSAR | 1.713,22D |
| 39 | 1.1.3.08.011 | SIMPLES A COMPENSAR | 17.251,90D |
| **53** | **1.1.5** | **ESTOQUE** | **647.441,81D** |
| **54** | **1.1.5.01** | **MERCADORIAS, PRODUTOS E INSUMOS** | **647.441,81D** |
| 55 | 1.1.5.01.001 | MERCADORIAS PARA REVENDA | 647.441,81D |
| 59 | 1.1.5.01.005 | ESTOQUE DE TERCEIROS | 7.179.334,21D |
| 617 | 1.1.5.01.006 | ESTOQUE DE TERCEIROS | 7.179.334,21C |
| **501** | **1.2** | **ATIVO NÃO-CIRCULANTE** | **749.447,33D** |
| **76** | **1.2.2** | **OUTROS CRÉDITOS** | **106.173,19D** |
| **79** | **1.2.2.03** | **CONTROLADORA, CONTROLADAS E COLIGADAS** | **106.173,19D** |
| 679 | 1.2.2.03.001 | SPERLING FILIAL | 106.173,19D |
| **88** | **1.2.3** | **INVESTIMENTOS** | **905,00D** |
| **96** | **1.2.3.03** | **OUTRAS PARTICIPAÇÕES SOCIETÁRIAS** | **905,00D** |
| 677 | 1.2.3.03.001 | BANCO SICREDI | 905,00D |
| **111** | **1.2.4** | **IMOBILIZADO** | **642.369,14D** |
| **112** | **1.2.4.01** | **IMÓVEIS** | **640.000,00D** |
| 655 | 1.2.4.01.004 | SALAS COMERCIAIS | 640.000,00D |
| **116** | **1.2.4.02** | **MÓVEIS E UTENSÍLIOS** | **3.308,29D** |
| 117 | 1.2.4.02.001 | MÓVEIS E UTENSÍLIOS | 3.308,29D |
| **118** | **1.2.4.03** | **MÁQUINAS, EQUIPAMENTOS E FERRAMENTAS** | **50.000,00D** |
| 119 | 1.2.4.03.001 | MÁQUINAS E EQUIPAMENTOS | 50.000,00D |
| **120** | **1.2.4.04** | **VEÍCULOS** | **25.000,00D** |
| 121 | 1.2.4.04.001 | VEÍCULOS | 25.000,00D |
| **122** | **1.2.4.05** | **COMPUTADORES E PERIFERICOS** | **4.316,53D** |
| 652 | 1.2.4.05.001 | COMPUTADORES E PERIFERICOS | 4.316,53D |
| **125** | **1.2.4.07** | **(-) DEPRECIAÇÕES, AMORT. E EXAUS. ACUMUL** | **80.255,68C** |
| 127 | 1.2.4.07.002 | (-) DEPRECIAÇÕES DE MÓVEIS E UTENSÍLIOS | 1.091,48C |
| 128 | 1.2.4.07.003 | (-) DEPRECIAÇÕES DE MÁQUINAS, EQUIP. FER | 2.339,67C |
| 129 | 1.2.4.07.004 | (-) DEPRECIAÇÕES DE VEÍCULOS | 19.609,57C |
| 130 | 1.2.4.07.005 | (-) DEPRECIAÇÕES DE IMÓVEIS | 54.507,46C |
| 653 | 1.2.4.07.007 | (-) DEPRECIAÇÕES DE COMPUTADORES E PERIFERICOS | 2.707,50C |
| **149** | **2** | **PASSIVO** | **2.725.816,74C** |
| **150** | **2.1** | **PASSIVO CIRCULANTE** | **685.408,46C** |
| **382** | **2.1.1** | **EMPRÉSTIMOS E FINANCIAMENTOS** | **172.910,00C** |

MAQUERLI OLIVEIRA HEMP
SOCIO ADMINISTRADOR
CPF: 664.597.960-68

FERNANDO SERGIO MANELLI
Técnico em Contabilidade
Reg. no CRC - PR sob o No. PR051675/O2
CPF: 037.895.339-71

## BALANÇO PATRIMONIAL

| Código | Classificação | Descrição | Saldo Atual |
|---|---|---|---|
| **151** | **2.1.1.01** | **EMPRÉSTIMOS** | **25.060,00C** |
| 656 | 2.1.1.01.002 | M OLIVER SERVIÇOS | 25.060,00C |
| **638** | **2.1.1.08** | **AFAC** | **147.850,00C** |
| 639 | 2.1.1.08.001 | ASSIS SPERLING HEMP | 350,00C |
| 644 | 2.1.1.08.002 | MAQUERLI OLIVEIRA HEMP | 147.500,00C |
| **164** | **2.1.3** | **FORNECEDORES** | **65.841,52C** |
| **165** | **2.1.3.01** | **FORNECEDORES** | **65.841,52C** |
| 506 | 2.1.3.01.001 | FORNECEDORES DIVERSOS | 65.841,52C |
| **169** | **2.1.4** | **OBRIGAÇÕES TRIBUTÁRIAS** | **19.038,52C** |
| **170** | **2.1.4.01** | **IMPOSTOS E CONTRIBUIÇÕES A RECOLHER** | **19.038,52C** |
| 178 | 2.1.4.01.008 | IRRF A RECOLHER | 1.610,39C |
| 479 | 2.1.4.01.015 | SIMPLES NACIONAL A RECOLHER | 17.728,13C |
| 512 | 2.1.4.01.025 | ICMS ANTECIPADO A RECOLHER | 300,00D |
| **185** | **2.1.5** | **OBRIGAÇÕES TRABALHISTA E PREVIDENCIÁRIA** | **23.749,02C** |
| **186** | **2.1.5.01** | **OBRIGAÇÕES COM O PESSOAL** | **11.118,49C** |
| 187 | 2.1.5.01.001 | SALÁRIOS E ORDENADOS A PAGAR | 5.151,99C |
| 188 | 2.1.5.01.002 | PRÓ-LABORE A PAGAR | 5.966,50C |
| **190** | **2.1.5.02** | **OBRIGAÇÕES SOCIAIS** | **4.087,54C** |
| 191 | 2.1.5.02.001 | INSS A RECOLHER | 2.390,45C |
| 192 | 2.1.5.02.002 | FGTS A RECOLHER | 1.697,09C |
| **193** | **2.1.5.03** | **PROVISÕES** | **8.542,99C** |
| 194 | 2.1.5.03.001 | PROVISÕES PARA FÉRIAS | 8.542,99C |
| **200** | **2.1.6** | **OUTRAS OBRIGAÇÕES** | **403.869,40C** |
| **201** | **2.1.6.01** | **ADIANTAMENTOS A CLIENTES** | **203.567,40C** |
| 660 | 2.1.6.01.001 | ADIANTAMENTOS DE CLIENTES | 203.567,40C |
| **605** | **2.1.6.07** | **REMESSA PARA CONSERTO** | **200.302,00C** |
| 606 | 2.1.6.07.001 | REMESSA P/ CONSERTO ( ENTRADA) | 200.302,00C |
| **242** | **2.3** | **PATRIMÔNIO LÍQUIDO** | **2.040.408,28C** |
| **243** | **2.3.1** | **CAPITAL SOCIAL** | **1.000.000,00C** |
| **244** | **2.3.1.01** | **CAPITAL SUBSCRITO** | **1.000.000,00C** |
| 245 | 2.3.1.01.001 | CAPITAL SOCIAL | 1.000.000,00C |
| **264** | **2.3.5** | **LUCROS OU PREJUÍZOS ACUMULADOS** | **1.040.408,28C** |
| **265** | **2.3.5.01** | **LUCROS OU PREJUÍZOS ACUMULADOS** | **1.040.408,28C** |
| 266 | 2.3.5.01.001 | LUCROS ACUMULADOS | 1.038.870,64C |
| 624 | 2.3.5.01.006 | AJUSTE SALDO DE EXERCICIOS ANTERIORES | 1.537,64C |

MAQUERLI OLIVEIRA HEMP:66459796068
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FERNANDO SERGIO MANELLI:0378953397
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Razão: Eu sou o autor deste documento
Localização:
Data: 2026.06.22 13:52:05-03'00'

FERNANDO SERGIO MANELLI
Técnico em Contabilidade
Reg. no CRC - PR sob o No. PR051675/O2
CPF: 037.895.339-71

## PROFIT AND LOSS STATEMENT ON 12/31/2024

| Description | Current Balance |
|---|---|
| **GROSS REVENUE** | **2.125.189,10** |
| SALES OF GOODS | 759.160,00 |
| BONUSES, DONATIONS AND PROMOTIONAL GIFTS | 4.862,22 |
| SERVICES RENDERED | 744.866,88 |
| RENTAL SERVICES REVENUE | 616.300,00 |
| | |
| **DEDUCTIONS FROM GROSS REVENUE** | **(297.195,90)** |
| (-) SALES RETURNS | (69.960,00) |
| (-) SIMPLES NACIONAL | (227.235,90) |
| | |
| **COST OF SALES** | **(200.302,00)** |
| COST OF GOODS SOLD | (200.302,00) |
| | |
| **NET REVENUE** | **1.627.691,20** |
| | |
| COST OF SERVICES RENDERED | |
| | |
| **GROSS PROFIT** | **1.627.691,20** |
| | |
| | |
| **OPERATING EXPANSES** | **(951.994,53)** |
| | |
| | |
| **GENERAL AND ADMINISTRATIVE EXPENSES** | **(951.994,53)** |
| FINANCIAL DISCOUNTS RECEIVED | 0,01 |
| BONUSES AND INCENTIVE PAY | (10.693,00) |
| LODGING | (7.895,10) |
| MEALS | (2.265,88) |
| AIRFARE | (3.856,82) |
| OTHER CASH INCOME - NON-INVENTORY | (151.100,00) |
| THIRD-PARTY SERVICES | (56.328,50) |
| SALARIES AND WAGES | (156.116,05) |
| MANAGEMENT FEE | (78.650,00) |
| 13TH SALARY | (13.472,76) |
| VACATION PAY | (21.231,76) |
| FGTS (Length-of-Service Guarantee Fund) | (23.971,11) |
| TRANSPORTATION ALLOWANCE | (2.441,16) |
| MEAL ALLOWANCE | (93.108,80) |
| OCCUPATIONAL HEALTH SERVICES | (504,60) |
| FUEL ALLOWANCE | (1.176,00) |
| IPTU (URBAN PROPERTY TAX) | (3.120,92) |
| IPVA (VEHICLE PROPERTY TAX) | (298,34) |
| OTHER FEES AND TAXES | (780,96) |
| TRAFFIC FINES | (364,45) |
| ELECTRICITY | (483,97) |
| WATER AND SEWAGE | (3.970,02) |
| TELEFONE E INTERNET | (2.462,06) |
| INSURANCE | (4.480,64) |
| OFFICE SUPPLIES | (212,70) |
| ACCOUNTING SERVICES | (13.094,00) |
| THIRD-PARTY SERVICES | (111.250,77) |
| DEPRECIATION AND AMORTIZATION | (33.494,28) |
| FUEL | (19.587,77) |
| BREAKROOM AND KITCHEN EXPENSES | (7.280,65) |
| CONSUMABLE SUPPLIES | (33.645,37) |
| MAINTENANCE AND REPAIRS | (4.566,16) |
| CARD PROCESSING FEES | (3.231,56) |
| DONATIONS | (10.830,00) |
| IT EXPENSES | (1.285,28) |
| ASSOCIATION AND PROFESSIONAL MEMBERSHIP FEES | (631,91) |
| CONDOMINIUM FEES | (11.439,31) |
| TOLL EXPENSES | (868,16) |
| PARKING | (626,50) |
| OTHER EXPENSES | (7.374,72) |
| ADVERTISING AND MARKETING | (1.524,50) |
| CONSTRUCTION MATERIALS | (241,00) |
| LOW-VALUE ASSETS | (632,19) |
| UBER | (291,53) |
| SHIPPING AND FREIGHT | (44.478,40) |
| SOFTWARE AND SYSTEMS | (2.233,54) |

## PROFIT AND LOSS STATEMENT ON 12/31/2024

| Description | Current Balance |
|---|---|
| **GENERAL AND ADMINISTRATIVE EXPENSES** | **(951.994,53)** |
| PROMOTIONAL GIFTS | (741,14) |
| VEHICLE EXPENSES | (884,31) |
| EVENTS | (60,00) |
| BANKING FEES | (2.715,89) |
| **FINANCIAL INCOME** | **4.972,00** |
| INTEREST INCOME ON FINANCIAL INVESTMENTS | 4.972,00 |
| **OTHER OPERATING EXPENSES** | **(0,04)** |
| DISCOUNTS GRANTED | (0,04) |
| **OPERATING INCOME** | **680.668,63** |
| **INCOME BEFORE IR (Income Tax) AND CSLL (Social Contribution on Net Income) TAXES** | **680.668,63** |
| **NET INCOME FOR THE PERIOD** | **680.668,63** |

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MANAGING PARTNER
CPF: 664.597.960-68

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FERNANDO SERGIO MANELLI
Accounting Technician
Reg. with no CRC - PR under No. PR051675/O2
CPF: 037.895.339-71

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

**Date: August 26, 2026.**

## DEMONSTRAÇÃO DO RESULTADO DO EXERCÍCIO EM 31/12/2024

| Descrição | Saldo Atual |
|---|---|
| **RECEITA BRUTA** | **2.125.189,10** |
| VENDA DE MERCADORIAS | 759.160,00 |
| BONIFICAÇÃO, DOAÇÃO OU BRINDE | 4.862,22 |
| SERVIÇOS PRESTADOS | 744.866,88 |
| SERVIÇOS DE LOCAÇÃO | 616.300,00 |
| | |
| **DEDUÇÕES DA RECEITA BRUTA** | **(297.195,90)** |
| (-) DEVOLUÇÃO DE VENDA DE MERCADORIAS | (69.960,00) |
| (-) SIMPLES NACIONAL | (227.235,90) |
| | |
| **CUSTOS** | **(200.302,00)** |
| CUSTOS DAS MERCADORIAS VENDIDAS | (200.302,00) |
| | |
| **RECEITA LIQUIDA** | **1.627.691,20** |
| | |
| CUSTOS DOS SERVIÇOS PRESTADOS | |
| | |
| **LUCRO BRUTO** | **1.627.691,20** |
| | |
| | |
| **DESPESAS OPERACIONAIS** | **(951.994,53)** |
| | |
| | |
| **DESPESAS ADMINISTRATIVAS** | **(951.994,53)** |
| DESCONTOS FINANCEIROS OBTIDOS | 0,01 |
| PRÊMIOS E GRATIFICAÇÕES | (10.693,00) |
| HOSPEDAGEM | (7.895,10) |
| REFEIÇÕES | (2.265,88) |
| PASSAGEM AEREA | (3.856,82) |
| OUTRAS ENTRADAS FORA EST - A VISTA | (151.100,00) |
| SERVIÇOS PRESTADOS POR TERCEIROS | (56.328,50) |
| SALÁRIOS E ORDENADOS | (156.116,05) |
| PRÓ-LABORE | (78.650,00) |
| 13º SALÁRIO | (13.472,76) |
| FÉRIAS | (21.231,76) |
| FGTS | (23.971,11) |
| VALE TRANSPORTE | (2.441,16) |
| DESPESAS COM ALIMENTAÇÃO | (93.108,80) |
| MEDICINA DO TRABALHO | (504,60) |
| VALE COMBUSTIVEL | (1.176,00) |
| IPTU | (3.120,92) |
| IPVA | (298,34) |
| TAXAS DIVERSAS | (780,96) |
| MULTA DE TRANSITO | (364,45) |
| ENERGIA ELÉTRICA | (483,97) |
| ÁGUA E ESGOTO | (3.970,02) |
| TELEFONE E INTERNET | (2.462,06) |
| SEGUROS | (4.480,64) |
| MATERIAL DE ESCRITÓRIO | (212,70) |
| ASSISTÊNCIA CONTÁBIL | (13.094,00) |
| SERVIÇOS PRESTADOS POR TERCEIROS | (111.250,77) |
| DEPRECIAÇÕES E AMORTIZAÇÕES | (33.494,28) |
| COMBUSTIVEL | (19.587,77) |
| DESPESAS COPA, LANCHE E COZINHA | (7.280,65) |
| MATERIAL DE USO E CONSUMO | (33.645,37) |
| MANUTENÇÃO E REPAROS | (4.566,16) |
| DESPESA CARTAO | (3.231,56) |
| DOAÇÕES | (10.830,00) |
| DESPESA INFORMATICA | (1.285,28) |
| ASSOCIAÇÕES E CLASSES | (631,91) |
| CONDOMINIO | (11.439,31) |
| DESPESAS COM PEDÁGIO | (868,16) |
| ESTACIONAMENTO | (626,50) |
| DESPESAS DIVERSAS | (7.374,72) |
| PUBLICIDADE E PROPAGANDA | (1.524,50) |
| MATERIAL DE CONSTRUÇÃO | (241,00) |
| BENS DE PEQUENO VALOR | (632,19) |
| UBER | (291,53) |
| REMESSA E FRETES | (44.478,40) |
| SOFTWARE E SISTEMA | (2.233,54) |

## DEMONSTRAÇÃO DO RESULTADO DO EXERCÍCIO EM 31/12/2024

| Descrição | Saldo Atual |
|---|---|
| **DESPESAS ADMINISTRATIVAS** | **(951.994,53)** |
| BRINDES | (741,14) |
| DESPESAS COM VEICULOS | (884,31) |
| EVENTOS | (60,00) |
| TARIFAS BANCÁRIAS | (2.715,89) |
| **RECEITAS FINANCEIRAS** | **4.972,00** |
| RENDIMENTOS SOBRE APLICAÇÕES FINANCEIRAS | 4.972,00 |
| **OUTRAS DESPESAS OPERACIONAIS** | **(0,04)** |
| DESCONTO CONCEDIDOS | (0,04) |
| **RESULTADO OPERACIONAL** | **680.668,63** |
| **RESULTADO ANTES DO IR E CSLL** | **680.668,63** |
| **LUCRO LÍQUIDO DO EXERCÍCIO** | **680.668,63** |

MAQUERLI OLIVEIRA HEMP:66459796068
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SOCIO ADMINISTRADOR
CPF: 664.597.960-68

FERNANDO SERGIO MANELLI:03789533971
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FERNANDO SERGIO MANELLI
Técnico em Contabilidade
Reg. no CRC - PR sob o No. PR051675/O2
CPF: 037.895.339-71

## BALANCE SHEET

| Code | Account Code | Description | Current Balance |
|---|---|---|---|
| **1** | **1** | **ASSET** | **4.141.714,47D** |
| **2** | **1.1** | **CURRENT ASSETS** | **2.321.323,11D** |
| **3** | **1.1.1** | **CASH AND CASH EQUIVALENTS** | **881.554,89D** |
| **4** | **1.1.1.01** | **CASH** | **120.202,52D** |
| 5 | 1.1.1.01.001 | CASH ON HAND | 120.202,52D |
| **7** | **1.1.1.02** | **CHECKING ACCOUNTS** | **3.863,50D** |
| 664 | 1.1.1.02.004 | BANCO SICREDI BRANCH 0730 CHECKING ACCOUNT 84635-4 | 1,00D |
| 686 | 1.1.1.02.005 | BANCO INTER BRANCH 0001-9 CHECKING ACCOUNT 47764897-5 | 3.862,50D |
| **10** | **1.1.1.03** | **SHORT-TERM INVESTMENTS** | **757.488,87D** |
| 11 | 1.1.1.03.001 | SICRED FUNDS INVESTMENT | 441.695,58D |
| 649 | 1.1.1.03.002 | AUT MAIS ITAU INVESTMENT | 119.794,45D |
| 676 | 1.1.1.03.002 | SICREDI AUTOMATIC INVESTMENT | 195.998,84D |
| **18** | **1.1.3** | **OTHER RECEIVABLES** | **451.712,46D** |
| **24** | **1.1.3.06** | **EMPLOYEE ADVANCES** | **8.697,53D** |
| 608 | 1.1.3.06.003 | VACATION PAY ADVANCES | 8.697,53D |
| **27** | **1.1.3.07** | **ADVANCES TO PARTNERS** | **414.463,02D** |
| 615 | 1.1.3.07.001 | ADVANCES TO PARTNERS | 401.129,66D |
| 637 | 1.1.3.07.002 | EMPLOYEE LOANS RECEIVABLE | 13.333,36D |
| **28** | **1.1.3.08** | **DEFERRED TAX ASSETS** | **28.551,91D** |
| 31 | 1.1.3.08.003 | IRRF TAX CREDITS RECOVERABLE | 9.586,79D |
| 38 | 1.1.3.08.010 | INSS TAX CREDITS RECOVERABLE | 1.713,22D |
| 39 | 1.1.3.08.011 | SIMPLES TAX CREDITS RECOVERABLE | 17.251,90D |
| **53** | **1.1.5** | **INVENTORY** | **988.055,76D** |
| **54** | **1.1.5.01** | **GOODS, PRODUCTS AND SUPPLIES** | **988.055,76D** |
| 55 | 1.1.5.01.001 | FINISHED GOODS | 988.055,76D |
| 59 | 1.1.5.01.005 | THIRD-PARTY INVENTORY | 15.172.349,82D |
| 617 | 1.1.5.01.006 | THIRD-PARTY INVENTORY | 15.172.349,82C |
| **501** | **1.2** | **NON-CURRENT ASSETS** | **1.820.391,36D** |
| **76** | **1.2.2** | **OTHER RECEIVABLES** | **132.298,19D** |
| **79** | **1.2.2.03** | **INVESTMENTS IN PARENT, SUBSIDIARIES AND ASSOCIATES** | **132.298,19D** |
| 679 | 1.2.2.03.001 | SPERLING BRANCH | 132.298,19D |
| **111** | **1.2.4** | **PROPERTY, PLANT, AND EQUIPMENT** | **1.688.093,17D** |
| **112** | **1.2.4.01** | **REAL ESTATE** | **1.760.000,00D** |
| 113 | 1.2.4.01.001 | HERA BOTÂNICA BUILDING APARTMENT | 1.120.000,00D |
| 655 | 1.2.4.01.004 | COMMERCIAL OFFICE UNITS | 640.000,00D |
| **116** | **1.2.4.02** | **FURNITURE AND FIXTURES** | **3.308,29D** |
| 117 | 1.2.4.02.001 | FURNITURE AND FIXTURES | 3.308,29D |
| **118** | **1.2.4.03** | **MACHINERY, EQUIPMENT AND TOOLS** | **50.000,00D** |
| 119 | 1.2.4.03.001 | MACHINERY AND EQUIPMENT | 50.000,00D |
| **120** | **1.2.4.04** | **VEHICLES** | **25.642,00D** |
| 121 | 1.2.4.04.001 | VEHICLES | 25.642,00D |
| **122** | **1.2.4.05** | **COMPUTERS AND PERIPHERALS** | **4.316,53D** |
| 652 | 1.2.4.05.001 | COMPUTERS AND PERIPHERALS | 4.316,53D |
| **125** | **1.2.4.07** | **(-) ACCUMULATED DEPRECIATION, DEPLETION, AND AMORTIZATION** | **155.173,65C** |
| 127 | 1.2.4.07.002 | (-) DEPRECIATION OF FURNITURE AND FIXTURES | 1.422,44C |
| 128 | 1.2.4.07.003 | (-) DEPRECIATION OF MACHINERY, EQUIPMENT AND TOOLS | 7.339,59C |
| 129 | 1.2.4.07.004 | (-) DEPRECIATION OF VEHICLES | 25.000,00C |
| 130 | 1.2.4.07.005 | (-) DEPRECIATION OF REAL ESTATE | 117.840,72C |
| 653 | 1.2.4.07.007 | (-) DEPRECIATION OF COMPUTERS AND PERIPHERALS | 3.570,90C |
| **149** | **2** | **LIABILITIES** | **4.141.714,47C** |
| **150** | **2.1** | **CURRENT LIABILITIES** | **939.582,78C** |
| **164** | **2.1.3** | **ACCOUNTS PAYABLE** | **25.608,79C** |
| **165** | **2.1.3.01** | **VENDORS** | **25.608,79C** |
| 506 | 2.1.3.01.001 | VENDORS | 25.608,79C |
| **169** | **2.1.4** | **OBRIGAÇÕES TRIBUTÁRIAS** | **30.386,25C** |
| **170** | **2.1.4.01** | **TAXES AND CONTRIBUTIONS PAYABLE** | **30.386,25C** |
| 178 | 2.1.4.01.008 | IRRF TAX PAYABLE | 3.747,85C |

## BALANCE SHEET

| Code | Account Code | Description | Current Balance |
|---|---|---|---|
| 479 | 2.1.4.01.015 | SIMPLES NACIONAL TAX PAYABLE | 26.638,40C |
| **185** | **2.1.5** | **LABOR AND SOCIAL SECURITY LIABILITIES** | **41.567,44C** |
| **186** | **2.1.5.01** | **PERSONNEL OBLIGATIONS** | **14.392,07C** |
| 187 | 2.1.5.01.001 | SALARIES AND WAGES PAYABLE | 8.067,27C |
| 188 | 2.1.5.01.002 | MANAGEMENT FEES PAYABLE | 6.324,80C |
| **190** | **2.1.5.02** | **SOCIAL SECURITY LIABILITIES** | **5.593,08C** |
| 191 | 2.1.5.02.001 | INSS PAYABBLE | 3.021,99C |
| 192 | 2.1.5.02.002 | FGTS PAYABBLE | 2.571,09C |
| **193** | **2.1.5.03** | **ACCRUED LIABILITIES** | **21.582,29C** |
| 194 | 2.1.5.03.001 | ACCRUED VACATION PAY | 21.582,29C |
| **200** | **2.1.6** | **OTHER LIABILITIES** | **842.020,30C** |
| **201** | **2.1.6.01** | **CUSTOMER ADVANCES** | **842.020,30C** |
| 660 | 2.1.6.01.001 | CUSTOMER ADVANCES | 842.020,30C |
| **503** | **2.2** | **NON-CURRENT LIABILITIES** | **717.633,86C** |
| **217** | **2.2.1** | **LONG-TERM LIABILITIES** | **717.633,86C** |
| **221** | **2.2.1.03** | **LONG-TERM FINANCING** | **717.633,86C** |
| 685 | 2.2.1.03.002 | THE SUNSET EMPREENDIMENTOS IMÓBILIARIOS S/A | 717.633,86C |
| **242** | **2.3** | **STOCKHOLDERS' EQUITY** | **2.484.497,83C** |
| **243** | **2.3.1** | **SHARE CAPITAL** | **1.000.000,00C** |
| **244** | **2.3.1.01** | **SUBSCRIBED SHARED CAPITAL** | **1.000.000,00C** |
| 245 | 2.3.1.01.001 | SHARE CAPITAL | 1.000.000,00C |
| **264** | **2.3.5** | **RETAINED EARNINGS (ACCUMULATED LOSSES)** | **1.484.497,83C** |
| **265** | **2.3.5.01** | **RETAINED EARNINGS (ACCUMULATED LOSSES)** | **1.484.497,83C** |
| 266 | 2.3.5.01.001 | RETAINED EARNINGS | 1.483.709,12C |
| 624 | 2.3.5.01.006 | PRIOR PERIOD ADJUSTMENTS | 788,71C |

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MAQUERLI OLIVEIRA HEMP
MANAGING PARTNER
CPF: 664.597.960-68

FERNANDO SERGIO MANELLI:03789533971 Digitally signed by FERNANDO SERGIO MANELLI:03789533971 DN: C=BR, O=ICP-Brasil, OU=AC SOLUTI Multipla v5, OU=Renovacao Eletronica, OU=Certificado Digital, OU=Certificado PF A1, CN=FERNANDO SERGIO MANELLI:03789533971 Razão: Eu sou o autor deste documento Location: Date: 2026.07.21 09:34:25-03'00' Foxit PDF Reader Versão: 2025.2.0

FERNANDO SERGIO MANELLI
Accounting Technician
Reg. with no CRC - PR under No. PR051675/O2

Glossary:
INSS - Social Security
SIMPLES NACIONAL – Brazilian Tax Regime
IRRF – Withholding Income Tax
ICMS - Brazilian state-level tax on the movement of goods and services
FGTS - Length-of-Service Guarantee Fund
CRC – Regional Accounting Counsil

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

**Date: August 26, 2026.**

## PROFIT AND LOSS STATEMENT ON 12/31/2025

| Description | Current Balance |
|---|---|
| **GROSS REVENUE** | **2.046.872,56** |
| SALES OF GOODS | 396.400,00 |
| BONUSES, DONATIONS AND PROMOTIONAL GIFTS | 4.815,00 |
| SERVICES RENDERED | 698.925,00 |
| RENTAL SERVICES REVENUE | 946.732,56 |
| | |
| **DEDUCTIONS FROM GROSS REVENUE** | **(229.522,47)** |
| (-) SIMPLES NACIONAL | (229.522,47) |
| | |
| **NET REVENUE** | **1.817.350,09** |
| | |
| COST OF SERVICES RENDERED | |
| | |
| **GROSS PROFIT** | **1.817.350,09** |
| | |
| | |
| **OPERATING EXPANSES** | **(1.565.528,35)** |
| | |
| | |
| **GENERAL AND ADMINISTRATIVE EXPENSES** | **(1.565.528,35)** |
| INTEREST INCOME ON INVESTMENTS | 71.945,32 |
| FINANCIAL DISCOUNTS RECEIVED | 0,08 |
| LODGING | (1.873,51) |
| AIRFARE | (6.149,53) |
| MAINTENANCE AND REPAIRS | (139,95) |
| OTHER CASH INCOME - NON-INVENTORY | (45.500,00) |
| THIRD-PARTY SERVICES | (79.039,18) |
| SALARIES AND WAGES | (226.088,93) |
| MANAGEMENT FEE | (91.560,00) |
| 13TH SALARY | (21.737,24) |
| VACATION PAY | (28.264,93) |
| INSS (Social Security) | (200,32) |
| FGTS (Length-of-Service Guarantee Fund) | (22.791,04) |
| HEALTH AND WELFARE BENEFITS | (4.481,34) |
| TRANSPORTATION ALLOWANCE | (4.120,52) |
| MEAL ALLOWANCE | (99.543,60) |
| OCCUPATIONAL HEALTH SERVICES | (820,71) |
| FUEL ALLOWANCE | (6.608,00) |
| REIMBURSEMENT | (5.192,70) |
| IPTU (URBAN PROPERTY TAX) | (4.342,50) |
| IPVA (VEHICLE PROPERTY TAX) | (4.884,09) |
| OTHER FEES AND TAXES | (1.682,72) |
| TRAFFIC FINES | (104,13) |
| ELECTRICITY | (2.837,79) |
| WATER AND SEWAGE | (1.112,72) |
| TELEFONE E INTERNET | (3.423,79) |
| INSURANCE | (4.474,99) |
| OFFICE SUPPLIES | (3.264,65) |
| ACCOUNTING SERVICES | (16.617,50) |
| THIRD-PARTY SERVICES | (187.341,06) |
| DEPRECIATION AND AMORTIZATION | (73.819,04) |
| FUEL | (14.840,30) |
| UNIFORMS | (106,78) |
| VEHICLES MAINTENANCE | (2.675,02) |
| BREAKROOM AND KITCHEN EXPENSES | (7.684,38) |
| CONSUMABLE SUPPLIES | (5.550,05) |
| NOTARY AND REGISTRY FEES | (44,83) |
| MAINTENANCE AND REPAIRS | (2.170,00) |
| CARD PROCESSING FEES | (80.470,87) |
| DONATIONS | (21.700,00) |
| ASSOCIAÇÕES E CLASSES | (1.151,08) |
| CONDOMINIUM FEES | (14.184,06) |
| TOLL EXPENSES | (202,69) |
| REIMBURSEMENT | (653,32) |
| PARKING | (3.756,00) |
| OTHER EXPENSES | (892,40) |
| CLEANING SERVICES | (720,00) |
| ADVERTISING AND MARKETING | (1.961,60) |
| UBER | (107,72) |
| SHIPPING AND FREIGHT | (76.901,08) |

## PROFIT AND LOSS STATEMENT ON 12/31/2025

| Description | Current Balance |
|---|---|
| **GENERAL AND ADMINISTRATIVE EXPENSES** | **(1.565.528,35)** |
| SOFTWARE AND SYSTEM | (3.871,33) |
| PROMOTIONAL GIFTS | (2.117,20) |
| VEHICLE EXPENSES | (4.024,20) |
| EVENTS | (6.641,63) |
| EQUIPMENT AND MACHINERY | (320.544,56) |
| INTEREST EXPENSE | (2.157,23) |
| INVOICE PROCESSING EXPENSES | (109.971,63) |
| IOF (FINANCIAL TRANSACTION TAX) | (329,44) |
| BANKING FEES | (4.027,87) |
| **OPERATING INCOME** | **251.821,74** |
| **INCOME BEFORE IR (Income Tax) AND CSLL (Social Contribution on Net Income) TAXES** | **251.821,74** |
| **NET INCOME FOR THE PERIOD** | **(7.285,26)** |
| HEALTH AND WELFARE BENEFITS | (5.661,66) |
| TRAVEL EXPENSES | (843,58) |
| TELEPHONE | (363,19) |
| INSURANCE | (416,83) |
| **NET INCOME FOR THE PERIOD** | **244.536,48** |

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MAQUERLI OLIVEIRA HEMP
MANAGING PARTNER
CPF: 664.597.960-68

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FERNANDO SERGIO MANELLI
Accounting Technician
Reg. with no CRC - PR under No. PR051675/O2
CPF: 037.895.339-71

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 26, 2026.**

## DEMONSTRAÇÃO DO RESULTADO DO EXERCÍCIO EM 31/12/2025

| Descrição | Saldo Atual |
|---|---|
| **RECEITA BRUTA** | **2.046.872,56** |
| VENDA DE MERCADORIAS | 396.400,00 |
| BONIFICAÇÃO, DOAÇÃO OU BRINDE | 4.815,00 |
| SERVIÇOS PRESTADOS | 698.925,00 |
| SERVIÇOS DE LOCAÇÃO | 946.732,56 |
| | |
| **DEDUÇÕES DA RECEITA BRUTA** | **(229.522,47)** |
| (-) SIMPLES NACIONAL | (229.522,47) |
| | |
| **RECEITA LIQUIDA** | **1.817.350,09** |
| | |
| CUSTOS DOS SERVIÇOS PRESTADOS | |
| | |
| **LUCRO BRUTO** | **1.817.350,09** |
| | |
| | |
| **DESPESAS OPERACIONAIS** | **(1.565.528,35)** |
| | |
| | |
| **DESPESAS ADMINISTRATIVAS** | **(1.565.528,35)** |
| JUROS DE APLICAÇÕES | 71.945,32 |
| DESCONTOS FINANCEIROS OBTIDOS | 0,08 |
| HOSPEDAGEM | (1.873,51) |
| PASSAGEM AEREA | (6.149,53) |
| MANUTENÇÃO E REPARO | (139,95) |
| OUTRAS ENTRADAS FORA EST - A VISTA | (45.500,00) |
| SERVIÇOS PRESTADOS POR TERCEIROS | (79.039,18) |
| SALÁRIOS E ORDENADOS | (226.088,93) |
| PRÓ-LABORE | (91.560,00) |
| 13º SALÁRIO | (21.737,24) |
| FÉRIAS | (28.264,93) |
| INSS | (200,32) |
| FGTS | (22.791,04) |
| ASSISTÊNCIA MÉDICA E SOCIAL | (4.481,34) |
| VALE TRANSPORTE | (4.120,52) |
| DESPESAS COM ALIMENTAÇÃO | (99.543,60) |
| MEDICINA DO TRABALHO | (820,71) |
| VALE COMBUSTIVEL | (6.608,00) |
| REEMBOLSO | (5.192,70) |
| IPTU | (4.342,50) |
| IPVA | (4.884,09) |
| TAXAS DIVERSAS | (1.682,72) |
| MULTA DE TRANSITO | (104,13) |
| ENERGIA ELÉTRICA | (2.837,79) |
| ÁGUA E ESGOTO | (1.112,72) |
| TELEFONE E INTERNET | (3.423,79) |
| SEGUROS | (4.474,99) |
| MATERIAL DE ESCRITÓRIO | (3.264,65) |
| ASSISTÊNCIA CONTÁBIL | (16.617,50) |
| SERVIÇOS PRESTADOS POR TERCEIROS | (187.341,06) |
| DEPRECIAÇÕES E AMORTIZAÇÕES | (73.819,04) |
| COMBUSTIVEL | (14.840,30) |
| UNIFORMES | (106,78) |
| MANUTENÇÃO DE VEICULOS | (2.675,02) |
| DESPESAS COPA, LANCHE E COZINHA | (7.684,38) |
| MATERIAL DE USO E CONSUMO | (5.550,05) |
| DESPESA COM CARTORIO | (44,83) |
| MANUTENÇÃO E REPAROS | (2.170,00) |
| DESPESA CARTAO | (80.470,87) |
| DOAÇÕES | (21.700,00) |
| ASSOCIAÇÕES E CLASSES | (1.151,08) |
| CONDOMINIO | (14.184,06) |
| DESPESAS COM PEDÁGIO | (202,69) |
| REEMBOLSO | (653,32) |
| ESTACIONAMENTO | (3.756,00) |
| DESPESAS DIVERSAS | (892,40) |
| SERVIÇO DE LIMPEZA | (720,00) |
| PUBLICIDADE E PROPAGANDA | (1.961,60) |
| UBER | (107,72) |
| DESPESA REMESSA E FRETES | (76.901,08) |

## DEMONSTRAÇÃO DO RESULTADO DO EXERCÍCIO EM 31/12/2025

| Descrição | Saldo Atual |
|---|---|
| **DESPESAS ADMINISTRATIVAS** | **(1.565.528,35)** |
| SOFTWARE E SISTEMA | (3.871,33) |
| BRINDES | (2.117,20) |
| DESPESAS COM VEICULOS | (4.024,20) |
| EVENTOS | (6.641,63) |
| EQUIPAMENTOS E MAQUINAS | (320.544,56) |
| JUROS PASSIVOS | (2.157,23) |
| DESPESAS COM INVOICES | (109.971,63) |
| IOF | (329,44) |
| TARIFAS BANCÁRIAS | (4.027,87) |
| | |
| **RESULTADO OPERACIONAL** | **251.821,74** |
| | |
| | |
| **RESULTADO ANTES DO IR E CSLL** | **251.821,74** |
| | |
| | |
| **RESULTADO DO EXECICIO** | **(7.285,26)** |
| ASSISTÊNCIA MÉDICA E SOCIAL | (5.661,66) |
| VIAGENS | (843,58) |
| TELEFONE | (363,19) |
| SEGUROS | (416,83) |
| | |
| **LUCRO LÍQUIDO DO EXERCÍCIO** | **244.536,48** |

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MAQUERLI OLIVEIRA HEMP
SOCIO ADMINISTRADOR
CPF: 664.597.960-68

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FERNANDO SERGIO MANELLI
Técnico em Contabilidade
Reg. no CRC - PR sob o No. PR051675/O2
CPF: 037.895.339-71

# COMPLIANCE MEMORANDUM

## I. Purpose

This memorandum defines the compliance boundaries of the Beneficiary's employment with Sperling Medical USA LLC (the "Petitioner"). It is submitted as **Exhibit** 24 to confirm that the proposed position is non-clinical and advisory, does not require U.S. professional licensure, and falls within the scope of activities permitted under O-1A nonimmigrant classification.

The Beneficiary, the Petitioner, and the Sole Member's Authorized Representatives acknowledge the limits described below and agree to observe them throughout the period of authorized employment.

## II. Position and Reporting

**Title:** Chief Medical Officer and Director of Clinical and Regulatory Sciences.

**Employer:** Sperling Medical USA LLC, a Florida limited liability company (EIN 42-3672109). The Petitioner is the sole employer; the Beneficiary is a W-2 salaried employee.

**Supervision:** The Beneficiary reports to, and is supervised by, the Sole Member's Authorized Representatives, Assis Sperling Hemp and Maquerli Oliveira Hemp, who individually hold full authority to direct, reassign, discipline, and terminate his employment.

**Place of performance:** Petitioner's U.S. place of business, State of Florida. Single work location throughout.

## III. Permitted Activities

The Beneficiary's role is limited to the following categories of non-clinical, advisory, and scientific activities:

- Scientific evidence review, technology assessment, and clinical-evaluation report preparation for medical devices, including the Petitioner's SanAgile ultrasonic surgical instrument line.
- FDA regulatory-pathway analysis, device classification, predicate-device identification, 510(k) documentation preparation, and liaison with regulatory consultants.
- Advisory services to institutional counterparties under the Letters of Intent (Exhibit 10), including care-pathway assessment, outcomes-measurement methodology, health-data governance, and chronic-disease program design.
- Scientific education content development and delivery: research-methodology curriculum, evidence updates, scientific briefings, and educational modules for clinical and institutional stakeholders.
- Preparation of scientific reports, manuscripts, technology-assessment memoranda, and regulatory documentation.
- Evidence surveillance in digestive, bariatric, and metabolic surgery, including appraisal of literature, techniques, and technologies relevant to the Petitioner's advisory engagements and regulatory program.
- Quarterly written scientific reports to the Sole Member's Authorized Representatives.

## IV. Excluded Activities

The Beneficiary will **not** perform any of the following activities at any time during the authorized employment period:

### A. Clinical practice of medicine

- Diagnosis, treatment, or management of patients.
- Prescribing, dispensing, or administering medication or controlled substances.
- Performing surgical or invasive procedures.
- Any activity requiring licensure as a physician under U.S. federal or state law.

The Beneficiary holds an M.D. and Ph.D. from Brazilian institutions. He does not hold, and will not seek, a U.S. medical license for the purpose of this employment. His role applies his scientific expertise in an advisory and regulatory capacity, not a clinical one.

### B. Practice of law

- Providing legal advice, representation, or counsel.
- Drafting legal instruments or appearing before courts or regulatory tribunals in a legal capacity.

The Beneficiary holds a J.D. (bacharel em direito) from a Brazilian institution. He does not hold, and will not seek, admission to any U.S. bar. His legal training informs his regulatory analysis but does not constitute the practice of law.

### C. Commercial activities

- Procurement, purchasing, or negotiation of commercial terms with suppliers or customers.
- Sales, solicitation of purchase orders, or revenue-generating commercial intermediation.
- Import, export, customs brokerage, or distribution of physical goods.
- Handling, warehousing, or shipping of regulated medical device inventory.

All commercial, procurement, import/export, and distribution activities are performed exclusively by the Sole Member (Sperling Comércio e Serviços Ltda) or its authorized commercial personnel, not by the Beneficiary.

### D. Governance and financial control

- Exercise of governance authority, voting rights, or management control over the Petitioner.
- Signing authority over the Petitioner's bank accounts, contracts, or corporate obligations (except as expressly authorized for scientific deliverables within the scope of employment).

The Beneficiary holds no membership interest, equity, or economic ownership in the Petitioner. The Sole Member retains exclusive governance and financial control.



## V. Anti-Kickback and Referral Compliance

The advisory services provided by the Beneficiary to institutional counterparties under the Letters of Intent are scientific and educational in nature. They do not involve:

- Referral of patients, cases, or procedures to or from any counterparty.
- Payment or receipt of remuneration in exchange for referrals of items or services reimbursable by any federal healthcare program.
- Any arrangement that conditions compensation on the volume or value of referrals.

The Beneficiary is compensated exclusively by the Petitioner through a fixed W-2 salary. No portion of his compensation is derived from, or contingent upon, referrals, device sales, procedure volumes, or commercial outcomes of any counterparty engagement.

## VI. Relationship to the Petition

This memorandum is consistent with and supplements the Employment Agreement (Exhibit 8), the Job Description (Exhibit 9), the Business Plan (Exhibit 9), and the Three-Year Itinerary (Exhibit 11). In the event of any conflict between this memorandum and those documents, the more restrictive provision governs.

The Beneficiary acknowledges that any material departure from the scope described in this memorandum may constitute a violation of the terms and conditions of his O-1A classification and may result in termination of employment.

## VII. Acknowledgment

The undersigned acknowledge the compliance boundaries set forth in this memorandum and agree to observe them throughout the period of authorized employment.

**Assis Sperling Hemp**
Authorized Representative of the Sole Member
For Sperling Medical USA LLC, Petitioner

Date: July 27, 2026

**Maquerli Oliveira Hemp**
Authorized Representative of the Sole Member
For Sperling Medical USA LLC, Petitioner

Date: July 27, 2026

**Dr. Yglésio Luciano Moyses Silva de Souza**
Beneficiary

Date: July 27, 2026

Authentisign ID: F50604AF-9D82-F111-B337-000D3A1E5FED

SPERLING MEDICAL USA

# EMPLOYMENT AGREEMENT

## Chief Medical Officer and Director of Clinical and Regulatory Sciences

Sperling Medical USA LLC | Florida | Non-Clinical Advisory Role

| | |
|---|---|
| **Employer** | Sperling Medical USA LLC, a Florida limited liability company (the "Company") |
| **Member / Owner** | Sperling Comércio e Serviços Ltda (CNPJ 27.425.946/0001-56), sole member |
| **Employee** | Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. ("Employee" or "CMO") |
| **Position** | Chief Medical Officer and Director of Clinical and Regulatory Sciences |
| **Effective Date** | The later of February 1, 2027, or Employee's lawful admission to the United States in O-1 status with authorization to commence the petitioned employment |
| **Base Salary** | USD $120,000 per annum, payable bi-weekly as W-2 wages |
| **Work Location** | State of Florida, United States, during the periods set out in the Three-Year Itinerary (non-clinical advisory role) |

## RECITALS

WHEREAS, the Company is a Florida limited liability company wholly owned by Sperling Comércio e Serviços Ltda, a Brazilian medical device company engaged in the importation, distribution, maintenance, and technical analysis of medical and surgical equipment, including ultrasonic surgical instruments, dissectors, transducers, and energy controllers;

WHEREAS, the Company requires the services of a Chief Medical Officer with expertise in digestive, metabolic, and bariatric surgery, clinical technology assessment, and FDA regulatory science to lead the Company's clinical evaluation program and support its U.S. market development through evidence-based scientific engagement;

WHEREAS, Employee is a physician-scientist with documented expertise in metabolic and digestive surgery, translational surgical research, and clinical technology assessment, and is uniquely qualified to serve as the Company's Chief Medical Officer;

WHEREAS, Employee's employment is contingent upon the grant of O-1A classification by U.S. Citizenship and Immigration Services and upon Employee's lawful admission to the United States in O-1 status with authorization to commence the petitioned employment;

NOW, THEREFORE, in consideration of the mutual covenants herein, the parties agree as follows:

## 1. EMPLOYMENT AND POSITION

### 1.1 Employment

The Company hereby employs Employee, and Employee hereby accepts employment with the Company, as Chief Medical Officer and Director of Clinical and Regulatory Sciences, subject to the terms and conditions of this Agreement. This Agreement shall become effective on the later of (a) February 1, 2027, or (b) the date on which Employee is lawfully admitted to the United States in O-1 status and authorized to commence the petitioned employment (the "Effective Date"), and shall remain in effect through January 31, 2030, unless earlier terminated in accordance with Sections 4.2 and 7. In no event shall this Agreement authorize employment beyond the period

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authorized by USCIS, presently requested from February 1, 2027 through January 31, 2030, or beyond any extension of that period approved by USCIS.

### 1.2 Reporting Structure

Employee shall report directly to the Member, acting through its duly authorized representatives, Assis Sperling Hemp and Maquerli Oliveira Hemp, or such other representative as the Member may designate in writing. Employee shall have no authority to override, modify, or circumvent the direction of the Member on any matter relating to Employee's employment, compensation, duties, or performance.

### 1.3 Duties and Responsibilities

Employee shall serve as the Company's Chief Medical Officer and Director of Clinical and Regulatory Sciences, with the following principal duties and responsibilities:

- Lead the clinical and scientific evaluation of the Company's medical device portfolio — including ultrasonic surgical instruments, dissectors, transducers, and energy controllers — to support FDA 510(k) pre-market notification submissions and regulatory compliance;
- Direct the Company's FDA regulatory science strategy, including identification of predicate devices, preparation of clinical evaluation reports, technical files, and scientific evidence summaries for FDA submissions, and liaison with FDA reviewers and regulatory consultants;
- Provide evidence-based clinical and technology assessment of surgical and medical technologies, care models, and clinical methods in general, digestive, bariatric, and metabolic surgery, producing scientific opinions, evidence reviews, risk-benefit analyses, and technology-assessment memoranda for the Company and its clients;
- Develop the Company's clinical relationships with U.S. hospitals, surgical centers, and other institutional counterparties, providing evidence-based assessments of device performance and clinical outcomes data — exclusively in a non-commercial, scientific advisory capacity;
- Advise on chronic and metabolic disease care pathways, clinical outcomes, protocol design, research strategy, and scientific review for hospitals, medical institutes, and health-related organizations;
- Prepare and deliver scientific briefings, educational materials, lectures, and training content for clinical teams, institutional stakeholders, and advisory clients; and
- Such other duties as the Member may assign from time to time, consistent with Employee's expertise and the Company's business purpose.

### 1.4 Duties Structured by Deliverables; Outside Activities

Employee's duties are structured and measured by the scientific deliverables set out in the Three-Year Itinerary and in work plans approved by the Member. Employee shall devote the professional time and attention necessary to perform his duties and to produce each deliverable completely, competently, and on schedule. Subject to that obligation, Employee may maintain other lawful activities outside the United States, provided that such activities (a) do not materially conflict with the timely performance of Employee's duties and deliverables under this Agreement; (b) do not compete with the Company within the meaning of Section 6.1; and (c) do not involve, in connection with Employee's employment by the Company, any activity prohibited by Section 4.1. Prior written consent of the Member is required only for outside activities that would materially conflict with Employee's obligations to the Company or compete with its business.

### 1.5 Place of Performance

All services under this Agreement shall be performed in the United States during the periods contemplated by the Three-Year Itinerary and the work plans approved by the Member. Employee shall not perform any duties requiring

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U.S. medical licensure, shall not practice clinical medicine, diagnose or treat patients, prescribe medication, or perform surgery or procedures. The role is exclusively non-clinical, scientific, regulatory, and advisory.

## 2. COMPENSATION

### 2.1 Base Salary

The Company shall pay Employee a base salary of USD $120,000 per annum (USD $10,000 per month equivalent), payable bi-weekly in equal installments in accordance with the Company's payroll schedule. All salary payments shall be made as W-2 wages, subject to applicable federal and state tax withholding and FICA contributions as required by law. Base salary is paid for the position and the deliverables described in this Agreement and the Three-Year Itinerary, and is not contingent on a minimum number of hours worked in any week. The Company's tax classification, payroll treatment, withholding procedures, and wage-reporting obligations shall be implemented in coordination with the Company's Certified Public Accountant before wages are first paid or accrued.

### 2.2 Performance Bonus

Employee shall be eligible to receive an annual discretionary performance bonus of up to USD $30,000, based on the Company's revenue performance and Employee's achievement of mutually agreed annual objectives. The determination of whether to pay any bonus and the amount thereof shall be made exclusively by the Member in its sole discretion. No bonus shall be deemed earned until formally awarded by written resolution of the Member.

### 2.3 Salary Review

The Member shall review Employee's base salary annually, beginning on the first anniversary of the Effective Date. Any salary adjustment shall require written approval by the Member.

### 2.4 Benefits

Employee shall be entitled to participate in such employee benefit plans as the Company may establish for its employees from time to time, subject to the eligibility requirements and terms of such plans. The Company shall comply with all applicable federal and state requirements regarding employee benefits.

### 2.5 Business Expenses

The Company shall reimburse Employee for reasonable and documented business expenses incurred in the performance of his duties, subject to the Company's expense reimbursement policy and prior approval by the Member for any single expense exceeding USD $500.

## 3. EMPLOYER CONTROL AND SUPERVISION

### 3.1 Right of Control

The Member, as the Company's sole member and management authority, retains at all times the exclusive right to: (a) hire and terminate Employee; (b) define, modify, and direct Employee's duties and responsibilities; (c) set, review, and adjust Employee's compensation; (d) evaluate Employee's performance; (e) discipline Employee for unsatisfactory performance or conduct; and (f) control the manner, means, and output of Employee's work.

### 3.2 Performance Standards and Deliverables

Employee shall produce regular written deliverables, including clinical evaluation reports, FDA regulatory submissions, scientific assessments, advisory memoranda, and progress reports, on a schedule to be agreed with the Member. The Member shall review and approve all major deliverables before submission to clients, counterparties, or regulatory authorities.

### 3.3 Annual Performance Review

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The Member shall conduct a formal annual performance review of Employee's work, no later than thirty (30) days following each anniversary of the Effective Date. The review shall assess Employee's performance against defined objectives and shall inform the Member's decisions on salary adjustment and bonus eligibility.

### 3.4 No Self-Direction

Employee acknowledges that he is not self-employed and that the Company, acting through the Member, retains the right to direct and control Employee's work. Employee shall not unilaterally determine the scope of his own duties, set his own compensation, or act on behalf of the Company in any manner not expressly authorized by the Member.

## 4. COMPLIANCE LIMITATIONS

### 4.1 Prohibited Activities

Employee shall not, under any circumstances, engage in the following activities in connection with his employment:

- Clinical practice of medicine requiring U.S. licensure, including diagnosis or treatment of patients, prescribing medication, or performing surgery or procedures;
- Practice of law in the United States;
- Procurement, brokerage, sales, or commercial intermediation of medical devices or any other products;
- Storage, handling, or distribution of medical device inventory;
- Real estate activity or any activity unrelated to the Company's stated business purpose; and
- Any activity that would violate Employee's O-1A work authorization status or applicable immigration law.

The prohibitions in this Section 4.1 apply to activities undertaken in connection with Employee's employment by the Company and the Company's business. They do not restrict Employee's independent lawful activities outside the United States that comply with Section 1.4 and that are not performed for, or attributed to, the Company.

### 4.2 Immigration Compliance

Employee's employment is contingent upon maintenance of valid O-1A nonimmigrant work authorization. Employee shall promptly notify the Member of any change in his immigration status. The Company shall maintain valid O-1A or other applicable employer obligations and shall timely file any required petitions or notifications with USCIS. If Employee's work authorization expires or is revoked and cannot be renewed or replaced within sixty (60) days, the Company may terminate this Agreement without liability.

## 5. CONFIDENTIALITY AND INTELLECTUAL PROPERTY

### 5.1 Confidential Information

Employee shall maintain in strict confidence all Confidential Information of the Company and its clients. "Confidential Information" means all non-public information relating to the Company's business, clients, regulatory strategy, scientific evaluations, and proprietary methods. Employee's obligation of confidentiality shall survive termination of this Agreement indefinitely.

### 5.2 Work Product

All work product, deliverables, reports, evaluations, and other materials created by Employee in the performance of his duties shall be the exclusive property of the Company. Employee hereby assigns to the Company all right, title, and interest in such work product, including any intellectual property rights therein.

## 6. RESTRICTIVE COVENANTS

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### 6.1 Non-Competition

During the term of this Agreement and for a period of twelve (12) months following termination, Employee shall not, without prior written consent of the Member, directly or indirectly engage in, own, manage, operate, or provide services to any business that competes with the Company's medical device regulatory advisory or clinical evaluation business in the United States.

### 6.2 Non-Solicitation

During the term of this Agreement and for twelve (12) months following termination, Employee shall not, directly or indirectly, solicit or attempt to solicit any client, customer, or business partner of the Company for purposes competitive with the Company's business.

## 7. SALARY PAYMENT GUARANTEE

### 7.1 Member Guarantee

In consideration of Employee accepting employment contingent upon O-1A approval, Sperling Comércio e Serviços Ltda, as sole Member of the Company, hereby unconditionally guarantees the payment of Employee's base salary for the first twelve (12) months following the Effective Date (the "Guarantee Period"), regardless of the Company's revenue performance during such period. If the Company fails to pay any installment of base salary within ten (10) business days of the applicable payroll date, Employee may deliver written notice to the Member, and the Member shall cure such failure within five (5) business days of receipt of such notice.

### 7.2 Termination Without Cause — Severance

If the Company terminates Employee's employment without cause prior to the expiration of the initial three-year term, the Company shall pay Employee a severance equal to three (3) months of base salary (USD $30,000), paid in a lump sum within thirty (30) days of termination. This severance obligation is in addition to any unpaid wages accrued through the date of termination.

### 7.3 Termination for Cause — No Severance

Termination for Cause shall include: (a) material breach of this Agreement; (b) willful misconduct or gross negligence; (c) conviction of a felony; (d) material violation of the prohibited activities in Section 4.1; or (e) loss of work authorization not caused by the Company's failure to file required petitions. In the event of termination for Cause, Employee shall not be entitled to severance.

## 8. DISPUTE RESOLUTION

### 8.1 Governing Law

This Agreement shall be governed by and construed in accordance with the laws of the State of Florida, without regard to its conflict of laws principles.

### 8.2 Arbitration

Any dispute, claim, or controversy arising out of or relating to this Agreement or Employee's employment shall be resolved by binding arbitration administered by the American Arbitration Association under its Employment Arbitration Rules. The arbitration shall be conducted in Miami-Dade County, Florida. The decision of the arbitrator shall be final and binding and may be entered as a judgment in any court of competent jurisdiction.

## 9. GENERAL PROVISIONS

### 9.1 Entire Agreement

Authentisign ID: F50604AF-9D82-F111-B337-000D3A1E5FED

This Agreement constitutes the entire agreement between the parties with respect to Employee's employment and supersedes all prior agreements, understandings, and negotiations relating thereto. No amendment to this Agreement shall be valid unless made in writing and signed by both parties and approved by the Member.

### 9.2 Severability

If any provision of this Agreement is held invalid or unenforceable, the remaining provisions shall continue in full force and effect.

### 9.3 No Waiver

No waiver of any breach of this Agreement shall be construed as a waiver of any subsequent breach.

### 9.4 Counterparts

This Agreement may be executed in counterparts. Electronic signatures shall be deemed valid.

*IN WITNESS WHEREOF, the parties have executed this Employment Agreement as of the dates written below.*

**EMPLOYER — SPERLING MEDICAL USA LLC**
acting through its Sole Member, Sperling Comércio e Serviços Ltda:

Authentisign
Assis Sperling Hemp 07/18/26

Name: Assis Sperling Hemp

Title: Managing Partner, Sperling Comércio e Serviços Ltda

Date: ____ / ____ / 2026

Authentisign
Maquerli Oliveira Hemp 07/18/26

Name: Maquerli Oliveira Hemp

Title: Managing Partner, Sperling Comércio e Serviços Ltda

Date: ____ / ____ / 2026

**EMPLOYEE**

Authentisign
Yglesio Luciano Moyses Silva de souza 07/18/26

Name: Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D.

Title: Chief Medical Officer and Director of Clinical and Regulatory Sciences

Date: ____ / ____ / 2026

Authentisign ID: 3AE63EDB-5D83-F111-B337-000D3A1E5FED

# DETAILED JOB DESCRIPTION

## Chief Medical Officer and Director of Clinical and Regulatory Sciences

Sperling Medical USA LLC | Florida | Non-Clinical Advisory Role

| | |
|---|---|
| **Employer** | Sperling Medical USA LLC |
| **Member / Owner** | Sperling Comércio e Serviços Ltda (CNPJ 27.425.946/0001-56) |
| **Employee** | Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. |
| **Position** | Chief Medical Officer and Director of Clinical and Regulatory Sciences |
| **Reports To** | Sole Member, through its Authorized Representatives |
| **Work Location** | State of Florida, United States |
| **Classification** | Non-clinical, scientific, regulatory, and advisory |
| **FLSA Status** | Exempt |

## 1. POSITION SUMMARY

The Chief Medical Officer and Director of Clinical and Regulatory Sciences is a senior non-clinical advisory position within Sperling Medical USA LLC. The role requires a physician-scientist with documented expertise in digestive, metabolic, and bariatric surgery; translational surgical research; and clinical technology assessment. The CMO leads the Company's clinical evaluation program, directs FDA regulatory science strategy for the SanAgile portfolio of ultrasonic surgical instruments, and provides evidence-based scientific advisory services to institutional counterparties.

The position does not involve, and expressly excludes, the clinical practice of medicine, the practice of law, device sales, brokerage, procurement, distribution, or any commercial intermediation. All services are performed in the United States during the periods set out in the Three-Year Itinerary.

## 2. PRINCIPAL DUTIES AND RESPONSIBILITIES

### 2.1 Clinical and Scientific Device Evaluation

- Lead the clinical and scientific evaluation of the Company's medical device portfolio — including ultrasonic surgical instruments, dissectors, transducers, and energy controllers — to support FDA 510(k) pre-market notification submissions and regulatory compliance.
- Design and oversee clinical evaluation protocols, including identification of predicate devices, literature reviews, bench-to-bedside evidence mapping, and comparative performance analysis.
- Prepare clinical evaluation reports, technical files, and scientific evidence summaries for inclusion in FDA submissions.

### 2.2 FDA Regulatory Science Strategy

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- Direct the Company's FDA regulatory science strategy, building on the manufacturer's existing 510(k) clearance (K242894) for the portable controller and dissector system.
- Identify and evaluate predicate devices; prepare scientific rationales for substantial equivalence determinations.
- Liaise with FDA reviewers and external regulatory consultants on clinical and scientific questions arising from pre-market notifications.
- Support 510(k) pre-market notification for product lines not yet cleared, including the ultrasonic scissor line (SASG).

### 2.3 Evidence-Based Clinical and Technology Assessment

- Provide evidence-based clinical and technology assessment of surgical and medical technologies, care models, and clinical methods in general, digestive, bariatric, and metabolic surgery.
- Produce scientific opinions, evidence reviews, risk-benefit analyses, and technology-assessment memoranda for the Company and its advisory clients.
- Evaluate clinical outcomes data and translate findings into actionable scientific recommendations for institutional counterparties.

### 2.4 Institutional Scientific Advisory Services

- Develop the Company's clinical relationships with U.S. hospitals, surgical centers, and other institutional counterparties, providing evidence-based assessments of device performance and clinical outcomes data — exclusively in a non-commercial, scientific advisory capacity.
- Serve as assigned scientific advisor under the Company's Letters of Intent with institutional counterparties, delivering the advisory services contemplated therein.
- Advise on chronic and metabolic disease care pathways, clinical outcomes, protocol design, research strategy, and scientific review for hospitals, medical institutes, and health-related organizations.

### 2.5 Scientific Education and Training

- Prepare and deliver scientific briefings, educational materials, lectures, and training content for clinical teams, institutional stakeholders, and advisory clients.
- Design and deliver continuing medical education content and research methodology instruction in collaboration with institutional partners.

### 2.6 Deliverables and Performance Standards

- Produce regular written deliverables, including clinical evaluation reports, FDA regulatory submissions, scientific assessments, advisory memoranda, and progress reports, on a schedule set by the Three-Year Itinerary and approved by the Member.
- All major deliverables are subject to review and approval by the Member before submission to clients, counterparties, or regulatory authorities.

## 3. REQUIRED QUALIFICATIONS

**Education and Training**

- Medical degree (M.D. or equivalent) from a recognized institution.

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- Doctoral degree (Ph.D.) with dissertation research in experimental medical sciences or a related translational discipline.
- Completion of accredited surgical residency training in general and/or digestive surgery.

**Professional Expertise**

- Documented expertise in digestive, metabolic, and bariatric surgery, including peer-reviewed publications indexed in recognized bibliographic databases.
- Demonstrated experience in clinical technology assessment and evidence-based evaluation of surgical instruments and care models.
- Familiarity with FDA 510(k) pre-market notification requirements and clinical evidence standards for surgical devices.
- Experience in hospital executive leadership or clinical program direction at a high-complexity institution.
- Experience as a medical-residency preceptor in an accredited surgical training program.

**Additional Qualifications**

- Formal legal education (Bachelor of Laws or equivalent) is a complementary qualification supporting regulatory literacy; it is not offered as a separate field of extraordinary ability and does not authorize or require the practice of law in the United States.
- Specialist membership in recognized surgical societies requiring achievement-based admission judged by experts in the field.

## 4. NEXUS BETWEEN QUALIFICATIONS AND DUTIES

Each principal duty is grounded in the CMO's established medical and scientific expertise. The officer's medical and Ph.D. training support clinical-evidence appraisal, research protocol design, and technology assessment. Hospital executive experience supports institutional analysis, care-pathway evaluation, and operational advisory work. Peer-reviewed authorship and peer-review service demonstrate the capacity for independent scientific judgment required by the role. Residency preceptorship experience supports the scientific education function. Legal education provides complementary regulatory literacy for collaboration on the scientific and clinical components of FDA-facing work.

## 5. REPORTING STRUCTURE AND EMPLOYER CONTROL

The CMO reports directly to the Member, acting through its duly authorized representatives, Assis Sperling Hemp and Maquerli Oliveira Hemp. The Member retains the exclusive right to hire and terminate the officer; define, modify, and direct duties and responsibilities; set, review, and adjust compensation; evaluate performance; discipline for unsatisfactory performance or conduct; and control the manner, means, and output of the officer's work. The officer holds no membership interest, equity interest, or ownership stake of any kind in the Company.

## 6. COMPLIANCE LIMITATIONS

The officer shall not, in connection with this employment, engage in: the clinical practice of medicine requiring U.S. licensure; the practice of law in the United States; procurement, brokerage, sales, or commercial intermediation of medical devices; storage, handling, or distribution of device inventory; real estate activity; or any activity that would violate the officer's O-1A work authorization or applicable

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immigration law. These limitations are contractual obligations set forth in the Employment Agreement and are enforceable by the Member.

**EMPLOYER — SPERLING MEDICAL USA LLC**

*acting through its Sole Member, Sperling Comércio e Serviços Ltda:*

Authentisign
Assis Sperling Hemp 07/19/26

Name: Assis Sperling Hemp
Title: Managing Partner, Sperling Comércio e Serviços Ltda
Date: ____ / ____ / 2026

Authentisign
Maquerli Oliveira Hemp 07/19/26

Name: Maquerli Oliveira Hemp
Title: Managing Partner, Sperling Comércio e Serviços Ltda
Date: ____ / ____ / 2026

**EMPLOYEE ACKNOWLEDGMENT**

Authentisign
Yglesio Luciano Moyses Silva de souza 07/19/26

Name: Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D.
Title: Chief Medical Officer and Director of Clinical and Regulatory Sciences
Date: ____ / ____ / 2026

SPERLING MEDICAL USA

# THREE-YEAR ITINERARY AND PROJECT TIMELINE

Form I-129 — O-1A Petition of Sperling Medical USA LLC · Version 34

| | |
|---|---|
| **Date of this itinerary** | August 4, 2026 |
| **Petitioner** | Sperling Medical USA LLC, a Florida limited liability company (EIN 42-3672109) |
| **Beneficiary** | Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. |
| **Classification sought** | O-1A — Individual of Extraordinary Ability in the Sciences |
| **Position** | Chief Medical Officer and Director of Clinical and Regulatory Sciences |
| **Requested validity period** | February 1, 2027 through January 31, 2030 (three years) |
| **Place of performance** | Petitioner's U.S. place of business, State of Florida, during the periods set out in this itinerary |
| **Employment type** | W-2 salaried employee of the Petitioner; duties structured and measured by scientific deliverables under this itinerary |

## I. Purpose and Scope of This Itinerary

This itinerary is submitted in support of the Petitioner's Form I-129 petition to classify Dr. Yglésio Luciano Moyses Silva de Souza as an O-1A nonimmigrant of extraordinary ability in the sciences. It sets out the nature, sequence, and timing of the scientific and advisory services the Beneficiary will perform for the Petitioner during the requested three-year validity period.

The Beneficiary will be employed by a single U.S. petitioner. The petitioned services will be performed in the United States, at the Petitioner's place of business in the State of Florida, during the periods set out in this itinerary. This itinerary is therefore submitted not because the Beneficiary will work in multiple locations, but to document that the proposed employment is concrete, scheduled, and non-speculative; to identify the specific scientific deliverables the Petitioner requires; and to state the periods within which those deliverables will be performed and delivered.

The activities below correspond to, and are consistent with, the operational plan and documented advisory demand set forth in the Business Plan of Sperling Medical USA LLC (Exhibit 9) and the Letters of Intent and advisory engagements (Exhibit 10).

## II. Place and Structure of Performance

The petitioned services will be performed by the Beneficiary in the United States, at the Petitioner's Florida place of business, during the periods set out in this itinerary. The position is structured and measured by defined

scientific deliverables under the Employment Agreement and this itinerary, rather than by a prescribed weekly schedule. Certain advisory counterparties are located outside the United States; that does not alter the place of performance of the petitioned employment: the evidence reviews, technology assessments, outcomes analyses, protocols, regulatory documentation, educational content, and scientific memoranda constituting the petitioned services will be researched, prepared, and delivered in the United States, through and on behalf of the Petitioner. No itinerant or multi-employer work is proposed, and no third-party worksite placement is contemplated.

Between the scheduled periods of U.S. performance, the Beneficiary maintains lawful professional and business activities in Brazil. Those activities are not part of, and are not performed for, the Petitioner; they do not conflict with, and are subordinate to, the timely performance of the deliverables stated in this itinerary.

## III. Requested Validity Period

The Petitioner requests a validity period of three years, from February 1, 2027 through January 31, 2030, corresponding to the maximum initial period available for O-1 classification and to the three-year project cycle described below. The requested start date follows the conclusion of the Beneficiary's current Brazilian legislative term on January 31, 2027, allows for adjudication and consular processing, and aligns with the onboarding sequence described in Year One. The dates requested on Form I-129 correspond to the dates stated in this itinerary.

Month references below are counted from the first day of authorized employment. If lawful commencement occurs after the requested start date, the sequence and duration of the activities may be reasonably compressed or adjusted within the approved validity period; no petitioned employment will occur after January 31, 2030 absent an approved extension.

## IV. Year One — Foundation, Advisory Activation, and FDA Classification

Year One establishes the Petitioner's advisory function, activates the engagements documented in Exhibit 10, and advances the FDA regulatory program for the parent company's device portfolio, building on the 510(k) clearance already obtained by the manufacturer for the dissector system (K242894, June 2025).

| Period | Activity and Scientific Deliverable | Counterparty / Program | Location |
|---|---|---|---|
| Month 1 (Feb 2027) | Onboarding and activation of employment: execution of payroll and wage-reporting setup with the Company's CPA; written acknowledgment of the Compliance Memorandum defining the non-clinical scope of the role; confirmation of scope of work and reporting line to the Member's Authorized Representatives. | Petitioner (internal) | Florida |
| Months 1–2 | Activation of healthcare-system optimization and care-pathway advisory engagement. Deliverables: baseline evidence review; care-pathway assessment memorandum; recommendations report. | HJM DOM PEDRO Gestão e Serviços em Saúde (Exhibit 10) | Florida |
| Months 1–3 | Activation of FDA regulatory quality-systems and clinical-evidence advisory engagement. Deliverables: quality-system gap analysis; clinical-evidence dossier outline; regulatory documentation review. | Infinity Medical International LLC, Miami, FL (Exhibit 10) | Florida |
| Months 2–3 | Activation of surgical-outcomes measurement and health-data governance advisory engagement. Deliverables: outcomes-methodology framework; indicator set and definitions; data-governance protocol. | TCTA MELO / SeeDoctor (Exhibit 10) | Florida |
| Months 3–4 | Activation of chronic-disease and community-health program advisory engagement. Deliverables: program design document; care-model evidence appraisal for underserved populations. | Instituto Transformar (Exhibit 10) | Florida |
| Months 3–6 | Scientific education and research-methodology advisory (voluntary; expense reimbursement only). Deliverables: research-methodology curriculum outline; scientific lectures and educational materials delivered remotely from the United States. | Colégio Brasileiro de Cirurgiões — Capítulo Maranhão (Exhibit 10) | Florida |
| Months 4–9 | FDA regulatory gap analysis for the SanAgile portfolio, taking as its baseline the existing 510(k) clearance K242894 (June 2025) covering the SA10 portable controller and the SASD14, SASD23, SASD36, and SASD45 dissectors: classification analysis and predicate-device identification for the ultrasonic surgical scissors line (SASG9, SASG17, with the SATG01 transducer); and assessment of whether the updated dissector–transducer–connector system registered under ANVISA No. 80117581253 — comprising the SAS14, SAS23, SAS36, and SAS45 dissectors, the SAT01 transducer, the SAA01 connector, and the SA10 controller — is covered by clearance K242894 or requires a new premarket notification. Deliverables: regulatory gap-analysis | Sperling Medical USA LLC / regulatory consultant | Florida |

| Period | Activity and Scientific Deliverable | Counterparty / Program | Location |
|---|---|---|---|
| | memorandum; classification memoranda; predicate-device comparison tables. | | |
| Months 5–7 | Engagement and scientific supervision of outside FDA regulatory consultant (CRO or regulatory counsel) to support 510(k) preparation. Deliverables: scope of work; technical-file inventory; submission roadmap. | Sperling Medical USA LLC | Florida |
| Months 6–12 | Preparation of clinical evaluation reports and performance-testing protocol design for the ultrasonic surgical instrument line. Deliverables: clinical evaluation report drafts; performance-testing protocols; literature and evidence appraisal. | Sperling Medical USA LLC | Florida |
| Month 12 | Year-one advisory review and renewal cycle. Deliverables: annual scientific report to the Member; engagement renewal assessments; Year-two work plan. | Petitioner / all counterparties | Florida |

## V. Year Two — 510(k) Submission and Advisory Development

Year Two carries the regulatory program into formal submission and expands the advisory base established in Year One.

| Period | Activity and Scientific Deliverable | Counterparty / Program | Location |
|---|---|---|---|
| Months 13–18 | Preparation and submission of 510(k) pre-market notification for the SanAgile ultrasonic surgical scissors line (SASG9, SASG17, with the SATG01 transducer), leveraging existing ANVISA technical documentation (registration 80117581212) and the substantial-equivalence record established by clearance K242894 for the related dissector system. Deliverables: 510(k) technical documentation; substantial-equivalence rationale; submission package. | Sperling Medical USA LLC / FDA | Florida |
| Months 13–24 | Regulatory documentation for the system registered under ANVISA No. 80117581253 — energy controller (SA10), transducer (SAT01), connector (SAA01), and SAS-series dissectors: preparation of a new premarket notification if the Year One assessment concludes that the updated configuration is not covered by clearance K242894, or of the corresponding change documentation under FDA guidance if it is. Deliverables: technical file; testing documentation; evidence summaries. | Sperling Medical USA LLC | Florida |

| Period | Activity and Scientific Deliverable | Counterparty / Program | Location |
|---|---|---|---|
| Months 18–24 | Scientific liaison with FDA reviewers and the regulatory consultant, including preparation of responses to Additional Information requests. Deliverables: response memoranda; supporting evidence analyses. | Sperling Medical USA LLC / FDA | Florida |
| Months 13–24 | Renewal and expansion of the advisory client base beyond the initial counterparties. Deliverables: continued advisory deliverables under renewed engagements; new engagement scoping memoranda. | Existing and prospective advisory counterparties | Florida |
| Months 18–24 | Preparation of the Company's first U.S.-based scientific deliverable for external dissemination (clinical evaluation report or outcomes analysis). Deliverables: manuscript or technical report. | Sperling Medical USA LLC | Florida |
| Months 13–24 | Scientific medical education program: briefings, training content, and evidence updates for clinical and institutional stakeholders. Deliverables: educational modules; scientific briefings. | Advisory counterparties | Florida |

## VI. Year Three — Clearance Support and Scientific Scaling

Year Three anticipates clearance of the initial device line, scales the scientific advisory function, and disseminates the Beneficiary's U.S.-generated work product.

| Period | Activity and Scientific Deliverable | Counterparty / Program | Location |
|---|---|---|---|
| Months 25–30 | Anticipated FDA clearance of the SanAgile scissors line and of any additional submission arising from Year Two, with associated scientific support, and post-clearance clinical-evidence support for the dissector system cleared under K242894. Deliverables: clearance-related scientific documentation; evidence summaries; post-market clinical-evidence summaries. | Sperling Medical USA LLC / FDA | Florida |
| Months 25–36 | Scientific and clinical-evidence support for post-clearance planning, limited to scientific, clinical-evidence, educational, and regulatory advisory support. Commercial terms, solicitation, procurement, and sales are handled exclusively by the Member or its authorized commercial personnel and are outside the Beneficiary's role. | Sperling Medical USA LLC | Florida |
| Months 25–36 | Expansion of scientific advisory retainer agreements with U.S. hospitals, surgical centers, and medical institutions. Deliverables: evidence reviews; | U.S. institutional counterparties | Florida |

| Period | Activity and Scientific Deliverable | Counterparty / Program | Location |
|---|---|---|---|
| | technology-assessment memoranda; outcomes analyses. | | |
| Months 30–36 | Evaluation of additional product lines for FDA submission. Deliverables: classification and predicate analyses; feasibility memoranda. | Sperling Medical USA LLC | Florida |
| Months 30–36 | Outcomes publication and scientific dissemination of U.S.-generated advisory work product. Deliverables: manuscript(s); conference or institutional scientific presentations. | Sperling Medical USA LLC | Florida |
| Month 36 | Term-end scientific report and assessment of continued need for the position. Deliverables: three-year scientific report to the Member; extension work plan, if applicable. | Petitioner (internal) | Florida |

## VII. Continuing Duties Throughout the Requested Period

In addition to the scheduled activities above, the Beneficiary will perform the following recurring duties throughout the requested validity period:

- Preparation and delivery of advisory work product under each active engagement, on the delivery schedule agreed with each counterparty, including evidence reviews, technology-assessment memoranda, risk-benefit analyses, and clinical-pathway recommendations.
- Quarterly written scientific reports to the Member's Authorized Representatives, Assis Sperling Hemp and Maquerli Oliveira Hemp, who supervise the Beneficiary's performance and may direct, reassign, discipline, or terminate his employment.
- Ongoing evidence surveillance in digestive, bariatric, and metabolic surgery, including appraisal of new literature, techniques, and technologies relevant to the Petitioner's advisory engagements and regulatory program.
- Design and delivery of scientific educational content and briefings for clinical, institutional, and advisory stakeholders.
- Maintenance of engagement records, deliverable files, and corporate documentation supporting the Petitioner's business records and compliance obligations.

## VIII. Qualifications, Reservations, and Compliance Limits

- The position is structured by deliverables. The periods stated in this itinerary identify when each deliverable will be performed and delivered in the United States; they do not represent that the Beneficiary will be continuously present in the United States on every day of the validity period. Between scheduled periods of U.S. performance, the Beneficiary maintains lawful professional and business activities in Brazil that are not performed for the Petitioner and do not conflict with the deliverables stated herein.
- The Letters of Intent referenced in this itinerary are non-binding expressions of intent, contingent upon the grant of O-1A work authorization. The timing of each engagement's activation may vary within the sequence stated above according to counterparty readiness.
- Regulatory timelines for FDA 510(k) classification, submission, review, and clearance are estimates based on the pathways described in the Business Plan (Exhibit 9). Review durations are determined by the agency and are outside the Petitioner's control. Nothing in this itinerary should be read as a representation that clearance is assured.
- The Beneficiary's role is non-clinical and advisory throughout. It excludes the clinical practice of medicine requiring U.S. licensure, diagnosis or treatment of patients, prescribing, surgery or procedural care, and the practice of law.
- The Beneficiary's role further excludes procurement, brokerage, sales, solicitation of purchase orders, negotiation of commercial terms, import/export, distribution, handling of regulated device inventory, and commercial intermediation. All such activities are performed exclusively by the Member or its authorized commercial personnel.
- All work described in this itinerary is performed for and supervised by the Petitioner. The Beneficiary holds no membership, equity, or economic interest in the Petitioner and exercises no governance authority over it.

## IX. Certification

The undersigned, as Authorized Representatives of Sperling Comércio e Serviços Ltda, the Sole Member of Sperling Medical USA LLC, certify that this itinerary accurately describes the services the Petitioner requires from the Beneficiary and intends for him to perform during the requested validity period, and that the Petitioner has the authority and the resources to direct and compensate that work.



**Assis Sperling Hemp**

Authorized Representative of the Sole Member

For Sperling Medical USA LLC, Petitioner

Date: August 4, 2026.



**Maquerli Oliveira Hemp**

Authorized Representative of the Sole Member

For Sperling Medical USA LLC, Petitioner

Date: August 4, 2026.

INFINITY MEDICAL

**INFINITY MEDICAL INTERNATIONAL LLC**
245 SE 1st St, Ste 214 | Miami, FL 33131
**+1 (504) 450-4384**
FDA Registration & Device Listing • Registration No. 3037966040

**INFINITY MEDICAL INTERNATIONAL LLC**

245 SE 1st Street, Suite 214 • Miami, FL 33131 • Phone: +1 (504) 450-4384 . Email: a.tonon@infinitymedical.us

August 03, 2026

Mrs. Maquerli Oliveira Hemp
Chief Executive Officer
Sperling Medical USA LLC
5563 Wood Bridge Place
St. Cloud, FL 34771

Dear Mrs. Hemp:

**LETTER OF INTENT: REGULATORY QUALITY SYSTEMS AND CLINICAL EVIDENCE CONSULTING**

**1. BUSINESS CONTEXT**

Infinity Medical International LLC manufactures, distributes, and provides quality assurance and regulatory support for medical devices across multiple therapeutic categories, including Class II and Class III devices subject to FDA premarket review, post-market surveillance, and evolving international regulatory frameworks. As we expand our portfolio and establish direct U.S. manufacturing and quality operations, we require specialized expertise in FDA compliance architecture, quality system design, clinical evidence generation strategies, and risk-benefit analysis for device approval and post-market requirements.

**2. NEED FOR SPECIALIZED EXPERTISE AND PROFESSIONAL BACKGROUND**

Infinity Medical seeks to retain Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D., through Sperling Medical USA LLC, to provide independent regulatory and quality systems consulting. Dr. Souza combines published research in surgical outcomes, metabolic disease, and health-system outcomes measurement with practical experience in regulatory and clinical compliance. His expertise in designing clinically valid outcome measures, assessing risk-benefit profiles in surgical and interventional contexts, and translating clinical evidence into regulatory-compliant documentation is directly applicable to the development of clinical evidence packages for medical device submissions. His background in surgical outcomes science ensures that device validation strategies reflect real-world clinical workflows and patient safety imperatives.



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Infinity Medical seeks consulting focused on:

- Design and documentation of Quality Management Systems (QMS) aligned with FDA's Quality Management System Regulation (QMSR), codified in 21 CFR Part 820 and incorporating ISO 13485:2016
- Clinical evidence frameworks for predicate-device selection and substantial equivalence (510(k)) premarket submission strategies
- Risk-benefit analysis and post-market surveillance strategy development for device categories with direct clinical or surgical application
- Review and standardization of premarket submission documentation, clinical evidence packages, and regulatory strategy memoranda for FDA submissions
- Strategic assessment of regulatory pathways and post-market requirements for emerging device technologies
- Guidance on Clinical Evidence Plans, protocol design for validation studies, and identification of clinically relevant outcome measures

## 3. PROPOSED SCOPE AND ENGAGEMENT STRUCTURE

Infinity Medical proposes a foundational engagement with an initial term of twelve (12) months, renewable upon mutual written agreement. The engagement would include quarterly strategic reviews of regulatory landscape changes, development of a comprehensive QMS documentation roadmap, review of up to three (3) technical submissions or predicate-device analyses, monthly compliance advisory calls, and participation in key meetings with regulatory, product, and quality personnel.

## 4. PLACE OF PERFORMANCE AND CONTRACTUAL RELATIONSHIP

The principal place of performance shall be within the United States, including at the offices of Sperling Medical USA LLC in St. Cloud, Florida, at Infinity Medical's operations in Miami, Florida, or remotely from within the United States. In-person meetings may occur at mutually agreed locations in the United States. Incidental communications while a participant is temporarily outside the United States would not change the United States–based nature of the engagement or establish a separate place of performance. Infinity Medical will contract with and pay Sperling Medical USA LLC, not Dr. Souza directly. Sperling Medical USA LLC will designate and supervise Dr. Souza's work. Dr. Souza will maintain no employment relationship with Infinity Medical.



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## 5. COMMERCIAL TERMS

| Engagement Parameter | Proposed Term |
|---|---|
| Initial Contract Term | Twelve (12) months from commencement, with annual renewal option |
| Monthly Advisory Hours | 16–20 hours per month (flexible based on submission cycles) |
| Consulting Fee | USD $5,800 per month, invoiced monthly in arrears |
| Working Arrangements | Remote consultation via secure video conferencing from within the U.S., with in-person meetings in Miami or St. Cloud as mutually agreed |
| Primary Deliverables | Regulatory strategy memoranda, QMS compliance assessments, written technical reviews, and meeting participation |

## 6. LIMITATIONS AND PROFESSIONAL BOUNDARIES

Dr. Souza will serve as an independent advisor and will not assume regulatory responsibility or act as Infinity Medical's resident agent before the FDA; engage in product sales, marketing, distribution, or purchasing decisions; provide medical advice to end users or conduct clinical care; make final business or regulatory decisions on behalf of Infinity Medical; or represent Infinity Medical in legal proceedings or regulatory hearings. Infinity Medical retains full responsibility for regulatory submissions, manufacturing quality, product safety, and all business decisions. Dr. Souza is expected to disclose any technical concerns or conflicts of interest identified during his engagement.

## 7. STATUS AND AUTHORIZATION FOR IMMIGRATION PURPOSES

This letter expresses Infinity Medical's genuine and present business interest in engaging Dr. Souza for the services described above. It is not a binding contract but rather a preliminary statement of intent. Actual engagement will be formalized only upon execution of a detailed Statement of Work (SOW) specifying deliverables, confidentiality obligations, intellectual property allocation, payment terms, liability limitations, and other material commercial terms. Infinity Medical authorizes Sperling Medical USA LLC to present a signed copy of this letter to U.S. Citizenship and Immigration Services, the Department of State, and other



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INFINITY MEDICAL

**INFINITY MEDICAL INTERNATIONAL LLC**
245 SE 1st St, Ste 214 | Miami, FL 33131
**+1 (504) 450-4384**
FDA Registration & Device Listing • Registration No. 3037966040

relevant U.S. government authorities as evidence of prospective demand for Dr. Souza's specialized expertise. This letter must be submitted in its entirety and without modification.

Infinity Medical welcomes discussion of the terms outlined above and looks forward to exploring a mutually beneficial consulting engagement.

Sincerely,

Alexander M. Tonon
Regulatory Director & Authorized Representative
Infinity Medical International LLC

Phone: +1 (504) 450-4384 • Email: a.tonon@infinitymedical.us
245 SE 1st Street, Suite 214 • Miami, FL 33131
Establishment Registration Number: 3037966040



Scanned with CamScanner

**SPERLING MEDICAL USA LLC**
5563 Wood Bridge Place · St. Cloud, FL 34771 · EIN 42-3672109

August 14, 2026

Mr. Alexander M. Tonon
Regulatory Director & Authorized Representative
Infinity Medical International LLC
245 SE 1st Street, Suite 214
Miami, FL 33131

**Re: Statement of Work and Commercial Proposal — Regulatory Quality Systems and Clinical Evidence Consulting**

**Reference: Infinity Medical Letter of Intent dated August 3, 2026**

Dear Mr. Tonon,

Thank you for your letter of intent concerning regulatory quality systems and clinical evidence consulting. This Statement of Work responds to each of the six areas identified in Section 2 of your letter and sets out the deliverables, phasing, commercial terms and professional boundaries on which Sperling Medical USA LLC proposes to perform.

## 1. UNDERSTANDING OF INFINITY MEDICAL'S REQUIREMENT

Infinity Medical International LLC is an FDA-registered device establishment (Registration No. 3037966040; FEI No. 3037966040; Owner/Operator No. 10093099), currently active for FY2026, engaged in the manufacture, distribution and quality and regulatory support of medical devices across Class II and Class III categories.

Your letter identifies a specific inflection point: the expansion of Infinity's portfolio together with the establishment of direct United States manufacturing and quality operations. That transition carries three obligations that a distribution-oriented quality system does not.

**First, the applicable quality framework has already changed.** Since February 2, 2026, 21 CFR Part 820 has operated as the Quality Management System Regulation, which incorporates ISO 13485:2016 by reference and replaces the former Quality System Regulation. Compliance now means satisfying ISO 13485:2016 together with FDA's supplemental requirements at Subparts A and B. From the same date, FDA began inspecting under Compliance Program 7382.850, retiring the prior programs 7382.845 and 7383.001. Documentation built to the legacy QSR structure therefore requires mapping to the ISO clause architecture and supplementation where FDA's additional requirements have no ISO counterpart. This is a structural exercise, not a relabelling one, and it is the first item we would address.

**Second, predicate selection determines the evidence burden before any data are generated.** Premarket notification under section 510(k) turns on substantial equivalence to a legally marketed predicate. Where a device presents different technological characteristics from its predicate, the submission must show that those differences raise no different questions of safety and effectiveness — and that showing is frequently

evidentiary rather than descriptive. Choosing the predicate therefore fixes the size and shape of the clinical evidence package, which is why we treat predicate analysis and evidence planning as a single exercise rather than sequential ones.

**Third, post-market obligations are cheapest to design early.** For devices with direct clinical or surgical application, complaint handling, medical device reporting and post-market surveillance are most efficiently specified alongside the premarket strategy rather than reconstructed after clearance.

Sperling Medical USA LLC proposes to support Infinity across those three fronts.

## 2. SCOPE OF SERVICES

Services correspond to the six areas identified in Section 2 of your letter.

**2.1 Quality Management System design and documentation.** Gap assessment of Infinity's existing quality documentation against 21 CFR Part 820 as amended and ISO 13485:2016; a prioritised QMS documentation roadmap identifying required procedures, records and controls; and drafting support for design controls, document and record controls, CAPA, management review and supplier controls.

**2.2 Clinical evidence frameworks for predicate selection and substantial equivalence.** Structured predicate analysis for identified device families; assessment of technological characteristics and the questions of safety and effectiveness they raise; and a written determination of the evidence categories required to support a substantial-equivalence argument for each candidate predicate.

**2.3 Risk-benefit analysis and post-market surveillance strategy.** Risk-benefit assessment for device categories with direct clinical or surgical application, informed by the published clinical literature for the relevant procedure; and design of a proportionate post-market surveillance approach, including complaint-handling and reporting triggers.

**2.4 Review and standardisation of premarket submission documentation.** Technical review of premarket submission documentation, clinical evidence packages and regulatory strategy memoranda for internal consistency, evidentiary sufficiency and alignment with applicable guidance.

**2.5 Regulatory pathway assessment for emerging technologies.** Written assessment of available pathways and post-market requirements for device technologies Infinity is considering adding to its portfolio.

**2.6 Clinical Evidence Plans and outcome measures.** Development of Clinical Evidence Plans; protocol design for validation studies; and identification of clinically relevant outcome measures, including endpoints that reflect real-world surgical workflow rather than bench performance alone.

## 3. PHASING

**Phase 0 — Preparatory assessment.** A fixed-scope, documentary engagement performed on the basis of materials Infinity supplies, comprising an effort envelope equivalent to one month of the recurring engagement described below. Deliverables:

- **Regulatory and Quality Gap Assessment —** written assessment of Infinity's current documentation set against 21 CFR Part 820 as amended and ISO 13485:2016, mapping existing documentation to the ISO clause structure, identifying gaps by priority and by regulatory consequence, and flagging areas where FDA's supplemental requirements at Subparts A and B have no ISO counterpart.
- **QMS Documentation Roadmap —** sequenced list of procedures, records and controls required for the contemplated manufacturing and quality operations, with a proposed order of development and dependencies identified.

Phase 0 commences on countersignature of this Statement of Work. It is a preparatory analytical exercise and is not the recurring advisory engagement contemplated by Section 3 of your letter.

**Phase 1 — Recurring advisory engagement.** The twelve-month engagement contemplated by your letter: quarterly strategic reviews of regulatory developments; development of the comprehensive QMS documentation roadmap; review of up to three technical submissions or predicate-device analyses; monthly compliance advisory calls; and participation in meetings with Infinity's regulatory, product and quality personnel.

Consistent with Section 4 of your letter, the principal place of performance of Phase 1 is within the United States, and Phase 1 commences upon the availability of Sperling's designated advisory personnel at Sperling's United States place of business, on a date to be confirmed in writing between the parties.

## 4. COMMERCIAL TERMS

| | |
|---|---|
| **Phase 0 fee** | USD 5,800, fixed, invoiced on delivery of both Phase 0 deliverables |
| **Phase 0 effort envelope** | 16–20 hours, corresponding to one month of the recurring engagement |
| **Phase 1 fee** | USD 5,800 per month, invoiced monthly in arrears |
| **Phase 1 advisory hours** | 16–20 hours per month, flexible according to submission cycles |
| **Initial term** | Twelve (12) months from commencement of Phase 1, renewable by mutual written agreement |
| **Working arrangements** | Remote consultation by secure video conference, with in-person meetings in Miami or St. Cloud as mutually agreed |
| **Deliverables** | Regulatory strategy memoranda, QMS compliance assessments, written technical reviews, Clinical Evidence Plans, and meeting participation |
| **Payment** | By ACH or wire transfer to Sperling Medical USA LLC. Net 15 days from invoice |
| **Expenses** | Borne by Sperling unless approved in advance in writing by Infinity |
| **Contracting party** | Infinity contracts with and pays Sperling Medical USA LLC. Sperling designates and supervises its own personnel. No |

| | |
|---|---|
| | employment relationship arises between Infinity and any Sperling personnel |

Phase 0 and Phase 1 are priced on the same basis. The Phase 0 fee reflects an equivalent effort envelope and is not a discount, retainer or credit against Phase 1.

## 5. DESIGNATED PERSONNEL

Sperling will perform the Services through its designated advisory personnel, including Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., in the capacity of Chief Medical Officer and Director of Clinical and Regulatory Sciences. Sperling retains sole responsibility for the supervision, direction and control of its personnel, and for the allocation of work among them.

## 6. PROFESSIONAL BOUNDARIES

Consistent with Section 6 of your letter, Sperling and its personnel will not, under this engagement:

(a) assume regulatory responsibility or act as Infinity's resident agent, official correspondent or authorised representative before the FDA, or make any submission on Infinity's behalf;

(b) engage in product sales, marketing, distribution, purchasing, or the negotiation of commercial terms;

(c) provide medical advice to end users, examine or treat patients, or engage in clinical practice;

(d) make final business or regulatory decisions for Infinity; or

(e) provide legal advice or represent Infinity in legal proceedings or regulatory hearings.

Infinity retains full responsibility for its regulatory submissions, manufacturing quality, product safety and business decisions. Sperling will disclose promptly any technical concern or conflict of interest identified in the course of the engagement.

## 7. INDEPENDENCE

Sperling Medical USA LLC and Infinity Medical International LLC are independent entities dealing at arm's length. There is no common ownership, control or beneficial interest between them, and no officer, member, manager or beneficial owner of either holds any ownership or profit-participation interest in the other. The fees above reflect the fair value of the Services on ordinary commercial terms, and no part of the consideration originates, directly or indirectly, from the other party or any entity under its control.

## 8. CONFIDENTIALITY AND INTELLECTUAL PROPERTY

Each party will keep confidential the non-public information of the other and use it solely for this engagement. Upon payment, Infinity owns the deliverables for its internal business purposes. Sperling retains its pre-existing methodologies, templates and general professional knowledge. Neither party will publish or externally distribute the other's confidential material without prior written consent. Sperling may disclose the existence of this engagement, Infinity's identity and the general nature of the Services in its ordinary

corporate, regulatory and administrative filings, without disclosing the substantive content of the deliverables.

## 9. ACCEPTANCE

This Statement of Work becomes binding upon countersignature by both parties, and supersedes the Letter of Intent dated August 3, 2026 to the extent inconsistent. Governing law is that of the State of Florida.

We are glad to adjust scope, phasing or sequencing to fit Infinity's submission calendar.

Yours sincerely,

**Maquerli Oliveira Hemp**
Chief Executive Officer
Sperling Medical USA LLC

Date: 8/14/2026 _____

**AGREED AND ACCEPTED**

**Alexander M. Tonon**
Regulatory Director & Authorized Representative
Infinity Medical International LLC

Date: 8/14/2026 _____

# CORPORATE CLARIFICATION MEMORANDUM

**Regarding Brazilian Head Office and Branch CNPJ Identification**

*Sperling Comercio e Servicos Ltda / Sperling Medical USA LLC*

| | |
|---|---|
| **To** | U.S. Citizenship and Immigration Services |
| **Re** | Form I-129 O-1A Petition for Dr. Yglesio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. |
| **Petitioner** | Sperling Medical USA LLC |
| **Beneficiary** | Dr. Yglesio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. |

This memorandum is submitted to clarify the corporate relationship between the Brazilian head office and branch registrations of Sperling Comercio e Servicos Ltda, and to explain the CNPJ numbering reflected in the manufacturer authorization letter issued by Shanghai Saints Sages Surgical Co., Ltd.

Sperling Comercio e Servicos Ltda is a Brazilian limited liability company registered under the CNPJ root number 27.425.946. Under Brazilian corporate and tax registration practice, the same legal entity may operate through a head office and one or more branch establishments. Each establishment receives a distinct CNPJ suffix for registration and tax-administrative purposes, while preserving the same eight-digit root number identifying the same underlying legal entity.

## 1. Head office registration

The head office of Sperling Comercio e Servicos Ltda is registered under CNPJ 27.425.946/0001-56. The Brazilian federal CNPJ registration record identifies this establishment as “MATRIZ” and lists the corporate name as SPERLING COMERCIO E SERVICOS LTDA. It also shows the company as active, with an opening date of March 16, 2017, and an address at Rua Emanuel Kant, No. 60, Sala 806, Capao Raso, Curitiba, Parana, Brazil.

## 2. Branch establishment registration

A branch establishment of the same company is registered under CNPJ 27.425.946/0002-37. The Brazilian federal CNPJ registration record identifies this establishment as “FILIAL” and lists the same corporate name, SPERLING COMERCIO E SERVICOS LTDA. It also shows the branch as active, with an opening date of December 20, 2022, and an address at Rua Emanuel Kant, No. 60, Sala 307, Andar 03, Condominio H. A. Offices, Capao Raso, Curitiba, Parana, Brazil.

These registrations do not identify unrelated companies. They identify the head office and a branch establishment of the same Brazilian legal entity, Sperling Comercio e Servicos Ltda, sharing the same CNPJ root number: 27.425.946.

## 3. Manufacturer authorization letter

The authorization letter issued by Shanghai Saints Sages Surgical Co., Ltd. identifies Sperling Comercio e Servicos Ltda under CNPJ 27.425.946/0002-37 and the branch address at Rua Emanuel Kant, No. 60, Sala 307, Curitiba, Parana, Brazil. This number corresponds to the branch establishment of the same Brazilian legal entity whose head office is registered under CNPJ 27.425.946/0001-56.

Accordingly, the manufacturer authorization letter identifies Sperling Comercio e Servicos Ltda, the same Brazilian company that owns Sperling Medical USA LLC through its head-office registration. The use of the head-office CNPJ in the U.S. corporate records and the use of the branch CNPJ in the manufacturer authorization letter are consistent with Brazilian registration practice and refer to establishments of the same underlying Brazilian legal entity.

## 4. Summary clarification

1. Sperling Comercio e Servicos Ltda, CNPJ 27.425.946/0001-56, is the Brazilian head office registration of the company and is identified as “MATRIZ” in the Brazilian federal CNPJ record.
2. Sperling Comercio e Servicos Ltda, CNPJ 27.425.946/0002-37, is a branch establishment of the same Brazilian legal entity and is identified as “FILIAL” in the Brazilian federal CNPJ record.

3. Both registrations share the same CNPJ root number, 27.425.946, and the same corporate name, SPERLING COMERCIO E SERVICOS LTDA.
4. The manufacturer authorization letter issued by Shanghai Saints Sages Surgical Co., Ltd. to Sperling Comercio e Servicos Ltda identifies the branch establishment but refers to the same Brazilian company operating through its registered establishments.
5. The authorization letter supports the factual background of Sperling Comercio e Servicos Ltda's relationship with the SanAgile product line in Brazil, including authorization in Brazil for importation, commercialization, distribution, and technical maintenance of the SanAgile ultrasonic surgical equipment line.
6. Sperling Medical USA LLC is the United States subsidiary of Sperling Comercio e Servicos Ltda. The O-1A petitioner's corporate documents identify Sperling Comercio e Servicos Ltda, CNPJ 27.425.946/0001-56, as the sole member and owner of Sperling Medical USA LLC.
7. The proposed O-1A employment does not authorize Dr. Yglesio Luciano Moyses Silva de Souza to sell, broker, import, export, distribute, procure, or commercially intermediate medical devices in the United States. His proposed role with Sperling Medical USA LLC is limited to non-clinical scientific, regulatory, and advisory services, including clinical technology assessment, FDA regulatory science support, evidence review, care-pathway advisory, outcomes analysis, and scientific education.

## 5. Supporting documents

Attached in support of this clarification are:

- Exhibit __: Brazilian CNPJ registration record for Sperling Comercio e Servicos Ltda — head office / MATRIZ, CNPJ 27.425.946/0001-56;
- Exhibit __: Brazilian CNPJ registration record for Sperling Comercio e Servicos Ltda — branch establishment / FILIAL, CNPJ 27.425.946/0002-37;
- Exhibit __: Manufacturer authorization letter from Shanghai Saints Sages Surgical Co., Ltd. identifying Sperling Comercio e Servicos Ltda under CNPJ 27.425.946/0002-37;
- Exhibit __: Certified English translations of the above documents, as applicable.

This memorandum is provided solely to clarify Brazilian corporate registration practice and the identity of the Brazilian entity referenced in the manufacturer authorization letter. It does not expand the scope of the proposed O-1A employment, does not authorize any unlicensed clinical activity in the United States, and does not alter the non-clinical, scientific, regulatory, and advisory nature of the Beneficiary's proposed U.S. role.

Respectfully submitted,

**Sperling Medical USA LLC**

By: _____

Name: _____

Title: _____

Date: _____

### Quick Reference Table

| Record | CNPJ | Status in Brazilian record | Address / role |
|---|---|---|---|
| Sperling Comercio e Servicos Ltda | 27.425.946/0001-56 | MATRIZ | Rua Emanuel Kant, No. 60, Sala 806, Curitiba, PR; head office / sole member used in U.S. corporate records. |
| Sperling Comercio e Servicos Ltda | 27.425.946/0002-37 | FILIAL | Rua Emanuel Kant, No. 60, Sala 307, Curitiba, PR; branch identified in Shanghai Saints Sages authorization letter. |
| Shared root number | 27.425.946 | Same legal entity root | The different suffixes identify establishments of the same Brazilian legal entity, not unrelated companies. |

# FEDERATIVE REPUBLIC OF BRAZIL

## NATIONAL REGISTER OF LEGAL ENTITIES

| REGISTRATION NUMBER<br>**27.425.946/0002-37**<br>**BRANCH** | **CERTIFICATE OF ENROLLMENT AND REGISTRATION STATUS** | DATE OF INCORPORATION<br>**12/20/2022** |
|---|---|---|

CORPORATE NAME
**SPERLING COMERCIO E SERVICOS LTDA**

| TRADE NAME (DBA) | SIZE |
|---|---|
| **SPERLING COMERCIO E SERVICOS** | **EPP (Small Business)** |

CODE AND DESCRIPTION OF THE PRIMARY ECONOMIC ACTIVITY
**33.19-8-00 - Maintenance and repair of equipment and products not previously specified (Exempt *)**

CODE AND DESCRIPTION OF SECONDARY ECONOMIC ACTIVITIES
**46.45-1-01 - Wholesale trade of instruments and materials for medical, surgical, hospital and laboratory use**
**46.45-1-02 - Wholesale trade of prosthetics and orthopedic products**
**46.64-8-00 - Wholesale trade of dental, medical and hospital machinery, apparatus and equipment; parts and components**
**46.69-9-99 - Wholesale trade of other machinery and equipment not previously specified; parts and components (Exempt *)**
**71.20-1-00 - Technical testing and analysis**
**77.39-0-02 - Rental of scientific, medical and hospital equipment, without operator**
**77.39-0-99 - Rental of other commercial and industrial machinery and equipment not previously specified, without operator (Exempt *)**

CODE AND DESCRIPTION OF LEGAL NATURE
**206-2 – Limited Liability Company**

| ADDRESS | NUMBER | UNIT |
|---|---|---|
| **R EMANUEL KANT** | **60** | **ROOM 307 FLOOR 03 COND H. A. OFFICES LINHA** |

| ZIP CODE | NEIGHBORHOOD/DISTRICT | CITY | STATE |
|---|---|---|---|
| **81.020-670** | **CAPAO RASO** | **CURITIBA** | **PR** |

| EMAIL ADDRESS | TELEPHONE |
|---|---|
| **SOCIETARIO@MANELLICONTABILIDADE.COM.BR** | **(41) 3026-8790** |

FEDERAL ENTITY RESPONSIBLE (EFR)
*****

| REGISTRATION STATUS | DATE OF REGISTRATION STATUS |
|---|---|
| **ACTIVE** | **12/20/2022** |

REASON FOR REGISTRATION STATUS

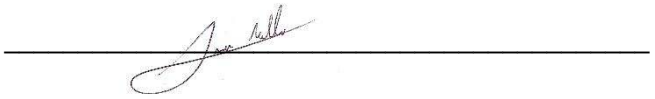
| SPECIAL STATUS | DATE OF SPECIAL STATUS |
|---|---|
| ******** | ******** |

**(*)** *The exemption from permits and licenses is the right of the entrepreneur who meets the requirements set forth in CGSIM Resolution No. 51, of June 11, 2019, or in the specific legislation submitted to the CGSIM by the federative entities, and the Federal Revenue bears no responsibility with respect to the exempted activities.*

Approved by Normative Instruction RFB No. 2.119, dated December 06 2022.

Issued on **02/18/2026** at **2:36:03 p.m.** (Brasília date and time).

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 18, 2026.**

# REPÚBLICA FEDERATIVA DO BRASIL

## CADASTRO NACIONAL DA PESSOA JURÍDICA

| NÚMERO DE INSCRIÇÃO | COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL | DATA DE ABERTURA |
|---|---|---|
| **27.425.946/0002-37**<br>**FILIAL** | | **20/12/2022** |

NOME EMPRESARIAL
**SPERLING COMERCIO E SERVICOS LTDA**

| TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA) | PORTE |
|---|---|
| **SPERLING COMERCIO E SERVICOS** | **EPP** |

CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL
**33.19-8-00 - Manutenção e reparação de equipamentos e produtos não especificados anteriormente (Dispensada *)**

CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS
**46.45-1-01 - Comércio atacadista de instrumentos e materiais para uso médico, cirúrgico, hospitalar e de laboratórios**
**46.45-1-02 - Comércio atacadista de próteses e artigos de ortopedia**
**46.64-8-00 - Comércio atacadista de máquinas, aparelhos e equipamentos para uso odonto-médico-hospitalar; partes e peças**
**46.69-9-99 - Comércio atacadista de outras máquinas e equipamentos não especificados anteriormente; partes e peças (Dispensada *)**
**71.20-1-00 - Testes e análises técnicas**
**77.39-0-02 - Aluguel de equipamentos científicos, médicos e hospitalares, sem operador**
**77.39-0-99 - Aluguel de outras máquinas e equipamentos comerciais e industriais não especificados anteriormente, sem operador (Dispensada *)**

CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA
**206-2 - Sociedade Empresária Limitada**

| LOGRADOURO | NÚMERO | COMPLEMENTO |
|---|---|---|
| **R EMANUEL KANT** | **60** | **SALA 307 ANDAR 03 COND H. A. OFFICES LINHA** |

| CEP | BAIRRO/DISTRITO | MUNICÍPIO | UF |
|---|---|---|---|
| **81.020-670** | **CAPAO RASO** | **CURITIBA** | **PR** |

| ENDEREÇO ELETRÔNICO | TELEFONE |
|---|---|
| **SOCIETARIO@MANELLICONTABILIDADE.COM.BR** | **(41) 3026-8790** |

ENTE FEDERATIVO RESPONSÁVEL (EFR)
*****

| SITUAÇÃO CADASTRAL | DATA DA SITUAÇÃO CADASTRAL |
|---|---|
| **ATIVA** | **20/12/2022** |

MOTIVO DE SITUAÇÃO CADASTRAL

| SITUAÇÃO ESPECIAL | DATA DA SITUAÇÃO ESPECIAL |
|---|---|
| ******** | ******** |

**(*)** *A dispensa de alvarás e licenças é direito do empreendedor que atende aos requisitos constantes na Resolução CGSIM nº 51, de 11 de junho de 2019, ou da legislação própria encaminhada ao CGSIM pelos entes federativos, não tendo a Receita Federal qualquer responsabilidade quanto às atividades dispensadas.*

Aprovado pela Instrução Normativa RFB nº 2.119, de 06 de dezembro de 2022.

Emitido no dia **18/02/2026** às **14:36:03** (data e hora de Brasília). 

## FEDERATIVE REPUBLIC OF BRAZIL

### NATIONAL REGISTER OF LEGAL ENTITIES

| REGISTRATION NUMBER | CERTIFICATE OF ENROLLMENT AND REGISTRATION STATUS | DATE OF INCORPORATION |
|---|---|---|
| **27.425.946/0001-56**<br>**HEAD OFFICE** | | **03/16/2017** |

CORPORATE NAME
**SPERLING COMERCIO E SERVICOS LTDA**

| TRADE NAME (DBA) | SIZE E |
|---|---|
| **SPERLING COMERCIO E SERVICOS** | **EPP (Small Business)** |

CODE AND DESCRIPTION OF THE PRIMARY ECONOMIC ACTIVITY
**33.19-8-00 - Maintenance and repair of equipment and products not previously specified**

CODE AND DESCRIPTION OF SECONDARY ECONOMIC ACTIVITIES
**46.45-1-01 - Wholesale trade of instruments and materials for medical, surgical, hospital and laboratory use**
**46.45-1-02 - Wholesale trade of prosthetics and orthopedic products**
**46.64-8-00 - Wholesale trade of dental, medical and hospital machinery, apparatus and equipment; parts and components**
**46.69-9-99 - Wholesale trade of other machinery and equipment not previously specified; parts and components**
**71.20-1-00 - Technical testing and analysis**
**77.39-0-02 - Rental of scientific, medical and hospital equipment, without operator**
**77.39-0-99 - Rental of other commercial and industrial machinery and equipment not previously specified, without operator**

CODE AND DESCRIPTION OF LEGAL NATURE
**206-2 - Limited Liability Company**

| ADDRESS | NUMBER | UNIT |
|---|---|---|
| **R EMANUEL KANT** | **60** | **ROOM 806** |

| ZIP CODE | NEIGHBORHOOD/DISTRICT | CITY | STATE |
|---|---|---|---|
| **81.020-670** | **CAPAO RASO** | **CURITIBA** | **PR** |

| EMAIL | TELEPHONE |
|---|---|
| **SOCIETARIO@MANELLICONTABILIDADE.COM.BR** | **(41) 3019-4433** |

FEDERAL ENTITY RESPONSIBLE (EFR)
*****

| REGISTRATION STATUS | DATE OF REGISTRATION STATUS |
|---|---|
| **ACTIVE** | **03/16/2017** |

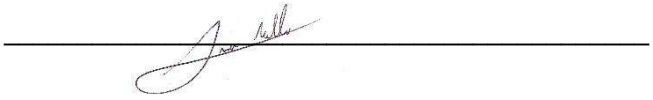
REASON FOR REGISTRATION STATUS

| SPECIAL STATUS | DATE OF SPECIAL STATUS |
|---|---|
| ******** | ******** |

Approved by Normative Instruction RFB No. 2.119, dated December 06 2022.

Issued on **05/12/2025** at **11:11:59 am** (Brasília date ad time). Page: **1/1**

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 18, 2026.**

# REPÚBLICA FEDERATIVA DO BRASIL

## CADASTRO NACIONAL DA PESSOA JURÍDICA

| NÚMERO DE INSCRIÇÃO | COMPROVANTE DE INSCRIÇÃO E DE SITUAÇÃO CADASTRAL | DATA DE ABERTURA |
|---|---|---|
| **27.425.946/0001-56**<br>**MATRIZ** | | **16/03/2017** |

NOME EMPRESARIAL
**SPERLING COMERCIO E SERVICOS LTDA**

| TÍTULO DO ESTABELECIMENTO (NOME DE FANTASIA) | PORTE |
|---|---|
| **SPERLING COMERCIO E SERVICOS** | **EPP** |

CÓDIGO E DESCRIÇÃO DA ATIVIDADE ECONÔMICA PRINCIPAL
**33.19-8-00 - Manutenção e reparação de equipamentos e produtos não especificados anteriormente**

CÓDIGO E DESCRIÇÃO DAS ATIVIDADES ECONÔMICAS SECUNDÁRIAS
**46.45-1-01 - Comércio atacadista de instrumentos e materiais para uso médico, cirúrgico, hospitalar e de laboratórios**
**46.45-1-02 - Comércio atacadista de próteses e artigos de ortopedia**
**46.64-8-00 - Comércio atacadista de máquinas, aparelhos e equipamentos para uso odonto-médico-hospitalar; partes e peças**
**46.69-9-99 - Comércio atacadista de outras máquinas e equipamentos não especificados anteriormente; partes e peças**
**71.20-1-00 - Testes e análises técnicas**
**77.39-0-02 - Aluguel de equipamentos científicos, médicos e hospitalares, sem operador**
**77.39-0-99 - Aluguel de outras máquinas e equipamentos comerciais e industriais não especificados anteriormente, sem operador**

CÓDIGO E DESCRIÇÃO DA NATUREZA JURÍDICA
**206-2 - Sociedade Empresária Limitada**

| LOGRADOURO | NÚMERO | COMPLEMENTO |
|---|---|---|
| **R EMANUEL KANT** | **60** | **SALA 806** |

| CEP | BAIRRO/DISTRITO | MUNICÍPIO | UF |
|---|---|---|---|
| **81.020-670** | **CAPAO RASO** | **CURITIBA** | **PR** |

| ENDEREÇO ELETRÔNICO | TELEFONE |
|---|---|
| **SOCIETARIO@MANELLICONTABILIDADE.COM.BR** | **(41) 3019-4433** |

ENTE FEDERATIVO RESPONSÁVEL (EFR)
*****

| SITUAÇÃO CADASTRAL | DATA DA SITUAÇÃO CADASTRAL |
|---|---|
| **ATIVA** | **16/03/2017** |

MOTIVO DE SITUAÇÃO CADASTRAL

| SITUAÇÃO ESPECIAL | DATA DA SITUAÇÃO ESPECIAL |
|---|---|
| ******** | ******** |

Aprovado pela Instrução Normativa RFB nº 2.119, de 06 de dezembro de 2022.

Emitido no dia **12/05/2025** às **11:11:59** (data e hora de Brasília).

**MUNICIPAL GOVERNMENT OF CURITIBA**
**MUNICIPAL SECRETARIAT OF PLANNING, FINANCE AND BUDGET**
**FINANCIAL CONTROL DEPARTMENT**

# MUNICIPAL TEX AND LIABILITIES
# CLEARANCE CERTIFICATE

Certificate No.: 13.091.869

CNPJ: 27.425.946/0001-56

Name: SPERLING COMERCIO E SERVICOS LTDA

Without prejudice to the right of the Municipal Treasury to enroll and collect debts not yet registered or that may subsequently be determined, we hereby certify that there are no pending liabilities in the name of the taxpayer identified above, relating to tax credits administered by the Municipal Secretariat of Finance and tax and non-tax credits enrolled in the active debt with the Municipal Attorney General's Office (PGM).

This certificate covers Movable Property Taxes (Tax on Services - ISS), Real Property Taxes (Urban Land and Building Tax - IPTU), Tax on the Transfer of Real Property Between Living Parties - ITBI and Improvement Contribution), Service Fees and Police Power Fees, and other municipal debts enrolled in the active debt.

The certificate issued in the name of a legal entity covers all establishments (parent and branches) registered in the Municipality of Curitiba.

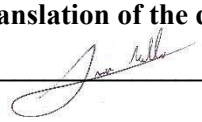
The authenticity of this certificate must be confirmed at:
https://cnd-cidadao. curitiba.pr.gov.br/Certidao/ValidarCertidao.

Certificate issued pursuant to Decree 619/2021 of 03/24/2021.
Issued at 09:00 am of 04/28/2026.
Certificate Authentication Code:C8459609F3704D659B2B85D4493815FA15
Any erasure or amendment will render this document invalid.

**Valid through 07/27/2026 - Issued Free of Charge**

You may also verify the authenticity of this certificate using a QR Code reader.

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 18, 2026.**

**PREFEITURA MUNICIPAL DE CURITIBA**
**SECRETARIA MUNICIPAL DE PLANEJAMENTO, FINANÇAS E ORÇAMENTO**
**DEPARTAMENTO DE CONTROLE FINANCEIRO**

# CERTIDÃO NEGATIVA
# DE DÉBITOS TRIBUTÁRIOS E DÍVIDA ATIVA MUNICIPAL

Certidão nº: 13.091.869

CNPJ: 27.425.946/0001-56

Nome: SPERLING COMERCIO E SERVICOS LTDA

Ressalvado o direito de a Fazenda Pública Municipal inscrever e cobrar débitos ainda não registrados ou que venham a ser apurados, certificamos não existir pendências em nome do contribuinte acima identificado, relativas a créditos tributários administrados pela Secretaria Municipal de Finanças e créditos tributários e não tributários inscritos em dívida ativa junto à Procuradoria Geral do Município (PGM).

Esta certidão compreende os Tributos Mobiliários (Imposto sobre serviço - ISS), Tributos Imobiliários (Imposto Predial e Territorial Urbano - IPTU), Imposto sobre a Transmissão de Bens Imóveis Intervivos- ITBI e Contribuição de Melhoria), Taxas de Serviços e pelo Poder de Polícia e outros débitos municipais inscritos em dívida ativa.

A certidão expedida em nome de pessoa jurídica abrange todos os estabelecimentos (matriz e filiais) cadastrados no Município de Curitiba.

A autenticidade desta certidão deverá ser confirmada no endereço https://cnd-cidadao.curitiba.pr.gov.br/Certidao/ValidarCertidao.

Certidão emitida com base no Decreto 619/2021 de 24/03/2021.
Emitida às 09:00 do dia 28/04/2026.
Código de autenticidade da certidão: C8459609F3704D659B2B85D4493815FA15
Qualquer rasura ou emenda invalidará este documento.

**Válida até 27/07/2026 – Fornecimento Gratuito**

Você também pode validar a autenticidade
da certidão utilizando um leitor de QRCode.

JUDICIARY
LABOR COURT

# LABOR DEBT CLEARANCE CERTIFICATE

Name: SPERLING COMERCIO E SERVICOS LTDA (PARENT AND BRANCHES)
CNPJ: 27.425.946/0001-56
Certificate No.: 44426383/2026 Issuing
Date: 04/28/2026, at 08:57:36 a.m.
Validity: 10/25/2026 - 180 (one hundred and eighty) days, counted from the date of issuance.

It is hereby certified that **SPERLING COMERCIO E SERVICOS LTDA (PARENT AND BRANCHES),** registered under the CNPJ No. **27.425.946/0001-56, DOES NOT APPEAR** as a defaulter in the National Registry of Labor Debtors.
Certificate issued pursuant to Articles 642-A and 883-A of the Consolidation of Labor Laws, added by Laws No. 12.440/2011 and 13.467/2017, and Act 01/2022 of the CGJT, of January 21, 2022.
The data contained in this Certificate are the responsibility of the Labor Courts.
In the case of a legal entity, the Certificate attests to the company with respect to all of its establishments, agencies, or branches.
The acceptance of this certificate is contingent upon verification of its authenticity on the Superior Labor Court portal on the Internet. (http://www.tst.jus.br).
Certificate issued free of charge.

**IMPORTANT NOTICE**
The National Registry of Labor Debtors contains the data necessary to identify individuals and legal entities in default before the Labor Court with respect to obligations established in a condemnatory sentence that has become final and unappealable or in judicial labor settlements, including those relating to social security contributions, attorneys' fees, court costs, emoluments, or contributions required by law; or arising from the enforcement of agreements entered into before the Labor Public Prosecutor's Office, the Prior Conciliation Commission, or other instruments that, by legal provision, carry executive force.

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 18, 2026.**

PODER JUDICIÁRIO
JUSTIÇA DO TRABALHO

# CERTIDÃO NEGATIVA DE DÉBITOS TRABALHISTAS

Nome: SPERLING COMERCIO E SERVICOS LTDA (MATRIZ E FILIAIS)
CNPJ: 27.425.946/0001-56
Certidão nº: 44426383/2026
Expedição: 28/04/2026, às 08:57:36
Validade: 25/10/2026 - 180 (cento e oitenta) dias, contados da data de sua expedição.

Certifica-se que **SPERLING COMERCIO E SERVICOS LTDA (MATRIZ E FILIAIS)**, inscrito(a) no CNPJ sob o nº **27.425.946/0001-56**, **NÃO CONSTA** como inadimplente no Banco Nacional de Devedores Trabalhistas.
Certidão emitida com base nos arts. 642-A e 883-A da Consolidação das Leis do Trabalho, acrescentados pelas Leis ns.° 12.440/2011 e 13.467/2017, e no Ato 01/2022 da CGJT, de 21 de janeiro de 2022.
Os dados constantes desta Certidão são de responsabilidade dos Tribunais do Trabalho.
No caso de pessoa jurídica, a Certidão atesta a empresa em relação a todos os seus estabelecimentos, agências ou filiais.
A aceitação desta certidão condiciona-se à verificação de sua autenticidade no portal do Tribunal Superior do Trabalho na Internet (http://www.tst.jus.br).
Certidão emitida gratuitamente.

**INFORMAÇÃO IMPORTANTE**
Do Banco Nacional de Devedores Trabalhistas constam os dados necessários à identificação das pessoas naturais e jurídicas inadimplentes perante a Justiça do Trabalho quanto às obrigações estabelecidas em sentença condenatória transitada em julgado ou em acordos judiciais trabalhistas, inclusive no concernente aos recolhimentos previdenciários, a honorários, a custas, a emolumentos ou a recolhimentos determinados em lei; ou decorrentes de execução de acordos firmados perante o Ministério Público do Trabalho, Comissão de Conciliação Prévia ou demais títulos que, por disposição legal, contiver força executiva.

**MINISTRY OF FINANCE**
**Secretariat of the Federal Revenue of Brazil**
**National Treasury Attorney General's Office**

## FEDERAL TAX AND LIABILITIES CLEARANCE CERTIFICATE

**Name: SPERLING COMERCIO E SERVICOS LTDA**
**CNPJ: 27.425.946/0001-56**

Without prejudice to the right of the National Treasury to collect and enroll any debts of the taxpayer identified above that may be subsequently determined, it is hereby certified that there are no pending liabilities in their name relating to tax credits administered by the Secretariat of the Federal Revenue of Brazil (RFB) and to enrollments in the Federal Active Debt (DAU) with the National Treasury Attorney General's Office (PGFN).

This certificate is valid for the parent establishment and its branches and, in the case of a federative entity, for all public bodies and funds of the direct administration linked to it. It refers to the tax status of the taxpayer within the scope of the RFB and the PGFN and also covers the social contributions provided for in items 'a' through 'd' of the sole paragraph of Article 11 of Law No. 8.212, of July 24, 1991.

The acceptance of this certificate is contingent upon verification of its authenticity on the Internet, at the websites <http://rfb.gov.br> or <http://www.pgfn.gov.br>.

Certificate issued free of charge pursuant to Joint Ordinance RFB/PGFN No. 1.751, of 10/02/2014.
Issued at 12:37:46 p.m. on 04/28/2026 < Brasília date and time>.
Valid through 10/25/2026.
Certificate Control Code: **C508.9F28.2080.792B**
Any erasure or amendment will render this document invalid.

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

_____ **Date: August 18, 2026.**

**MINISTÉRIO DA FAZENDA**
**Secretaria da Receita Federal do Brasil**
**Procuradoria-Geral da Fazenda Nacional**

# CERTIDÃO NEGATIVA DE DÉBITOS RELATIVOS AOS TRIBUTOS FEDERAIS E À DÍVIDA ATIVA DA UNIÃO

**Nome: SPERLING COMERCIO E SERVICOS LTDA**
**CNPJ: 27.425.946/0001-56**

Ressalvado o direito de a Fazenda Nacional cobrar e inscrever quaisquer dívidas de responsabilidade do sujeito passivo acima identificado que vierem a ser apuradas, é certificado que não constam pendências em seu nome, relativas a créditos tributários administrados pela Secretaria da Receita Federal do Brasil (RFB) e a inscrições em Dívida Ativa da União (DAU) junto à Procuradoria-Geral da Fazenda Nacional (PGFN).

Esta certidão é válida para o estabelecimento matriz e suas filiais e, no caso de ente federativo, para todos os órgãos e fundos públicos da administração direta a ele vinculados. Refere-se à situação do sujeito passivo no âmbito da RFB e da PGFN e abrange inclusive as contribuições sociais previstas nas alíneas 'a' a 'd' do parágrafo único do art. 11 da Lei nº 8.212, de 24 de julho de 1991.

A aceitação desta certidão está condicionada à verificação de sua autenticidade na Internet, nos endereços <http://rfb.gov.br> ou <http://www.pgfn.gov.br>.

Certidão emitida gratuitamente com base na Portaria Conjunta RFB/PGFN nº 1.751, de 2/10/2014.
Emitida às 12:37:46 do dia 28/04/2026 <hora e data de Brasília>.
Válida até 25/10/2026.
Código de controle da certidão: **C508.9F28.2080.792B**
Qualquer rasura ou emenda invalidará este documento.

**MINISTRY OF FINANCE**
**Secretariat of the Federal Revenue of Brazil**
**National Treasury Attorney General's Office**

## FEDERAL TAX AND LIABILITIES CLEARANCE CERTIFICATE

**Name: SPERLING COMERCIO E SERVICOS LTDA**
**CNPJ: 27.425.946/0001-56**

Without prejudice to the right of the National Treasury to collect and enroll any debts of the taxpayer identified above that may be subsequently determined, it is hereby certified that there are no pending liabilities in their name relating to tax credits administered by the Secretariat of the Federal Revenue of Brazil (RFB) and to enrollments in the Federal Active Debt (DAU) with the National Treasury Attorney General's Office (PGFN).

This certificate is valid for the parent establishment and its branches and, in the case of a federative entity, for all public bodies and funds of the direct administration linked to it. It refers to the tax status of the taxpayer within the scope of the RFB and the PGFN and also covers the social contributions provided for in items 'a' through 'd' of the sole paragraph of Article 11 of Law No. 8.212, of July 24, 1991.

The acceptance of this certificate is contingent upon verification of its authenticity on the Internet, at the websites <http://rfb.gov.br> or <http://www.pgfn.gov.br>.

Certificate issued free of charge pursuant to Joint Ordinance RFB/PGFN No. 1.751, of 10/02/2014.
Issued at 12:37:46 p.m. on 04/28/2026 < Brasília date and time>.
Valid through 10/25/2026.
Certificate Control Code: **C508.9F28.2080.792B**
Any erasure or amendment will render this document invalid.

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

_____ **Date: August 18, 2026.**

**MINISTÉRIO DA FAZENDA**
**Secretaria da Receita Federal do Brasil**
**Procuradoria-Geral da Fazenda Nacional**

# CERTIDÃO NEGATIVA DE DÉBITOS RELATIVOS AOS TRIBUTOS FEDERAIS E À DÍVIDA ATIVA DA UNIÃO

**Nome: SPERLING COMERCIO E SERVICOS LTDA**
**CNPJ: 27.425.946/0001-56**

Ressalvado o direito de a Fazenda Nacional cobrar e inscrever quaisquer dívidas de responsabilidade do sujeito passivo acima identificado que vierem a ser apuradas, é certificado que não constam pendências em seu nome, relativas a créditos tributários administrados pela Secretaria da Receita Federal do Brasil (RFB) e a inscrições em Dívida Ativa da União (DAU) junto à Procuradoria-Geral da Fazenda Nacional (PGFN).

Esta certidão é válida para o estabelecimento matriz e suas filiais e, no caso de ente federativo, para todos os órgãos e fundos públicos da administração direta a ele vinculados. Refere-se à situação do sujeito passivo no âmbito da RFB e da PGFN e abrange inclusive as contribuições sociais previstas nas alíneas 'a' a 'd' do parágrafo único do art. 11 da Lei nº 8.212, de 24 de julho de 1991.

A aceitação desta certidão está condicionada à verificação de sua autenticidade na Internet, nos endereços <http://rfb.gov.br> ou <http://www.pgfn.gov.br>.

Certidão emitida gratuitamente com base na Portaria Conjunta RFB/PGFN nº 1.751, de 2/10/2014.
Emitida às 12:37:46 do dia 28/04/2026 <hora e data de Brasília>.
Válida até 25/10/2026.
Código de controle da certidão: **C508.9F28.2080.792B**
Qualquer rasura ou emenda invalidará este documento.

São Luís, Maranhão — July 25, 2026

**Sperling Medical USA LLC**
Attn.: Maquerli Oliveira Hemp, Authorized Representative
5563 Wood Bridge Place, St. Cloud, FL 34771, United States

**Re: Non-Binding Letter of Intent — Prospective Non-Clinical Scholarly Collaboration (Scientific Education, Research Methodology, and Outcomes Scholarship)**

Dear Mrs. Hemp,

**1. Purpose of this letter**

The Colégio Brasileiro de Cirurgiões (Brazilian College of Surgeons — "CBC"), founded in 1929, is the largest surgical association in Latin America, with more than eight thousand members organized in state chapters. The Maranhão Chapter ("CBC-MA"), which I serve as Chapter Master for the 2026–2027 term, is responsible for the College's scientific, educational, and continuing-professional-development activities among surgeons in the State of Maranhão — including scientific sessions, courses, and the mentoring of members in research and academic production.

I write, on behalf of the Chapter, to record our good-faith interest in a non-clinical scholarly collaboration with Sperling Medical USA LLC, drawing on the published work of Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D., in digestive, bariatric, and metabolic surgery, translational research, and outcomes methodology. Our interest is expressed in anticipation of, and conditioned upon, approval of Dr. Souza's O-1A petition.

**2. Basis for the Chapter's interest**

The Chapter's interest is grounded in Dr. Souza's documented scientific record and its relevance to our educational mission. According to publicly auditable bibliometric data, Dr. Souza is an identified author on four PubMed-indexed peer-reviewed publications, with a consolidated total of 473 Google Scholar citations (h-index 4; i10-index 4) and 237 Web of Science Core Collection citations (h-index 4), spanning metabolic and bariatric surgery, minimally invasive surgical innovation, and gastrointestinal surgical technique.

His cornerstone publication — a 2009 study on Laparoscopic Duodenal-Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m² (LBMI), published in Obesity Surgery (Springer Nature), the official journal of the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) — has accumulated 243 Google Scholar citations and 103–107 Web of Science citations over a seventeen-year period. The Web of Science Author Impact Beamplot places that publication at the 95th citation percentile for Surgery in its publication year, and Dr. Souza's overall citation-percentile median at the 90th percentile of the 1980–2024 author cohort.

The study's downstream influence has been independently validated through its citation in the Diabetes Surgery Summit Consensus Conference statement (Annals of Surgery, 2010), endorsed by twenty-one international professional organizations including the ASMBS and the IFSO; in a review in The Lancet Diabetes & Endocrinology (2014), where it served as the human-evidence anchor for one of the two central mechanistic hypotheses of metabolic surgery; and in a review in Nature Reviews Endocrinology (2010). This is precisely the kind of evidence-based scholarship the Chapter exists to bring to its members in the State of Maranhão.

**3. Areas of proposed collaboration**

We would explore collaboration in four areas, all non-clinical and didactic in character:

— Scientific education: development and delivery of educational modules, lectures, or workshops on metabolic surgery, surgical technology, evidence appraisal, and outcomes methodology for the Chapter's members, affiliated residents, and professional audiences, with no bedside, procedural, or patient-based teaching;

— Research design and methodology: review of research questions, study protocols, literature-search strategies, endpoint selection, and analytic plans developed by Chapter members, with all human-subjects research governed by the Brazilian research-ethics system (CEP/CONEP) and the policies of the institutions where it is conducted;

— Scholarly output: scientific editing and co-preparation of abstracts, manuscripts, white papers, or conference materials, with authorship determined under ICMJE criteria; and

— Outcomes scholarship: retrospective, literature-based, or fully de-identified outcomes analyses, conducted only under data-use agreements and the ethical approvals our institution requires.

**4. How we envisage the programme**

**Start.** Within sixty days after approval of the O-1A petition and completion of our institutional review. **Term.** One academic or programme year — approximately nine months of active collaboration — organized in phases defined in the definitive agreement.

**Deliverables.** One educational module or workshop series; one research-design or outcomes memorandum; periodic advisory meetings; and one publication-oriented deliverable, subject to data access and institutional approval.

**Compensation.** This would be a voluntary, non-remunerative collaboration. CBC-MA is an associative chapter of the national College and does not maintain an independent operating budget; accordingly, no monetary compensation is contemplated under this letter. Any future reimbursement of direct expenses (travel, materials, or similar costs) would depend on the availability of Chapter or institutional funds and the terms of the definitive agreement.

**Place of performance.** All services under the collaboration would be rendered by Sperling Medical USA LLC from U.S. territory, with sessions delivered remotely or, when occasion allows, in person at Chapter events.

**5. Institutional review and conditions**

Any collaboration would be subject to our standard institutional review for external scholars and consultants — including compliance screening, conflict-of-interest disclosure, data-governance and, where applicable, export-control review, and any committee approvals our policies require. It is further contingent upon approval of Dr. Souza's O-1A petition and lawful work authorization, and execution of a mutually acceptable definitive agreement. Until such an agreement is executed, this letter imposes no obligation on either party.

**6. Nature of the role**

Dr. Souza would participate as a non-clinical scholar-consultant engaged through Sperling Medical USA LLC. He would hold no office, clinical appointment, or supervisory role within the Chapter; would have no patient contact and no role in the clinical supervision of residents or members; and would have no role in diagnosis, treatment, prescribing, or the performance of procedures. All services would be rendered from within the United States. Nothing in the contemplated scope involves the practice of medicine or of law, calls for a U.S. medical license, or entails purchasing or commercial authority within our association.

**7. Consent to use in immigration proceedings**

We consent to the submission of this signed letter, accurately and in its complete form, to U.S. Citizenship and Immigration Services in support of Dr. Souza's petition, as a record of the collaboration this Chapter intends to pursue.

I look forward to the opportunity to develop this collaboration further.

Yours faithfully,

**For the Chapter**



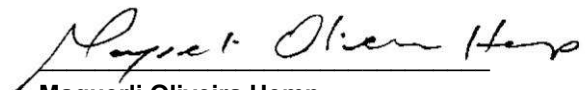
**TCBC Roclides Castro de Lima**

Mestre do Capítulo do Maranhão (Chapter Master, 2026–2027)

Phone +55 98 98805-1811 · roclidescastro@gmail.com

Date: July 25, 2026

**Acknowledged — Sperling Medical USA LLC**



**Maquerli Oliveira Hemp**

Authorized Representative

sperlingmedical.usa@gmail.com

Date: July 25, 2026

INSTITUTO
TRANSFORMAR

# NON-BINDING LETTER OF INTENT

## CHRONIC-DISEASE CARE AND COMMUNITY HEALTH ADVISORY COLLABORATION

| | |
|---|---|
| **Date** | July 15, 2026 |
| **From** | Instituto Transformar - IT, Rua das Juçaras, S/N, Condomínio Executive Lake, Sala 909, Jardim Renascença, São Luís, MA, CEP 65.075-230, Brazil. |
| **Issued by** | Klauber de Araújo Souza Azevedo, President. Phone: +55 98 99618-3684. Email: institutotransformar.it@gmail.com |
| **To** | Sperling Medical USA LLC — Attn: Maquerli Oliveira Hemp, Authorized Representative, 5563 Wood Bridge Place, St. Cloud, FL 34771, United States. Email: sperlingmedical.usa@gmail.com. Phone: +55 41 99866-7374. |
| **Re** | Expression of Interest — Scientific Advisory Collaboration in Chronic-Disease Care and Community Health Outcomes |

Dear Mrs. Hemp,

### 1. OUR ORGANIZATION AND MISSION

Instituto Transformar - IT is a private, nonprofit association founded in 2018 and based in São Luís, Maranhão, Brazil. Under its bylaws, the Institute's mission is to develop and coordinate public-interest health, social, and educational programs, acting in partnership with public authorities on a supplementary and complementary basis within Brazil's Unified Health System (Sistema Único de Saúde – SUS), including the administration of health units and hospital-based medical services and the promotion of preventive, diagnostic, and community health initiatives for underserved populations. Chronic-disease management — including obesity, type 2 diabetes, and related metabolic conditions — accounts for a substantial and growing share of the disease burden in the communities we serve, and the design of effective, equitable programs in this field demands scientific rigor that mission-driven organizations of our size often cannot maintain in-house.

### 2. WHY THIS COLLABORATION

Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. brings together research in metabolic and bariatric surgery, experience in public-health administration, and practical familiarity with outcomes review. That combination is directly relevant to the questions our organization faces when designing programs for obesity, type 2 diabetes, and related chronic conditions. We are interested in exploring an advisory relationship with Sperling Medical USA LLC focused on program design, evaluation, and staff education rather than patient care.

## 3. PROPOSED PROGRAM OF WORK

- Synthesis of the scientific evidence on obesity, type 2 diabetes, metabolic surgery, and integrated chronic-disease management, translated into practical guidance for program design;
- Assessment of our program logic, referral pathways, access barriers, and equity considerations affecting the underserved populations we serve;
- Design of an evidence-based outcomes-monitoring framework — indicators, data sources, and reporting cadence — proportionate to our operational capacity;
- Preparation of evidence summaries, educational materials, and implementation recommendations for staff, partners, and community stakeholders; and
- Participation in periodic, non-clinical advisory meetings with program leadership and, where appropriate, our board or scientific committee.

## 4. ANTICIPATED TIMELINE AND RESOURCES

| | |
|---|---|
| **Anticipated start** | Within 30–90 days after approval of the O-1A petition and execution of a definitive agreement. |
| **Indicative term** | Six to nine months, structured around project milestones defined in the definitive agreement. |
| **Principal deliverables** | Evidence review; program-assessment framework; proposed outcome-measure set; implementation memorandum; one scientific briefing or workshop. |
| **Funding** | USD $3,000 per month; estimated total range USD $18,000 to $27,000 for the indicative six-to-nine-month term, subject to budget availability and execution of a definitive agreement. |
| **Place of performance** | Services will be performed by Sperling Medical USA LLC from within the United States; meetings may occur remotely or at mutually agreed locations. |

## 5. ORGANIZATIONAL CONDITIONS

Any engagement is subject to: (i) approval of Dr. Souza's O-1A petition and lawful U.S. work authorization; (ii) approval by our Board of Directors in accordance with our bylaws and internal policies; (iii) confirmation of budget or grant funding; (iv) completion of our compliance and conflict-of-interest review; and (v) execution of a mutually acceptable written agreement. This letter is non-binding and creates no financial or contractual obligation for either party.

## 6. SCOPE CLARIFICATION

The collaboration contemplated here is exclusively scientific, educational, and advisory, focused on population-level and program-level analysis. Dr. Souza would not provide medical care of any kind, would not diagnose, treat, prescribe, or perform procedures, would not practice law, and would not undertake any activity requiring U.S. medical licensure. No patient-identifiable data would be accessed outside a data-use framework approved under applicable ethical and legal requirements.

## 7. STATEMENT OF SUPPORT FOR IMMIGRATION PURPOSES

Consistent with our mission, we regard this type of program-level scientific support as potentially beneficial to the communities we serve. We authorize the submission of this signed letter, accurately and in full, in Dr. Souza's U.S. immigration proceedings, as confirmation of the engagement our organization anticipates contracting.

We would be pleased to continue this conversation once the conditions above can be addressed.

With best regards,

**For the Organization:**

Signature Documento assinado digitalmente gov.br KLAUBER DE ARAUJO SOUZA AZEVEDO Data: 24/07/2026 09:51:50-0300 Verifique em https://validar.iti.gov.br

Name: Klauber de Araújo Souza Azevedo

Title: President, Instituto Transformar

Date: July 15, 2026

Acknowledged — Sperling Medical USA LLC:

Signature: _____

Name: Maquerli Oliveira Hemp

Title: Authorized Representative

Date: July 15, 2026

Documento assinado digitalmente gov.br MAQUERLI OLIVEIRA HEMP Data: 24/07/2026 10:10:16-0300 Verifique em https://validar.iti.gov.br

SEEDOCTOR
TECNOLOGIA NO CUIDADO DA SAÚDE

seedoctor.com.br | cristinam@tcta.dev.br | mauro@tcta.dev.br

# NON-BINDING LETTER OF INTENT

## DIGITAL HEALTH INFRASTRUCTURE, DATA GOVERNANCE, AND OUTCOMES MEASUREMENT SYSTEMS

To: Sperling Medical USA LLC
Attn: Maquerli Oliveira Hemp, Authorized Representative
5563 Wood Bridge Place, St. Cloud, FL 34771

Re: Expression of Interest in Advisory Services of Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D.

## 1. COMPANY EXPERTISE AND MARKET POSITIONING

TCTA MELO Serviços Design e Informática LTDA, operating as SeeDoctor (the "Company"), develops and advises on digital-health solutions, including clinical information systems, telemedicine workflows, analytics, and interoperability. Our work frequently requires a bridge between software architecture and real-world clinical practice.

In evaluating the advisory capabilities of Sperling Medical USA LLC, we identified Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. as a potential clinical-scientific advisor. His background in surgery, outcomes research, and healthcare operations could help us test whether product specifications, data models, and performance indicators remain clinically meaningful as systems are deployed.

## 2. PROPOSED SCOPE OF ADVISORY COLLABORATION

We envision a phased assignment, with the precise sequence adjusted to the product or client environment:

Phase I — Clinical Workflow and Data Review (months 1–3): examine selected EHR/EMR, hospital-information, telemedicine, and analytics components against intended clinical workflows, data-quality requirements, and reporting needs.

Phase II — Measurement Design (months 4–8): help define clinically interpretable outcome measures, governance rules, validation checks, and an implementation roadmap for the technical team.

Phase III — Validation and Scale-Up (months 9–12): review post-implementation data quality, metric behavior, and alignment with clinical protocols, and advise on future platform development.

## 3. COMMERCIAL TERMS

The anticipated term is six to twelve months, with approximately 12–15 hours of advisory work per month. Based on the expected level of specialization, the parties would discuss a monthly fee in the range of USD $3,000–$4,500. Deliverables, review cycles, intellectual-property terms, confidentiality, and payment milestones would be set out in a later services agreement.

## 4. PROFESSIONAL AND OPERATIONAL BOUNDARIES

Dr. Souza's role would be limited to scientific and clinical-technical advice. He would not treat patients, prescribe, perform procedures, direct procurement, manage Company personnel, or practice law. Product, operational, and contracting decisions would remain with TCTA MELO / SeeDoctor and its clients.

## 5. NON-BINDING STATEMENT AND CONDITIONS PRECEDENT

This letter reflects a genuine present interest in exploring the assignment but is not a purchase order, guarantee of work, or binding commitment. The Company would proceed



only after lawful U.S. work authorization is confirmed, internal compliance review is completed, and the parties sign a mutually acceptable services agreement.

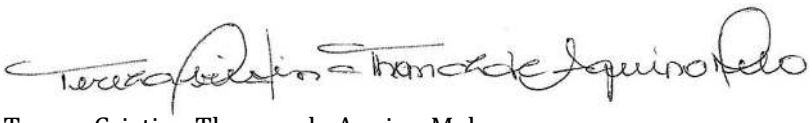
## 6. AUTHORIZATION FOR IMMIGRATION PROCEEDINGS

TCTA MELO / SeeDoctor permits this signed letter to be provided, in its complete and accurate form, to U.S. immigration authorities as evidence of our prospective business interest.

We look forward to developing this collaboration with Sperling Medical USA LLC.

---

**FOR AND ON BEHALF OF THE COMPANY:**



Tereza Cristina Thomaz de Aquino Melo

**Managing Partner / Chief Executive Officer**

**TCTA MELO Serviços Design e Informática LTDA / SeeDoctor**

Date: July 17, 2026

http://www.dompedrosaude.com.br | presidencia@dompedrosaude.com.br | +55 800 552 1002

# NON-BINDING LETTER OF INTENT

## HEALTHCARE SYSTEM OPTIMIZATION, CARE-PATHWAY REVIEW, AND CLINICAL OUTCOMES ASSESSMENT

To: Sperling Medical USA LLC
Attn: Maquerli Oliveira Hemp, Authorized Representative
5563 Wood Bridge Place, St. Cloud, FL 34771

Re: Expression of Interest in Advisory Services of Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D.

### 1. INSTITUTIONAL CONTEXT AND STRATEGIC PRIORITIES

HJM DOM PEDRO Gestão e Serviços em Saúde LTDA (the "Institution") coordinates healthcare programs in multiple Brazilian regions through Dom Pedro Saúde, NovaPed Saúde, NHT, and DPX. According to information currently available to the Institution as of the date of this Letter, these programs collectively support healthcare operations across multiple specialties, including surgical, emergency, maternal-pediatric, digital-health, and healthcare technology management. This description is provided solely for general institutional background and shall not constitute a representation or warranty regarding current or future operational volume, financial performance, or institutional capacity.

For the current planning cycle, our principal needs are:

- Healthcare system optimization: strengthening outcomes measurement, data governance, and clinical performance across our multi-program portfolio;
- Care-pathway analysis: identify material variation in selected bariatric/metabolic, emergency, and pediatric pathways and compare them with applicable published guidance;
- Technology assessment: independent evaluation of surgical technologies and digital health infrastructure to enhance clinical and financial performance.

We have reviewed the background of Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. and discussed the type of services available through Sperling Medical USA LLC. His combination of surgical expertise, outcomes research, and institutional leadership is relevant to our need for independent, cross-program analysis. We would therefore like to explore a defined advisory engagement.

## 2. CONTEMPLATED ADVISORY SCOPE

The initial assignment under consideration would include:

1. Portfolio-level outcomes review: compare selected quality, complication, access, and efficiency measures across participating programs using de-identified aggregate information;

2. Data and measurement review: assess the reliability, governance, and interoperability of information used for clinical and managerial reporting;

3. Care-pathway standardization: review of clinical protocols against published guidelines and peer-reviewed outcome benchmarks;

4. Independent technology assessment: evaluate the clinical rationale, evidence base, and implementation considerations for selected technologies or equipment; and

5. Executive recommendations: provide a prioritized written report and present the findings to clinical, operational, and governance leadership.

## 3. PROJECT PARAMETERS AND COMMERCIAL TERMS

A project of this scope would likely run for six to twelve months and require approximately 15–20 hours per month, combining remote meetings, document review, and occasional agreed in-person sessions. The anticipated monthly advisory fee is estimated to be between USD $4,000 and USD $6,000 solely for preliminary budgeting and discussion purposes. Such estimate is non-binding, may be modified without notice, and shall only become effective if incorporated into a definitive written agreement executed by both parties.

**4. ADVISORY ROLE AND PROFESSIONAL BOUNDARIES**The proposed work is non-clinical. Dr. Souza would not provide or supervise patient care, prescribe, perform procedures, hold privileges, approve purchases, or practice law. HJM DOM PEDRO would retain full authority over all medical, operational, and procurement decisions.

## 5. NON-BINDING NATURE, NO OBLIGATION, NO EXCLUSIVITY, AND CONDITIONS PRECEDENT

This Letter is intended solely to document the Institution's present business interest in exploring a potential advisory relationship with Sperling Medical USA LLC. Except for the limited authorization contained in Section 7 below, this Letter is entirely non-binding and shall not create any contractual obligation, partnership, joint venture, agency, employment relationship, exclusivity arrangement, duty to negotiate, duty to continue discussions, or obligation to execute any definitive agreement. Either party may suspend or terminate discussions at any time, with or without cause, and without any liability whatsoever. Nothing contained herein shall be interpreted as granting Sperling Medical USA LLC or Dr. Souza any preferred-provider status, right of first refusal, exclusivity, or expectation of future engagement. Any future advisory relationship shall be subject to:

1. Completion of the Institution's internal legal, compliance, procurement, financial and governance approvals;
2. Lawful authorization for Dr. Souza to perform the contemplated activities;
3. Satisfactory commercial negotiations; and
4. Execution of a definitive written agreement signed by both parties.

## 6. AUTHORIZATION FOR IMMIGRATION USE

HJM DOM PEDRO authorizes the use of this signed letter, in complete and unmodified form, as supporting evidence in Dr. Souza's U.S. immigration proceedings.

We look forward to exploring this collaboration with Sperling Medical USA LLC.

**FOR AND ON BEHALF OF THE INSTITUTION:**

Documento assinado digitalmente
gov.br
FELLYPE RODRIGUES MENDONCA
Data: 23/07/2026 20:16:23-0300
Verifique em https://validar.iti.gov.br

Fellype Rodrigues Mendonça
President Director

**HJM DOM PEDRO Gestão e Serviços em Saúde LTDA**
Date: July 20, 2026

**HJM DOM PEDRO — Non-Binding Letter of Intent — O-1A Supporting Evidence**
*Advisory Services through Sperling Medical USA LLC | 5563 Wood Bridge Place, St. Cloud, FL 34771*

# Simple query completed successfully!

27.425.946/0001-56

SPERLING COMERCIO E SERVICOS

## Credit score

This indicator can vary from 300 to 1000. The higher the score, the greater the chance of the queried party paying their financial commitments in the coming months.

**944** / 1000 very low risk

reasons for risk level

The company presents a Score with a low default risk

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**Important.** This service was developed in partnership with Quod, a data intelligence company, which owns and is responsible for the information presented

| | | |
|---|---|---|
| **Inquiry made at** | **SPERLING COMERCIO E SERVICOS** | **Branch:** 3858 |
| **07/28/2026 at 3:30 p.m.** | **27.425.946/0001-56** | **Account:** 68901-5 |

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: August 7, 2026.

# Consulta simples feita com sucesso!

27.425.946/0001-56

SPERLING COMERCIO E SERVICOS

## Score de crédito

Este indicador pode variar entre 300 a 1000. Quanto maior o score, maior a chance do consultado pagar seus compromissos financeiros nos próximos meses.

**944** / 1000 risco muito baixo

motivos do risco

Empresa apresenta Score de baixo risco de inadimplência

**Importante.** Este serviço foi desenvolvido em parceria com a Quod, uma empresa de inteligência de dados, que é detentora e responsável pelas informações apresentadas

| | | |
|---|---|---|
| **Consulta feita em** | **SPERLING COMERCIO E SERVICOS** | **Agência:** 3858 |
| **28/07/2026 às 15:30** | **27.425.946/0001-56** | **Conta:** 68901-5 |

# Exhibit B - Beneficiary's Professional Qualifications

# YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA, M.D., Ph.D., J.D.

*Digestive, Metabolic and Bariatric Surgery*
São Luís, Maranhão, Brazil · yglesio@yahoo.com · +55 (98) 99110-1412
Medical registration: CRM-MA 5227 · Brazilian Bar Association: OAB/MA 28.898

## PROFESSIONAL PROFILE

Board-certified general and digestive-system surgeon with a doctorate from the Faculty of Medicine of the University of São Paulo and a peer-reviewed publication record in minimally invasive, metabolic and pancreatic surgery. Practice concentrated in high-complexity digestive and oncologic surgery — pancreatoduodenectomy, oncologic gastrectomy, esophagectomy including the thoracoscopic approach, hepatic and colorectal resection. Academic activity as residency preceptor in a federal university hospital and as examiner on medical thesis boards. Executive experience as Director-General of a high-complexity municipal referral hospital.

## BOARD CERTIFICATION AND LICENSURE

**Título de Especialista em Cirurgia Geral** — Associação Médica Brasileira jointly with the Colégio Brasileiro de Cirurgiões, 25 July 2009.

**Título de Especialista em Cirurgia do Aparelho Digestivo** — Associação Médica Brasileira jointly with the Colégio Brasileiro de Cirurgia Digestiva, 9 October 2009.

**Medical licence** — Regional Council of Medicine of the State of Maranhão — CRM-MA 5227, active.

## EDUCATION

**Ph.D., Experimental Pathophysiology** — Faculty of Medicine, University of São Paulo (USP). Dissertation: "Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats." 2008–2009.

**Residency, General Surgery** — Hospital do Servidor Público Estadual, São Paulo (2004–2008).

**Doctor of Medicine (M.D.)** — Federal University of Maranhão (UFMA), São Luís (1998–2003).

**Bachelor of Laws (J.D. equivalent)** — CEUMA University, São Luís (2022).

## CLINICAL APPOINTMENTS

**Surgeon, General and Digestive Surgery Service — Hospital Dr. Tarquínio Lopes Filho (Hospital do Câncer), São Luís** (March 2019 – present). Services contracted through Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. (ICADO). Principal surgeon in high-complexity digestive and oncologic procedures.

**Surgeon — Hospital da Ilha, São Luís** (2022 – present). Services rendered under EMSERH Contract No. 187/2022.

**Digestive and general surgical practice, State of Maranhão** (2005 – present).

## HOSPITAL LEADERSHIP

**Director-General — Hospital Municipal Djalma Marques (Socorrão I), São Luís** (January – August 2013). Appointed by act of the Mayor of São Luís dated 7 January 2013, published in the Municipal Official Gazette of 24 January 2013; exonerated by act of 9 August 2013. Principal public emergency and trauma referral hospital of the metropolitan region, classified at the highest level of care complexity in the national health system (CNES No. 2308762). Directed the institution during the declared state of emergency in the municipal health system: reorganisation of patient flow, restoration of supply and control of food, medicines and surgical materials, modernisation of the surgical centre, initiation of a laparoscopic surgery service in the public emergency setting, and introduction of electronic medical records and computerised hospital billing.

## ACADEMIC APPOINTMENTS

**Preceptor, Medical Residency Programme in General Surgery** — Presidente Dutra University Hospital, Federal University of Maranhão (HU-UFMA / EBSERH).

**Preceptor, Medical Residency Programme in Digestive System Surgery** — HU-UFMA / EBSERH.

**Professor of Medicine** — CEUMA University, São Luís (March 2010 – December 2018). Teaching in anatomy and surgery; supervision of students and surgical residents.

## PEER REVIEW AND SCIENTIFIC EVALUATION

**Examining boards (bancas examinadoras), medical theses** — CEUMA University: completed service on twelve boards evaluating final research theses required for the medical degree (2010–2018), across surgery and allied clinical medicine.

**Manuscript evaluation** — scientific review of "Robotic Surgery Training: Feasibility and User Perception," at the request of Dr. Alexis Sanchez, Director of the Robotic Surgery Program, Orlando Health, Florida, USA (July 2025).

## PEER-REVIEWED PUBLICATIONS

Ramos AC, Galvão Neto MP, **de Souza YM**, et al. Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m². *Obesity Surgery* 2009;19(3):307–312. PMID 18987919. (Third of nine authors.)

**de Souza YM**, Fontes B, Martins JO, Sannomiya P, Brito GS, Younes RN, Rasslan S. Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats. *Clinics (São Paulo)* 2010;65(2):195–202. (First and corresponding author.)

Torres OJM, Costa RCNC, Costa FFM, Neiva RF, Suleiman TS, **Souza YLMS**, Shrikhande SV. Modified Heidelberg technique for pancreatic anastomosis. *ABCD Arq. Bras. Cir. Dig.* 2017;30(4):260–263. PMID 29340550. (Sixth of seven authors.)

Ramos AC, Murakami A, Galvão Neto M, Galvão MS, Silva AC, Canseco EG, **Moyses Y**. NOTES transvaginal video-assisted cholecystectomy: first series. *Endoscopy* 2008;40(7):572–575. PMID 18609450. (Seventh of seven authors.)

*Indexed under three name conventions: "de Souza YM" (2009, 2010), "Moyses Y" (2008) and "Souza YLMS" (2017).*

## DOCTORAL DISSERTATION

Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats. Doctoral dissertation, Faculty of Medicine, University of São Paulo, 2009. Deposited in the USP Digital Library of Theses and Dissertations.

## CONFERENCE ABSTRACTS (COMPETITIVELY SELECTED)

Two abstracts selected for the **Plenary Session** of the 2009 Annual Meeting of the American Society for Metabolic and Bariatric Surgery (ASMBS), published in *Surgery for Obesity and Related Diseases* 2009;5(3 Suppl): PL-314 (p. S22) and PL-116 (p. S6).

## BIBLIOMETRIC SUMMARY

474 Google Scholar citations across four indexed publications; 237 citations in the Web of Science Core Collection with no self-citations; h-index 4. The 2009 metabolic-surgery study is placed at the 95th citation percentile for Surgery in its publication year and was included among twenty-four primary human studies worldwide in a systematic review (Goh, Toumi & Date, *Surg. Endosc.* 2017), and relied upon by the Diabetes Surgery Summit consensus statement (*Ann. Surg.* 2010). Retrieval dates and methodology documented in the bibliometric exhibit.

## PROFESSIONAL MEMBERSHIPS

Colégio Brasileiro de Cirurgiões (CBC) · Colégio Brasileiro de Cirurgia Digestiva (CBCD) · Sociedade Brasileira de Cirurgia Bariátrica e Metabólica (SBCBM) · Ordem dos Advogados do Brasil (OAB/MA)

## PUBLIC OFFICE

State Representative, Legislative Assembly of the State of Maranhão (2019 – present; current mandate ending 31 January 2027). Legislative activity in public health and health-system regulation.

## LANGUAGES

Portuguese (native) · English (advanced) · Spanish (intermediate) · French (intermediate)



# Yglésio Luciano Moyses Silva de Souza

Link to access this CV: http://lattes.cnpq.br/8797240736900242
Lattes ID: **8797240736900242**
Last updated resume on 06/11/2019

Holds a degree in Medicine from the Federal University of Maranhão (2003). Has experience in the field of Medicine, with an emphasis on Digestive System Surgery **(Text provided by the author).**

## Identification

**Name**

Yglésio Luciano Moyses Silva de Souza

**Name in bibliographic citations**

SOUZA, YLMS

**Lattes iD**

http://lattes.cnpq.br/8797240736900242

**Country of Nationality**

Brazil

## Address

**Professional Address**

Institute of Medical Assistance for State Public Servants.
Rua Borges Lagoa, s/n
Vila Clementino
04038-034 - Sao Paulo, SP - Brazil
Homepage URL: http://

## Academic background/qualifications

**2008 - 2009**

PhD in Experimental Physiopathology .
University of São Paulo, USP, Brazil.
Title: Evaluation of the effects of ozone therapy in the treatment of intra-abdominal injection in rats. Year of completion: 2010.
Advisor: Belchor Fontes.

**2006 - 2008**

Specialization - Medical Residency .
Institute of Medical Assistance to State

Public Servants, IAMSPE, Brazil. Medical Residency in: General Surgery - Advanced Program.
Registration Number: .
Scholarship Recipient: .

**2004 - 2006**

Specialization - Medical Residency .
Institute of Medical Assistance to State Public Servants, IAMSPE, Brazil. Medical residency in: General Surgery.
Registration number: .
Scholarship from: São Paulo Research Foundation, FAPESP, Brazil.

**1998 - 2003**

Medical Degree .
Federal University of Maranhão, UFMA, Brazil.
Title: Evaluation of electro-thermal liver injury - Experimental study in rats.
Advisor: Manoel Lages Castello Branco Neto.
Scholarship recipient from: Federal University of Maranhão, UFMA, Brazil.

## Professional Performance

**Antonio Rafael Academic Center of Medicine, CAMAR, Brazil.**

**Institutional link**

**2001 - 2002**

Employment type: Other, Job title: General Coordinator, Workload: 0

**Activities**

**4/2001 - 4/2002**

Management and administration, General Coordination.

Position or function:
General Coordinator.

**National Council for Scientific and Technological Development, CNPq, Brazil.**

**Institutional link**

## 2001 - 2002

Employment type: Other, Job title: Undergraduate Research Fellow, Workload: 0 hours

**Dr. José Frota Institute, IJF, Brazil.**

**Institutional link**

## 2001 - 2001

Employment type: Other, Job title: Intern, Working hours: 12

**Activities**

## 2/2001 - 2/2001

Internships, Emergency Surgery Service.

Internship completed:
Advanced training in Emergency Surgery.

**Djalma Marques Municipal Hospital, HMDM, Brazil.**

**Institutional link**

## 2000 - 2003

Employment type: Other, Job title: Intern, Working hours: 24

**Activities**

## 4/2000 - 10/2003

Internships, Djalma Marques Municipal Hospital.

Internship completed:
Advanced training in Emergency Surgery.

**Federal University of Maranhão, UFMA, Brazil.**

**Institutional link**

## 2010 - 2015

Employment Status: Public Servant, Job Title: Professor - Department of Morphology, Workload: 20 hours

**Institutional link**

## 2001 - 2002

Employment type: Other, Job title: Advisor, Workload: 0

**Institutional link**

## 2000 - 2002

Employment type: Other, Job title: Monitor, Working hours: 12

**Activities**

## 5/2001 - 5/2002

Councils, Committees and Consulting, Collegiate Body of the Medical Course.

Position or function:
Advisor.

## 4/2000 - 4/2002

Teaching, Medicine, Level: Undergraduate

Subjects taught:
Human Anatomy

**Ceuma University, UNICEUMA, Brazil.**

**Institutional link**

## 2010 - Present

Employment type: Permanent, Job title: Professor - Medical Skills Laboratory, Workload: 40 hours

**University Hospital of the Federal University of Maranhão, HUUFMA, Brazil.**

**Institutional link**

## 2014 - Present

Employment type: Permanent, Job title: Physician - Digestive System Surgery, Working hours: 24

## Areas of expertise

**1.**

Major area: Health Sciences / Field: Medicine / Subarea: Surgery / Specialty: Gastroenterological Surgery.

**2.**

Major area: Exact and Earth Sciences / Area: Computer Science / Subarea: Computer Systems.

**3.**

Major area: Exact and Earth Sciences / Area: Computer Science / Subarea: Computer Systems / Specialization: Hardware.

**4.**

Major area: Linguistics, Literature and Arts / Area: Arts / Subarea: Music / Specialization: Musical Composition.

**5.**

Major area: Health Sciences / Field: Medicine.

## Languages

**English**

Understands well, speaks well, reads well, writes well.

**French**

Understands well, speaks reasonably, reads well, writes reasonably.

**Spanish**

Understands well, speaks reasonably, reads well, writes reasonably.

## Awards and titles

**2000**

Approved with merit, ranking 1st in the competition for teaching assistant in the

subject of Human Anatomy, Department of Morphology/UFMA.

**1998**

Approved with merit, ranking 1st in the entrance exam for the Law course at the Federal University of Maranhão, PROEN/UFMA.

## Productions

Bibliographic production

### Full articles published in journals

Sort by

Chronological Order

**1.**

RAMOS, AC ; GALVAO NETO, MP; **SOUZA, Y.L.M.S** .; GALVAO, M.; MURAKAMI, AHF; SILVA, ACS ; Canseco, EG. Laparoscopic Duodenal?Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m2 (LBMI). Obesity Surgery JCR, vol. 19, p. 307-312, 2009. **Citations:** WEB OF SCIENCE 103 | SCOPUS 119

**2.**

RAMOS, AC ; MURAKAMI, AHF; GALVAO NETO, MP; GALVAO, M.; SILVA, ACS ; Canseco, EG; **SOUZA, Y.L.M.S** .; MOYSES, Y. . NOTES transvaginal video-assisted cholecystectomy: first series.. Surgical Endoscopy JCR, v. 2008, p. 572-575, 2008.

**3.**

BARRETO, JBP; LIMA FILHO, PWL; CARNEIRO NETO, JD ; **SOUZA, YLMS** . Enteric tuberculosis with colocutaneous fistula. Brazilian Journal of Colo-Proctology, v. 23, n.2, p. 108-111, 2003.

### Full papers published in conference proceedings

**1.**

**SOUZA, YLMS** . Enteric tuberculosis – case report. In: XVII October Médico, 2002, Fortaleza, 2002.

2.

ARAÚJO, GF; **SOUZA, YLMS** . Investigation of Electrothermal Injury in the Liver: Experimental study in rats. In: XIV Scientific Initiation Seminar - SEMIC, 2002, São Luís, 2002.

3.

**SOUZA, YLMS** . Colorectal cancer: A 5-year retrospective analysis. In: Medical Congress of Piauí, 2001, Teresina, 2001.

4.

**SOUZA, YLMS** . Treatment of orifice pathologies - Day clinic. In: Medical Congress of Piauí, 2001, Teresina, 2001.

5.

**SOUZA, YLMS** . Perforated adenocarcinoma of the sigmoid colon with multiple retroperitoneal abscesses - Case report. In: II Week of the Digestive System of Maranhão, 2001, São Luís, 2001.

6.

**SOUZA, YLMS** . Epidemiological study of the surgical treatment of anorectal pathologies at the Presidente Dutra Hospital and the Proctology Clinic of Maranhão. In: Scientific Meeting of Medical Students, 2000, São Luís, 2000.

7.

**SOUZA, YLMS** . Prevalence of arterial hypertension in employees of the UFMA University Hospital. In: Scientific Meeting of medical students, 2000, São Luís, 2000.

8.

**SOUZA, YLMS** . Comparative study of histological alterations between single and double-layer intestinal anastomoses in rabbits. In: Scientific Meeting of Medical Students, 2000, São Luís, 2000.

9.

**SOUZA, YLMS** . Grynfeltt's Hernia - Report of two cases. In: Interdisciplinary Congress of Hospital São Domingos, 2000, São Luís, 2000.

**10.**

**SOUZA, YLMS** . Aspects concerning the day clinic in the treatment of anorectal pathologies. In: Interdisciplinary Congress of Hospital São Domingos, 2000, São Luís, 2000.

**11.**

**SOUZA, YLMS** . Rectovesical fistula associated with bladder lithiasis - Case report presented at the II Interdisciplinary Congress of Hospital São Domingos. In: Interdisciplinary Congress of Hospital São Domingos, 2000, São Luís, 2000.

**12.**

**SOUZA, YLMS** . Hepatectomies: a retrospective critical analysis. In: Scientific Meeting of Medical Students, 1999, São Luís, 2000.

**13.**

**SOUZA, YLMS** . Comparative investigation of persistent bleeding after use of monopolar and bipolar electrocautery on rat skin. In: Scientific Meeting of Medical Students, 1999, São Luís, 2000.

### Articles accepted for publication

**1.**

TORRES, OJM; COSTA, RCNC; SULEIMAN, TS; NEIVA, RF; COSTA, FFM; **SOUZA, YLMS** ; SHRIKHANDE, SV. Modified Heidelberg technique for pancreatic anastomosis. ABCD. ARQUIVOS BRASILEIROS DE CIRURGIA DIGESTIVA JCR, 2017.

## Technical production

### Technical work

**1.**

**SOUZA, YLMS** ; SANTOS, DAV; SAMPAIO, MMS. Proposal for Amendment to the Constitution of the State of Maranhão 006/2019. 2019.

**2.**

**SOUZA, YLMS** ; SANTOS, DAV; SAMPAIO, MMS. Proposal for Amendment to the Constitution of the State of Maranhão

007/2019. 2019.

3.

**SOUZA, YLMS** ; SANTOS, DAV; SAMPAIO, MMS. Proposal for Amendment to the Constitution of the State of Maranhão 004/2019. 2019.

4.

**SOUZA, YLMS** ; SANTOS, DAV; SAMPAIO, MMS. Proposal for Amendment to the Constitution of the State of Maranhão 003/2019. 2019.

## Events

**Participation in events, congresses, exhibitions and fairs.**

1.

44th Update Course in Digestive Tract Surgery, Proctology and Transplants. 2017. (Congress).

2.

42nd Gastrão - Update Course in Digestive Tract Surgery, Coloproctology and Organ Transplantation of the Digestive Tract. 2015. (Congress).

3.

Advanced Trauma Life Support (ATLS). Advanced Trauma Life Support (ATLS). 2005. (Other).

4.

XXVI Brazilian Congress of Surgery. XXVI Brazilian Congress of Surgery. 2005. (Congress).

5.

. XVII Medical October. 2002. (Congress).

6.

10th Annual Surgery Conference of the Faculty of Medicine of the Federal University of Ceará. 2002. (Symposium).

**7.**

. II Week of the Digestive System of Maranhão. 2001. (Congress).

**8.**

. I UDI Week in Cardiology. 2001. (Congress).

**9.**

. XI Medical Congress of Piauí. 2001. (Congress).

**10.**

Regional Meeting of Medical Students - Northeast Region II. 2001. (Congress).

**11.**

Continuing Education Program of the Research and Scientific Events Center of HU/UFMA. 2001. (Symposium).

**12.**

.III Urological Weekend. 2001. (Symposium).

**13.**

.Credit Guidance Course. 2001. (Other).

**14.**

. II Interdisciplinary Congress of Hospital São Domingos. 2000. (Congress).

**15.**

. 1st Week of the Digestive System of Maranhão. 2000. (Congress).

16.

. III North-Northeast Trauma Congress. 2000. (Congress).

17.

XXX Scientific Meeting of Medical Students - ECEM. 2000. (Meeting).

18.

.Community Outreach Program of the Hypertension League at the University Hospital of UFMA. 2000. (Other).

19.

II Interdisciplinary Congress of the São Domingos Hospital. Pre-Congress Course on Video-Laparoscopy. 2000. (Workshop).

20.

6th North-Northeast Congress of Orthopedics and Traumatology. 1999. (Congress).

21.

. III Maranhense Congress of Cardiology. 1999. (Congress).

22.

.I Ambulatory Medicine Conference. 1999. (Symposium).

23.

.X Scientific Initiation Seminar -SEMIC. 1998. (Seminar).

24.

Course - Ethical Principles. 1998. (Workshop).

## Guidelines

Guidance and supervision completed.

### Scientific initiation

1.

Julianna Cardoso Sandes Farias. Comparative analysis between restrictive bariatric surgical techniques in experimental models of obese rats. 2012. Undergraduate Research. (Medical student) - Ceuma University. Advisor: Yglésio Luciano Moyses Silva de Souza.

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**FEDERATIVE REPUBLIC OF BRAZIL**
**UNIVERSITY OF SÃO PAULO**
**MEDICAL SCHOOL**

The President of the University of São Paulo,
in the exercise of his duties,
hereby confers upon

**YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**

OF BRAZILIAN NATIONALITY,
HOLDER OF IDENTITY CARD
ID NO. 069755397-3 MA,
BORN ON SEPTEMBER 19, 1980
AND FROM THE STATE OF MARANHÃO,
THE TITLE OF

**DOCTOR OF SCIENCE**

OBTAINED ON DECEMBER 9, 2009,
IN THE PROGRAM: SCIENCES (EXPERIMENTAL PATHOPHYSIOLOGY),
FIELD OF STUDY: EXPERIMENTAL PATHOPHYSIOLOGY.
AND, SO THAT HE MAY ENJOY ALL LEGAL RIGHTS AND PREROGATIVES,
HEREBY GRANTS HIM THIS DIPLOMA.

SÃO PAULO, JULY 13, 2010.

----- // signature //-----

**PRESIDENT**
PROF. DR. JOÃO GRANDINO RODAS

----- // signature //-----

**VICE PRESIDENT OF GRADUATE STUDIES**

PROF. DR. VAHAN AGOPYAN

----- // signature //-----

**GRADUATE**

YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA

Program recognized following the provisions of MEC Ordinance No. 524 of 04/29/2008, published in the Federal Official Gazette on 04/30/2008.

**UNIVERSITY OF SÃO PAULO**
GENERAL SECRETARIAT
DIVISION OF ACADEMIC RECORDS

Diploma registered under No. **096588**
Process No. 2010.5.170.5.3
Under Article 48 of Law No. 9394/96.
São Paulo, July 28, 2010.

-----// signature //-----

Ricardo de Oliveira Klefens
Analyst for Administrative Affairs
Approved by

-----// signature //-----
Prof. Dr. Rubens Beçak
General Secretary

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 17, 2025.**

REPÚBLICA FEDERATIVA DO BRASIL

# UNIVERSIDADE DE SÃO PAULO
# FACULDADE DE MEDICINA

O REITOR DA UNIVERSIDADE DE SÃO PAULO,
NO USO DE SUAS ATRIBUIÇÕES,
CONFERE A

## YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA

DE NACIONALIDADE BRASILEIRA,
PORTADOR DA CÉDULA DE IDENTIDADE
RG Nº 069755397-3 MA,
NASCIDO EM 19 DE SETEMBRO DE 1980
E NATURAL DO ESTADO DO MARANHÃO,
O TÍTULO DE

## DOUTOR EM CIÊNCIAS

OBTIDO EM 9 DE DEZEMBRO DE 2009,
NO PROGRAMA: CIÊNCIAS (FISIOPATOLOGIA EXPERIMENTAL),
ÁREA DE CONCENTRAÇÃO: FISIOPATOLOGIA EXPERIMENTAL.
E, PARA QUE POSSA GOZAR DE TODOS OS DIREITOS E
PRERROGATIVAS LEGAIS, OUTORGA-LHE O PRESENTE DIPLOMA.

SÃO PAULO, 13 DE JULHO DE 2010.

REITOR
PROF. DR. JOÃO GRANDINO RODAS

PRÓ-REITOR DE
PÓS-GRADUAÇÃO
PROF. DR. VAHAN AGOPYAN

DIPLOMADO
YGLÉSIO LUCIANO MOYSÉS
SILVA DE SOUZA

PROGRAMA RECONHECIDO DE ACORDO COM O DISPOSTO NA PORTARIA MEC Nº 524 DE 29/04/2008, DOU DE 30/04/2008.

UNIVERSIDADE DE SÃO PAULO
SECRETARIA GERAL
DIVISÃO DE REGISTROS ACADÊMICOS

DIPLOMA REGISTRADO SOB Nº **096588**
PROCESSO Nº 2010.5.170.5.3
NOS TERMOS DO ARTIGO 48 DA LEI 9394/96.
SÃO PAULO, 28 DE JULHO DE 2010.

Ricardo Klefens

RICARDO DE OLIVEIRA KLEFENS
ANALISTA PARA ASSUNTOS ADMINISTRATIVOS
DE ACORDO.

PROF. DR. RUBENS BEÇAK
SECRETÁRIO GERAL

**FEDERATIVE REPUBLIC OF BRAZIL**

MINISTRY OF EDUCATION

# FEDERAL UNIVERSITY OF MARANHÃO

FOUNDATION ESTABLISHED PURSUANT TO LAW NO. 5,152 OF 10-21-1966

*The President of the Federal University of Maranhão, by the authority granted to him by the General Bylaws and in view of the proceedings recorded in the Graduation Ceremony held on January twenty-first, two thousand and four, hereby confers upon*

## YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA

*of Brazilian nationality, from Maranhão, born on September 19, 1980, bearer of the identity document No. 697553397-3, issued by the Secretary of State for Public Security and Citizen Defense/MA, the present Diploma of*

## PHYSICIAN

*so that he may enjoy all the legal rights and prerogatives pertaining to this degree under the laws of the Republic.*

*São Luís (MA), January 22, 2004.*

-----// signature //-----

President

-----// signature //-----

Vice President of Academic Affairs

-----// signature //-----

Graduate

**MEDICAL PROGRAM - Recognized by Federal Decree No. 58,364 of 05.09.1966, published in the Federal Official Gazette on 05/10/1966.**

**MINISTRY OF EDUCATION (MEC) –**
**FEDERAL UNIVERSITY OF MARANHÃO**
**VICE PRESIDENT'S OFFICE OF ACADEMIC AFFAIRS**
**DIVISION OF DIPLOMA REGISTRATION**

DIPLOMA – registered under No. *3042*, book No. *74*, pages *27358*, on *01/22/2004*. Process No. *000043/04-20*, Art. 48 of Law No. 9,394/96.

-----// signature //-----

Dayse Maria Menezes Moreira – Enrollment No. 4937-9
Director of the Division of Diploma Registration

APPROVED:

-----// signature //-----

Prof. Lindalva Martins Maia Maciel – Enrollment No. 6508.0
Director of the Department of Academic Development and Organization – DEOAC

-----// signature //-----

**Prof. Dr. Fernando Antônio Guimarães Ramos – Enrollment No. 3471.1**
**President**

**STAMP**

**Brazilian Notarial Association**
**Arpen – SP**
**State of São Paulo**
**AUTENTICATION**
**1028AF589356**

# CREMESP

**Regional Council of Medicine of the State of São Paulo**
**Diploma Registration**

On this date, **DR. YGLESIO LUCIANO MOYSES SILVA DE SOUZA'S** present diploma was registered under number **114925**, in accordance with Article 17 of Law 3,268 of September 30, 1957.

São Paulo, **04/06/2004.**

-----// signature //-----

JAIR SOARES
Professional Registration Section

**No. 016909**

003718

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 17, 2025.**

REPÚBLICA FEDERATIVA DO BRASIL

MINISTÉRIO DA EDUCAÇÃO

# UNIVERSIDADE FEDERAL DO MARANHÃO

FUNDAÇÃO INSTITUÍDA NOS TERMOS DA LEI Nº 5. 152 DE 21-10-1966

O Reitor da Universidade Federal do Maranhão, com a autoridade que lhe confere o Regimento Geral e, tendo em vista os termos da Ata de Colação de Grau realizada no dia vinte e um de janeiro de dois mil e quatro, confere a

**YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA**

nacionalidade Brasileira naturalidade Maranhense,

nascido (a) a 19 de setembro de 1980 identidade nº 69755397-3 SSP/MA, o presente Diploma de

**MÉDICO**

para que possa gozar de todos os direitos e prerrogativas concedidos a este título pelas leis da República.

São Luís (MA), 22 de janeiro de 2004

Reitor

Lourinete Marques Lima
Pro-Reitor de Ensino

Diplomado

AUTENTICAÇÃO 1028AE5B9357

**CURSO DE MEDICINA - Reconhecido através do(a) Decreto nº 58.364, de 09.05.1966,publicado no DOU de 10.05.1966.**

**MEC - UNIVERSIDADE FEDERAL DO MARANHÃO**
**PRÓ-REITORIA DE ENSINO**
**DIVISÃO DE REGISTRO DE DIPLOMAS**

**Diploma Registrado Sob o nº.** 30422
**Livro nº.** 74 **Fls. nº.** 27358
**em** 22/01/04, **Processo nº.** 000043/04-20
**Art 48 da Lei n. 9.394/96.**

Dayse Maria Menezes Moreira - Mat. 4937-9
Diretora da Divisão de Registro de Diplomas - DIRED

**VISTO:**

Profª. Lindalva Martins Maia Maciel - Mat. 6508.0
Diretor do Departamento do Desenv. e Org. Acadêmica - DEOAC

Prof. Dr. Fernando Antônio Guimarães Ramos - Mat. 3471.1
Reitor

12 DEZ. 2007

Cartório Nacional do Brasil Arpoador - SP Avenida de São Paulo
AUTENTICAÇÃO
1028AF589356

CREMESP

**Conselho Regional de Medicina do Estado de São Paulo**

**Registro de Diploma**

Nesta data, o presente diploma do Dr(a) YGLESIO LUCIANO MOYSES SILVA DE SOUZA foi registrado sob o número **114925**, de acordo com o artigo 17 da Lei Número 3.268 de 30 de setembro de 1957.

São Paulo, 06/04/2004

Nº 016909

JAIR SOARES
Seção de Registro de Profissionais

003718

# REGIONAL COUNCIL OF MEDICINE OF THE STATE OF MARANHÃO

## Specialist Certificate

The **Regional Council of Medicine of the State of Maranhão**, following the applicable resolution, hereby certifies that on 09/11/2017, it registered, in Book No. 9, RQE No. 2996, Page No. 132, the qualification of the physician

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM No. 5227,**

**in the specialty of**

**ONCOLOGY/SURGICAL CANCER**

Validation key: **a3079525b911daf90298615acbab2c358f073ded**

Electronically issued via the internet on **04/03/2025**

Its authenticity can be verified on the **CRM-MA** website:
http://www.crmma.org.br/

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 16, 2025.**

# CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO

## Certificado de Especialista

O **CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO**, de acordo com a resolução vigente, certifica que registrou, em 11/09/2017, no livro nº. 9, RQE nº. 2996, folha nº. 132, a qualificação do médico(a),

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM nº. 5227,**

**na especialidade de**

**CANCEROLOGIA/CANCEROLOGIA CIRÚRGICA**

Chave de validação **a3079525b911daf90298615acbab2c358f073ded**

Emitida eletronicamente via internet em **03/04/2025**

Sua autenticidade poderá ser confirmada no site do **CRMMA**:
http://www.crmma.org.br/

# REGIONAL COUNCIL OF MEDICINE OF THE STATE OF MARANHÃO

## Specialist Certificate

The **Regional Council of Medicine of the State of Maranhão**, following the applicable resolution, hereby certifies that on 08/18/2010, it registered, in Book No. 005, RQE No. 804, Page No. 066, the qualification of the physician

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM No. 5227,**

**in the specialty of**

**DIGESTIVE SYSTEM SURGERY**

Validation key: **1dd33cf1a31d5c0ecfe7218ae136dc9e27b04b24**

Electronically issued via the internet on **04/03/2025**

Its authenticity can be verified on the **CRM-MA** website:
http://www.crmma.org.br/

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: May 16, 2025.**

# CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO

## Certificado de Especialista

O **CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO**, de acordo com a resolução vigente, certifica que registrou, em 18/08/2010, no livro nº. 005, RQE nº. 804, folha nº. 066, a qualificação do médico(a),

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM nº. 5227,**

**na especialidade de**

**CIRURGIA DO APARELHO DIGESTIVO**

Chave de validação **1dd33cf1a31d5c0ecfe7218ae136dc9e27b04b24**

Emitida eletronicamente via internet em **03/04/2025**

Sua autenticidade poderá ser confirmada no site do **CRMMA**:
http://www.crmma.org.br/

# REGIONAL COUNCIL OF MEDICINE OF THE STATE OF MARANHÃO

## Specialist Certificate

The **Regional Council of Medicine of the State of Maranhão**, following the applicable resolution, hereby certifies that on 08/18/2010, it registered, in Book No. 005, RQE No. 803, Page No. 066, the qualification of the physician

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM No. 5227,**

**in the specialty of**

**GENERAL SURGERY.**

Validation key: **58e03bd07dc6fa7b0fb9094227ad39ea6fbaf155**

Electronically issued via the internet on **04/03/2025**

Its authenticity can be verified on the **CRM-MA** website:
http://www.crmma.org.br/

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 16, 2025.**

# CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO

## Certificado de Especialista

O **CONSELHO REGIONAL DE MEDICINA DO ESTADO DO MARANHÃO**, de acordo com a resolução vigente, certifica que registrou, em 18/08/2010, no livro nº. 005, RQE nº. 803, folha nº. 066, a qualificação do médico(a),

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA, CRM nº. 5227,**

**na especialidade de**

**CIRURGIA GERAL**

Chave de validação **58e03bd07dc6fa7b0fb9094227ad39ea6fbaf155**

Emitida eletronicamente via internet em **03/04/2025**

Sua autenticidade poderá ser confirmada no site do **CRMMA**:
http://www.crmma.org.br/

Carnegie Evaluations LLC
315 East High Street, Bound Brook, New Jersey, 08805
Email: info@carnegieevaluations.com
Website: www.carnegieevaluations.com
Phone: (848)300-0099
Fax: (848) 300-5199

# EVALUATION OF ACADEMICS

Carnegie Evaluations LLC, who specializes in the evaluation of foreign educational credentials, has prepared the following academic credential evaluation.

---

June 11, 2026

Name: **Mr. Yglesio Luciano Moyses SILVA DE SOUZA**

Following is a description of Mr. Silva de Souza's foreign degrees:

| | |
|---|---|
| Institution: | *Universidade Federal do Maranhao* |
| Degree: | *Diploma de Medico* |
| Date of Award: | January 2004 |
| Country: | Brazil |

| | |
|---|---|
| Institution: | *Colegio Brasileiro de Cirurgia Digestiva* |
| Degree: | *Titulo de Especialista em Cirurgia Geral* |
| Date of Award: | July 2009 |
| Country: | Brazil |

| | |
|---|---|
| Institution: | *Colegio Brasileiro de Cirurgia Digestiva* |
| Degree: | *Titulo de Especialista em Cirurgia do Aparelho Digestivo* |
| Date of Award: | October 2009 |
| Country: | Brazil |

| | |
|---|---|
| Institution: | *Universidade de Sao Paulo* |
| Degree: | *Doutor em Ciencias* |
| Date of Award: | December 2009 |
| Country: | Brazil |

**Academic Equivalency in the United States**

**DOCTOR OF MEDICINE (M.D.)**

**GRADUATE CERTIFICATE IN GENERAL SURGERY**

**GRADUATE CERTIFICATE IN SURGERY OF THE DIGESTIVE SYSTEMS**

**DOCTOR OF PHILOSOPHY IN EXPERIMENTAL PATHOPHYSIOLOGY**

*Carnegie Evaluations LLC offers this evaluation after reviewing copies of the original diploma certificates and transcripts provided. This evaluation is advisory in nature and is based on the assumption that the submitted documents are accurate. There are no apparent grounds to disbelieve the authenticity and accuracy of the documentation presented on behalf of Mr. Yglesio Luciano Moyses Silva de Souza. In addition, this evaluation is based on standard scholarly and professional sources as referenced at the end of this document. Carnegie Evaluations LLC is not responsible for how this evaluation report will be used and is not responsible for damages resulting from such use of this report.*

## DISCUSSION OF MR. SILVA DE SOUZA'S ACADEMICS

This credential evaluation is provided upon review of the degree certificates and transcripts awarded to Mr. Yglesio Luciano Moyses Silva de Souza during the course of his academic career. An analysis of Mr. Silva de Souza's foreign educational courses for the *Diploma de Medico* (translated as Diploma of Physician) from *Universidade Federal do Maranhao* (translated as Federal University of Maranhao), a *Titulo de Especialista em Cirurgia Geral* (translated as Title of Specialist in General Surgery) and *Titulo de Especialista em Cirurgia do Aparelho* (translated as Title of Specialist in Surgery of the Digestive System) from *Colegio Brasileiro de Cirurgia Digestiva* (translated as Brazilian College of Surgeons), and a *Doutor em Ciencias* (translated as Doctor of Science) from *Universidade de Sao Paulo* (translated as University of Sao Paulo Medical School) forms the basis for the following evaluation.

Mr. Silva de Souza graduated with a Diploma of Physician from the Federal University of Maranhao in January 2004. Federal University of Maranhao is an accredited institution of higher education in Maranhao, Brazil. Federal University of Maranhao's Diploma of Physician program requires graduation from the US equivalent of high school and competitive entrance examinations for admission and enrollment. Mr. Silva de Souza satisfactorily completed the academic course requirements required for a Diploma of Physician program. He majored in Medicine and was awarded a *Diploma de Medico* from the institute.

This, according to the Electronic Database for Global Education (EDGE) created by the American Association of Collegiate Registrars and Admissions Officers (AACRAO), is equivalent to a level of education comparable to a first professional degree in medicine in the United States, namely a Doctor of Medicine (M.D.) Degree. The academic criterion maintained by the Federal University of Maranhao is significantly similar to those parameters upheld by any other accredited colleges and universities in the United States.

The *Diploma de Medico* curriculum includes advanced professional-level coursework and examinations in Biochemistry, Biophysics, Basic Histology (Histology and Cytology), Clinical Histology, Immunology, Biostatistics, Clinical Anatomy, Microbiology, Medical Ethics, General Pathology, Parasitology, Medical Psychology, General Pharmacology, Human Embryology, Pathological Anatomy, Genetics, Epidemiology, Dermatology Clinic, Radiology Clinic, Special Pharmacology, Nutrition, Psychiatric and Psychopathology Clinic, Surgical Clinic (Anesthesiology/Operative Technique/Experimental Surgery), Infectious and Parasitology Diseases, Surgical Clinic (Urology/Ophthalmology/Surgery/Otorhinolaryngology), Trauma and Orthopedics, Legal Medicine, Pediatric Clinic, Obstetrics Clinic, Gynecology Clinic, and other related subjects.

Thereafter, Mr. Silva de Souza graduated with a Title of Specialist in General Surgery from the Brazilian College of Surgeons in July 2009. Brazilian College of Surgeons is an accredited institution of higher education in Rio de Janeiro, Brazil. Brazilian College of Surgeons's Title of Specialist in General Surgery program requires graduation from Bachelor level studies and competitive entrance examinations for admission and enrollment. Mr. Silva de Souza satisfactorily completed the academic course requirements required for a Title of Specialist in General Surgery. He majored in General Surgery and was awarded the *Titulo de Especialista em Cirurgia Geral* from the institute.

This is a graduate program of study, which is substantially similar to the required coursework leading to the completion of a Graduate Certificate in General Surgery from a regionally accredited University in the United States. The academic criterion maintained by the Brazilian College of Surgeons is significantly similar to those parameters upheld by any other accredited colleges and universities in the United States.

Thereafter, Mr. Silva de Souza graduated with a Title of Specialist in Surgery of the Digestive System Degree from the Brazilian College of Surgeons in October 2009. Brazilian College of Surgeons's Title of Specialist in Surgery of the Digestive System program requires graduation from Bachelor level studies and competitive entrance examinations for admission and enrollment. Mr. Silva de Souza satisfactorily completed the academic course requirements required for a Title of Specialist in Surgery of the Digestive System. He majored in Surgery of the Digestive System and was awarded a *Titulo de Especialista em Cirurgia do Aparelho Digestivo* from the institute.

This is a graduate program of study, which is substantially similar to the required coursework leading to the completion Graduate Certificate in Surgery of the Digestive Systems from a regionally accredited University in the United States.

Thereafter, Mr. Silva de Souza graduated with a Doctor of Science in Experimental Pathophysiology from the University of Sao Paulo Medical School in December 2009. University of Sao Paulo Medical School is an accredited institution of higher education in Sao Paulo, Brazil. University of Sao Paulo Medical School's Doctor of Science program requires graduation from Master's level studies and competitive entrance examinations for admission and enrollment. Mr. Silva de Souza satisfactorily completed original evidence-based research, submitted a dissertation titled "Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats," offering a significant new contribution to knowledge in the field of Experimental Pathophysiology, and defended the same successfully through *viva voce* and was awarded a *Doutor em Ciencias* degree.

The Doctor of Science curriculum includes doctorate-level coursework and examinations in Technological Advances in Hepatic Surgery, Mechanisms and Mediators of Multiple Organ and System Failure after Trauma and Surgery, Nutritional Immunopharmacomodulation, Prebiotics, and Probiotics in Digestive System Surgery, Bioethics, Medical Informatics, and Teaching and Educational Processes in Surgery.

This is a program of advanced research that is substantially similar to the required coursework leading to the completion of a doctorate degree from a regionally accredited University in the United States. The coursework, comprehensive examinations, research work, dissertation submission, and its defense through *viva voce* maintained by the University of Sao Paulo Medical School is significantly similar to those parameters upheld by any other accredited colleges and universities in the United States.

Upon reviewing Mr. Silva de Souza's academic history, it becomes apparent that Mr. Silva de Souza has satisfied the coursework requirements which are substantially similar and equivalent to those required for the completion of a Doctor of Medicine (M.D.), two Graduate Certificate programs, and a Doctor of Philosophy at an accredited institution of higher education in the United States.

## SUMMARY

On the basis of the academic reputations of Federal University of Maranhao, Brazilian College of Surgeons, and University of Sao Paulo Medical School, the nature and duration of the academic course work, and the grades attained in the courses, it is the judgment of Carnegie Evaluations LLC that Mr. Silva de Souza has attained the equivalent of a Doctor of Medicine (M.D.), a Graduate Certificate in General Surgery, a Graduate Certificate in Surgery of the Digestive Systems, and a Doctor of Philosophy in Experimental Pathophysiology from an accredited institution of higher education in the United States.

Carnegie Evaluations LLC represents this evaluation report to be an accurate and correct evaluation to the best of its knowledge and belief, pursuant to the requirements of the Citizenship and Immigration Services of the United States Department of Homeland Security. Carnegie Evaluations LLC does not represent that the documentation submitted to it by anyone for evaluation meets the evidentiary standards of any state or federal agency or any court. This evaluation report, as are all such reports provided by Carnegie Evaluations LLC, is advisory for the customer who requested it.

The foregoing evaluation of Mr. Silva de Souza has been reviewed and approved by me, Dr. Zach G. Zacharia, on June 11, 2026.

Sincerely,



Zach G. Zacharia, Ph.D.
Director, Carnegie Evaluations LLC.
Associate Professor of Supply Chain Management
Director, Lehigh Center for Supply Chain Research
Lehigh University

Evaluation Resources:

1. World Higher Education Database. International Association of Universities' Worldwide Database of Higher Education Institutions, Systems and Credentials. www.whed.net.
2. AACRAO EDGE. AACRAO Electronic Database for Global Education. https://www.aacrao.org/edge
3. Central Intelligence Agency (CIA). The World Factbook. https://www.cia.gov/the-world-factbook/
4. ENIC-NARIC. European Network of Information Centres in the European Region, National Academic Recognition Information Centres in the European Union. www.enic-naric.net.

## Bio: Professor Zach G. Zacharia

I am the Interim Department Chair, Decision and Technology Analytics (DATA) Department, an Associate Professor of Supply Chain Management, and Director of the Center for Supply Chain Research Lehigh in the College of Business and Economics, Lehigh University, where I teach Graduate and Undergraduate courses in Supply Chain Operations Management and Logistics and Transportation. In addition, I am also a visiting Professor at the Indian Institute of Technology (IIT) in New Delhi, India. I graduated with a B.S. in Mechanical Engineering from the University of Calgary, an MBA from the University of Alberta, and a Ph.D. in Logistics with a minor in Marketing from the University of Tennessee. My current research interests include Collaboration/Competition within the Supply Chain, Supplier Satisfaction, and the Physical Internet.

Before joining Academia, I worked at the University of Tennessee, Center for Transportation Research, for six years as an Associate Director. I also worked at the Department of Transportation in Alberta, Canada, for ten years as an Equipment Engineer. I am a principal in BZS Consulting, which primarily focuses on teaching Supply Chain Operations Management and evaluating collaboration and procurement strategies across firms in a supply chain.

I have developed significant international contacts and collaborations with many affiliate schools in several countries in Europe, Asia, and South America. I have evaluated numerous portfolios of international students from countries around the world and have performed in-depth assessments of how these foreign courses are equated to corresponding courses in the United States.

I have 29 refereed publications, including 2 articles in the Journal of Operations Management, 8 articles in the *Journal of Business Logistics,* and articles in *Decision Sciences*, the *Journal of Supply Chain Management, Industrial Marketing Management, International Journal of Production Research, International Journal of Production and Operations Management, International Journal of Logistics Management, Journal of Retailing, Journal of Business and Industrial Marketing, Marketing Management, Supply Chain Management Review, Journal of International Technology and Information Management*, *Journal of Vehicle Design* and *Wall Street Journal*. As a member of a Supply Chain Research Group at the University of Tennessee, I co-authored a book titled "*Supply Chain Management*" (Sage Publications, December 2000). I also contributed a chapter on logistics service providers and new product development in the book titled *Managing Innovation: The New Competitive Edge for Logistics Service Providers*, Stephan M. Wagner ed.**,** Kuehne Foundation Book Series (2007).

Among the awards that I have received are the DATA Department Service Award (2023), Staub Faculty Excellence Award (2013) from the College of Business, Lehigh University, Best Paper Finalist (2010) from the Journal of Operations Management, Best Paper Award (2007) from NARTS and Best Dissertation Proposal Award (2000) from University of Arkansas. As a member of a Supply Chain Research Group at the University of Tennessee, I coauthored a book titled Supply Chain Management (Sage Publications, December 2000).

## A. Biographical Information

Zach G. Zacharia, Ph.D.
Interim Department Chair, Decision and Technology Analytics Department
Associate Professor Supply Chain Management
Director, Client Services, Carnegie Evaluations
Director, Center for Supply Chain Management Lehigh
Supply Chain Management Program Director
Department of Management, College of Business Administration and Economics
Lehigh University, 621 Taylor Street, Bethlehem, PA, 18015
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zgz208@lehigh.edu

### EDUCATION

1996 - 2001 **THE UNIVERSITY OF TENNESSEE** **Knoxville, TN**
**Doctor of Philosophy in Business Administration**

- Major: Logistics, Minor: Marketing
- Dissertation Title: An Analysis of the Effect of Logistics Involvement in Cross-functional Integrated New Product Development Projects (Advisor: Dr. John T. Mentzer)

1988 – 1993 **THE UNIVERSITY OF ALBERTA** **Edmonton, AB**
**Master of Business Administration**

1981 - 1985 **THE UNIVERSITY OF CALGARY** **Calgary, AB**
**Bachelor of Science, Mechanical Engineering**

1980 - 1981 **RED DEER COLLGE** **Red Deer, AB**
**Bachelor of Science**

1979 – 1980 **THE UNIVERSITY OF ALBERTA** **Edmonton, AB**
**Bachelor of Science**

### WORK EXPERIENCE SUMMARY

2016 – Present, Director, Center for Supply Chain Research Lehigh
2013 – Present, Associate Professor – Lehigh University
2008 – 2013 Assistant Professor – Lehigh University
2001 – 2008 Assistant Professor - Texas Christian University
1999 – 2001 Associate Director – Transportation Center, University of Tennessee
1997 – 1999 Assistant Director - Transportation Center, University of Tennessee
1995 – 1997 Senior Research Associate – University of Tennessee
1989 – 1995 Research Engineer – R&D Branch, Alberta Transportation & Utilities
1985 – 1989 Equipment Engineer – Alberta Transportation & Utilities

### CONSULTING PROJECTS, EXECUTIVE EDUCATION

2023 Expert Witness – Real Estate Company, Bethlehem

| | |
|---|---|
| 2023 | Ecofriendly Behavior on Personal Transportation, AFIT, Dalton |
| 2020 | Financial Flow in SC, DiCentral, Houston |
| 2020 | Expert Witness – Real Estate Company, Bethlehem |
| 2020 | Lehigh University, Executive Education, Bethlehem |
| 2019 | Lehigh University, Executive Education, Bethlehem |
| 2019 | SC Collaboration in Drop Ship, DiCentral, Houston |
| 2018 | Coopetition in the Defense Industry, AFIT, Dayton |
| 2018 | IIT New Delhi, Executive Education, Delhi, India |
| 2017 | Lehigh University, Executive Education, Bethlehem |
| 2016 | IIT Madras, Global Initiative of Academic Networks, Chennai, India |
| 2015 | Morrison Executive Education, Santo Domingo, Dominican Republic |
| 2014 | CSCMP Executive Seminar, Bogota, Columbia |
| 2012 | Supply Chain Management Simulation, WAM Systems, Philadelphia |
| 2010 | Supply Chain Management Overview, Universidad de Piura, Peru |
| 2007 | Procurement of Capability Guidelines, Lockheed Martin Aeronautics |
| 2002 | Truck Safety Recommendations, University of Tennessee |

## B. Publications and Creative Activities

### EDITORIAL ROLES (6)

- Senior Editor- *International Journal of Logistics Management (2018- current)*
- Senior Editor- *Journal of Business Logistics (2016- current)*
- Special Issue Editor-(Physical Internet) - *Journal of Business Logistics (2018-2020)*
- Special Issue Editor- (Inter-Disciplinary Research) *Journal of Business Logistics (2014-2015)*
- Editorial Board Member – *Journal of Operations Management*
- Editorial Board Member –*Transportation Journal*
- Editorial Board Member – *Journal of Supply Chain Management*

### DISSERTATION COMMITTEE MEMBER (3)

- Nathaniel R- *The American School As a Microcosm for the National Criminal and Legal Landscape: Two Case Studies* – Lehigh University, 2024
- Michael Plasch - *Supply Chain Collaboration - Investigating Motives, Drivers and Success Factors* – Johannes Kepler University Linz, Austria, 2021

- Kimberly K. Whitehead – *It's A Matter of Give And Take: Exploring The Role of Knowledge Transfer Within Supply Chain Collaboration* - University of Texas at Arlington, USA, 2014

**BOOK CHAPTERS (5)**

- **Zacharia, Zach G**. "Is there a role for Logistics Service Providers in New Product Development?" *Managing Innovation: The New Competitive Edge for Logistics Service Providers*, Stephan M. Wagner ed., Kuehne Foundation Book Series. Ch 7, 2008.
- Mentzer, John T., William J. DeWitt, James S. Keebler, Soonhong Min, Nancy W. Nix, Carlo D. Smith, and **Zach G. Zacharia**, "What is Supply Chain Management" *Supply Chain Management*, Thousand Oaks, CA: Sage Publications, Ch.1, 2000.
- **Zacharia, Zach G**., "R&D and New Product Development in Supply Chain Management" *Supply Chain Management*, John T. Mentzer ed.**,** Thousand Oaks, CA: Sage Publications, Ch.6, 2000.
- **Zacharia, Zach G**., "The Evolution and Growth of Production in Supply Chain Management" *Supply Chain Management*, John T. Mentzer ed., Thousand Oaks, CA: Sage Publications, Ch.8, 2000.
- **Zacharia, Zach G**, "The Evolution and Growth of Information Systems in Supply Chain Management" *Supply Chain Management*, John T. Mentzer ed., Thousand Oaks, CA: Sage Publications, Ch.11, 2000.

**REFEREED PUBLICATIONS (30)**

30. Gopal Kumar, **Zach Zacharia**, Mohit Goswami (2024) "Understanding interdependency of sustainability dimensions from the lens of collaborative relationship conditions: Findings from an emerging economy" *International Journal of Logistics Management,* Vol. 35, No. 4, 1277-1302

29. Varun Jain, Usha Mohan, **Zach G. Zacharia**, Nada R. Sanders (2022) "Improving patient satisfaction and outpatient diagnostic center efficiency using novel online real-time scheduling" *Operations Research for Health Care,* 32, 1-17, 100338

28. Saif Mir, Misty Blessley, **Zach Zacharia**, John Aloysius (2022) "Mending Fences in the Buyer-Supplier Relationship: The Role of Justice in Relationship Restoration" *Journal of Supply Chain Management*. Vol. 58, No. 3, 23 – 46.

27. Dev, Navin; Ravi Shankar; **Zach Zacharia**, Sanjeev Swami, (2021) "Supply chain resilience for managing the ripple effect in Industry 4.0 for green product

diffusion" *International Journal of Physical Distribution & Logistics Management* Vol. 51 No. 8, 897-930.

26. Ballot, Eric, Benoit Montreuil, **Zach G. Zacharia**, (2021) "Physical Internet: First Results and Next Challenges" *Journal of Business Logistics* Vol 42 No. 1, 1 – 7.

25. Treiblmaier, Horst, Kristijan Mirkovski, Paul B. Lowry, **Zach G. Zacharia**, (2020) "The Physical Internet as a New Supply Chain Paradigm: A Systematic Literature Review and a Comprehensive Framework" *International Journal of Logistics Management* Vol. 31 No. 2, 239-287.

24. **Zach G. Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2019) "The Emerging Role of Coopetition Within Inter-Firm Relationships" *International Journal of Logistics Management* Vol. 30, No. 2, 414-437.

23. Soonhong Min, **Zach G. Zacharia**, Carlo D. Smith (2019) "Defining Supply Chain Management: In the Past, Present and Future" *Journal of Business Logistics* Vol. 40 No.1, 44-55.

22. Kimberly Whitehead, **Zach Zacharia**, Edmund Prater (2019) "Investigating the Role of Knowledge Transfer in Supply Chain Collaboration" *International Journal of Logistics Management"* Vol. 30, No. 1, 284-302.

21. Misty Blessly, Saif Mir, **Zach G. Zacharia**, John Aloysius (2018) "Breaching Relational Obligations In A Buyer-Supplier Relationship: Feelings Of Violation, Fairness Perceptions And Supplier Switching" *Industrial Marketing Management* Vol. 74, Oct, 215-226.

20. Faraz, Alireza, Nada R. Sanders, **Zach G. Zacharia**, Markus Gerschberger (2018) "Monitoring Type B Buyer-Supplier Relationships" *International Journal of Production Research* Vol. 56, No. 18, 6225-6239.

19. Whitehead, Kimberly, **Zach G. Zacharia**, Edmund Prater, (2016) "Absorptive Capacity Versus Distributive Capability: The Asymmetry of Knowledge Transfer" *International Journal of Operations and Production Management* Vol. 36, No 10, 1308-1332.

18. Nada R. Sanders, Brian R. Fugate, **Zach G. Zacharia**, (2016) "Interdisciplinary Research In SCM: Through the Lens of The Behavioral Theory of The Firm" *Journal of Business Logistics* Vol. 37, No 2, 107-112.

17. Nancy W. Nix, **Zach G. Zacharia,** (2014) "The Impact of Collaborative Engagement on Knowledge and Performance Gains in Episodic Collaborations" *International Journal of Logistics Management* Vol. 25, No 2, 245-269.

16. **Zach G. Zacharia,** Nada R. Sanders, Brian R. Fugate (2014) "The Evolving Role of Disciplines Within Supply Chain Management" *Journal of Supply Chain Management* Vol. 50, No 1, 73-88.

15. Nada R. Sanders, **Zach G. Zacharia**, Brian R. Fugate (2013) "The Interdisciplinary Future of Supply Chain Management Research" *Decision Sciences* Vol. 44, No. 3, 413-429.

14. Geoffrey T. Stewart, **Zach G. Zacharia,** Andrew B. Artis (2012) "Leveraging Relationship Orientation and its Impact on Relationship Outcomes" *Journal of Business and Industrial Marketing,* Vol. 27, No. 8, 644-658.

13. **Zach G. Zacharia,** Nancy W. Nix, Robert F. Lusch (2011) "Capabilities that Enhance Outcomes of an Episodic Supply Chain Collaboration" *Journal of Operations Management*, Vol. 29, No. 6, 591-603.

12. **Zach G. Zacharia,** Nada R. Sanders, Nancy W. Nix (2011) "The Emerging Role of the Third-Party Logistics Provider (3PL) as a Supply Chain Orchestrator" *Journal of Business Logistics*, Vol. 32, No. 1, 40-54.

11. Danny Lanier, Jr., William F. Wempe, **Zach G. Zacharia**, (2010) "Concentrated Supply Chain Membership and Financial Performance: Chain- and Firm-Level Perspectives" *Journal of Operations Management*, Vol.28, No.1, 1-16.

10. **Zach G. Zacharia**, Chad W. Autry, David S. Preston, Charles W. Lamb, (2009) "IT Alignment with Business Strategies in a Healthcare Organizations: An Empirical Analysis" *Journal of International Technology and Information Management*, Vol. 18, No. 3/4, 477-494.

9. **Zach G. Zacharia,** Nancy W. Nix and Robert F. Lusch, (2009) "An Analysis of Supply Chain Collaborations and Their Effect on Performance" *Journal of Business Logistics*, Vol. 30, No. 2, 101-123.

8. Chad W. Autry, **Zach G. Zacharia** and Charles W. Lamb, (2008) "A Logistics Strategy Taxonomy" *Journal of Business Logistics,* Vol. 29. No. 2, 53-74.

7. Nancy W. Nix, Robert F. Lusch, **Zach G. Zacharia**, and Wesley R. Bridges, (2008) "Competent Collaborations" *Marketing Management*, Vol. 17, No. 2, 18-24.

6. **Zach G. Zacharia** and John T. Mentzer (2007) "The Role of Logistics in New Product Development," *Journal of Business Logistics*, Vol. 28, No. 1, 83-110.

    a. Reprinted in:
    b. *Logistique and Management,* Vol. 16, No. 1, 35-53, (2008).

5. **Zach G. Zacharia** and John T. Mentzer (2004) "Logistics Salience In A Changing Environment," *Journal of Business Logistics*, Vol. 25, No. 1, 187-210.

    a. Reprinted in:
    b. *The ICFAI Journal of Supply Chain Management*, Vol. 3, No. 1, 53-72, (2006).

4. Mentzer, John T., William DeWitt, James S. Keebler, Soonhong Min, Nancy W. Nix, Carlo D. Smith, **Zach G. Zacharia** (2001) "Defining Supply Chain Management," *Journal of Business Logistics*, Vol. 22, No. 2, 1-25.

    c. Reprinted in:
    d. *Logistique and Management,* Vol. 9, No. 2, 3-19, (2001).

3. **Zacharia, Zach G**., John E. Tidwell and Stephen H. Richards (2001) "An Overview of Truck and Bus Safety:1999 Knoxville Symposium," *Journal of Vehicle Design*, Vol. 26, No. 4, 442-453.

2. Mentzer, John T., Min Soonhong and **Zach G. Zacharia** (2000) "The Nature of Interfirm Partnering in Supply Chain Management," *Journal of Retailing*, Winter, Vol. 76, Issue 4, 549-568.

1. **Zacharia, Zach G**. and Bart Jennings (1998) "The Use of Active Participation and Group Competition to Facilitate Training and Technology Transfer for Adult Learners," *Transportation Research Record,* No. 1637, 13-18.

**PAPERS UNDER REVIEW (6)**

- Zach G. Zacharia, Scott C. Ellis, Saif Mir, Robert J. Trent - "Gaining Advantage Through Social Exchange: How and Under What Conditions" (Revise and Resubmit)

- **Saif Mir, Timothy W. Breitbach, Zach G. Zacharia, Benjamin T. Hazen "Supplier Cultivation: An Accelerator Approach to Ecosystem Innovation" (Under Review)**

- Zach Zacharia, Robert Wiedmer, Kimberly Whitehead "Competing Governance Mechanisms in Buyer-Supplier Relationships" (Under Review)

- Zach Zacharia, Annibal Sodero "Drop Shipping and its Effects on the New E-Commerce Retail Paradigm" (Under Review)

- Michael Plasch, Zach Zacharia, "Voluntary or involuntary coopetition: Perspectives on innovation in supply chain network relationships" (Under Review)

- **Saif Mir, Dina Ribbinik,** Saurabh Bansal, Philip Coles, **Zach G. Zacharia, "The Impact of Ecosystem Shocks on the Operational Performance of**

**Worker-heavy Systems in the Agricultural Domain: The Role of Cognitive Load" (Under Review)**

## NON - REFEREED PUBLICATIONS (5)

5. **Zach G. Zacharia** (2020), What Every CFO Needs to Know about Supply Chains

4. **Zach G. Zacharia** (2019), Supply Chain Collaboration in Transformative Vertical Industries (Implications of Omnichannel and Drop Shipping)

3. Robert J. Trent, **Zach G. Zacharia,** (2012) "The Wisdom of Becoming a Preferred Customer," *Supply Chain Management Review* Vol. 16, No. 6, 10-18.

2. Nix, W. Nancy, Robert F. Lusch, **Zach G. Zacharia**, and Wesley R. Bridges, (2007) "The Hand That Feeds You – What Makes Some Collaborations with Suppliers Succeed – When So Many Fail?" *The Journal Report- Business Insight* (A Joint Venture with MIT *Sloan Management Review* and *Wall Street Journal*), Dow Jones and Company

1. **Zacharia, Zach G**. (1994) "Expert System Simplifies Bridge Paint Maintenance Programs," *Materials Performance,* June, 25 - 28.

## CONFERENCE PROCEEDINGS (19)

19. Ujjwal Kumar, Iana Shaheen, Zach Zacharia, Ravi Shankar (2024) "Competition and Cooperation in Humanitarian Operations, Academy of Management Conference**,** Chicago, IL, August 13.
18. **Zach Zacharia**, Timothy Breitbach, Ben Hazen, Saif Mir (2019) "Utilizing Accelerator Programs for adopting Innovations to Encourage the Adoption" *CSCMP Conference,* Anaheim, CA, September 15.
17. **Zach Zacharia**, Timothy Breitbach, Ben Hazen, Saif Mir (2018) "Utilizing Accelerator Programs to Encourage the Adoption of New Innovations in Large Organizations" *DSI Conference,* Chicago, IL, November 17.
16. Robert Weidmer, **Zach Zacharia**, (2018) "Competing Governance Mechanisms in Buyer-Supplier Relationships" *DSI Conference,* Chicago, IL, November 16.
15. **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "The Role of Coopetition in Buyer Supplier Relationships" *DSI Conference,* Washington, DC, November 18.
14. **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "Understanding the Antecedents and Outcomes of Coopetition" *CSCMP Academic Research Conference,* Atlanta, Georgia, September 24.

13. **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) "The Evolving Role of Coopetition within the Supply Chain" *CSCMP European Research Seminar,* Barcelona, Spain, May 19.

12. Gouda, Sirish, **Zach Zacharia**, Haritha Saranga (2016) "Linking New Forms of Work Organization and External Integration: Mediating role of cross functional collaboration" *DSI Conference,* Austin, Texas, November 21.

11. Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of apologies following transgressions in buyer-supplier relationships." *CSCMP Educator Conference,* Orlando, Florida, September 25.

10. Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of transactional and relational psychological contract breach in supplier switching behavior." *CSCMP European Research Seminar,* Vienna, Austria, May 13.

9. Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2015) "Should I stay or should I go? The role of transactional and relational psychological contract breach in supplier switching behavior." *CSCMP Educator Conference,* San Diego, California, September 27.

8. **Zacharia, Zach G.,** Nancy W. Nix and Robert F. Lusch (2007) "Supply Chain Collaborations: Project Performance and Business Performance" *18th North American Teaching and Research Conference,* Tempe, Arizona, March 29-31.

**7. Zacharia, Zach G.** (2005) "Team Based Learning in MBA and Undergraduate Supply Chain Management Classes" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19.

6. Nix, Nancy W., **Zach G. Zacharia** and Robert F. Lusch (2005) "Keys to Effective Supply Chain Collaboration" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19.

5. **Zacharia, Zach G.** and Marc E. Ruzicka (2003) "Experiential Learning: Live Business Cases in MBA Supply Management and Logistics Classes" *14th North American Teaching and Research Conference,* Tempe, Arizona , March 21- 23.

4. **Zacharia**, **Zach G** (2000) "The Evolution and Growth of Production in the Supply Chain", *Society for Marketing Advances Conference*, Orlando, Florida, November 8-10.

3. **Zacharia, Zach G**., John E. Tidwell and Stephen H. Richards (2000) "An Overview of Truck and Bus Safety:1999 Knoxville Symposium," *4th International Fatigue Management Conference*, Perth, Australia, March 19-2.

2. **Zacharia, Zach G**. and Bart Jennings (1998), "The Use of Active Participation and Group Competition to Facilitate Training and Technology Transfer for Adult Learners," *Transportation Research Board Conference Proceedings,* Washington, District of Columbia, January 4-8.

1. **Zacharia, Zach G**. (1992), "Bridge Paint Expert Systems"*, Second International Organization for Economic Cooperation and Development (OECD) Conference on Knowledge Based Expert Systems in Transportation*, Montreal, Canada, April 3-7.

**PODCASTS (18)**

- **Zacharia, Zach G**. (2024), "Why Cyber security is top threat in Supply Chain" https://business.lehigh.edu/blog/2024/zach-zacharia-why-cybersecurity-top-threat-supply-chain - Jan 2024

- **Zacharia, Zach G**. (2023), "Top 3rd Quarter Risks in Spply Chain Why Cyber security is top threat in Supply Chain" https://business.lehigh.edu/blog/2023/zach-zacharia-top-3rd-quarter-risks-supply-chain June 2023

- **Zacharia, Zach G**. (2023), "Biggest Risk in Supply Chain" https://www2.lehigh.edu/news/cybersecurity-tops-supply-chain-managers-list-of-biggest-risks-in-2nd-quarter - March 2023

- **Zacharia, Zach G**. (2023), "Biggest Threats in Global Supply Chain" https://business.lehigh.edu/blog/2023/zach-zacharia-biggest-threats-global-supply-chain - Jan 2023

- **Zacharia, Zach G**. (2022), "Supply Chain Managers are concerned about Economic Risk" https://www2.lehigh.edu/news/supply-chain-managers-concerned-about-economic-risks-and-cybersecurity-in-1st-quarter-of-2023 (December)

- **Zacharia, Zach G**. (2022), "Supply Chain Risk Management Index All-Time low" https://www2.lehigh.edu/news/lehigh-business-supply-chain-risk-management-index-at-all-time-low (September)

- **Zacharia, Zach G**. (2022), "Supply Chain Risks 3rd Quarter" https://business.lehigh.edu/blog/2022/zach-zacharia-supply-chain-risks-3rd-quarter-2022 (July)

- **Zacharia, Zach G**. (2022), "Supply Risks Threaten 2nd Quarter" https://www2.lehigh.edu/news/transportation-risk-threatens-supply-chain-in-2nd-quarter (March)

- **Zacharia, Zach G**. (2021), "What's happening in Supply Chain now" https://business.lehigh.edu/blog/2021/zach-zacharia-whats-happening-supply-chain-now - (December)

- **Zacharia, Zach G**. (2021), "Number one Supply Chain Threat – Transportation Disruption" https://business.lehigh.edu/news/2021/number-one-supply-chain-threat-transportation-disruption (October)

- **Zacharia, Zach G**. (2021), "Red Flags in the Supply Chain" https://business.lehigh.edu/blog/2021/zach-zacharia-red-flags-supply-chain (July 2nd)

- **Zacharia, Zach G**. (2021), "Disruptive New Paradigm of the Physical Internet" https://business.lehigh.edu/blog/2021/zach-zacharia-disruptive-new-paradigm-physical-internet (June 3rd)

- **Zacharia, Zach G**. (2021), "Red Flags in the Supply Chain" https://business.lehigh.edu/blog/2021/zach-zacharia-red-flags-supply-chain (July 2nd)

- **Zacharia, Zach G**. (2021), "Red Flags in the Supply Chain" https://business.lehigh.edu/blog/2021/zach-zacharia-red-flags-supply-chain (July 2nd)

- **Zacharia, Zach G**. (2021), "Disruptive New Paradigm of the Physical Internet" https://business.lehigh.edu/blog/2021/zach-zacharia-disruptive-new-paradigm-physical-internet (June 3rd)

- **Zacharia, Zach G**. (2018), "Dealing with Disruptive Innovations in the Supply Chain" (https://cbe.lehigh.edu/blog/posts/dealing-disruptive-innovations-supply-chain) (October 24)

- **Zacharia, Zach G**. (2017), "Drop Shipping: A New Opportunity for Retailers and Suppliers" (https://cbe.lehigh.edu/blog/posts/drop-shipping-new-opportunity-retailers-and-suppliers) December 11

- **Zacharia, Zach G**. (2017), "What You Need to Know About the Physical Internet" (https://cbe.lehigh.edu/blog/posts/what-you-need-know-about-physical-internet (March 14) (Ranked 4th in Google Search for Physical Internet)

**WORKING PAPERS (4)**

- Zach Zacharia, Michael Plasch, Markus Gerschberger "Explorative and exploitative motives for coopetition" *Target: International Journal of Production Economics*

- Zach Zacharia, Cedric Heuchenne, Nada Sanders, Faraz, Alireza "Comparison of populations based on binary characteristics in the presence of non-response" *Target: Production Operations Management Journal*

- Zach Zacharia, Iana Shaheen, Ravi Shankar, Ujjwal Kumar, "Competition and Cooperation in Humanitarian Operations" *Target: Production Operations Management Journal*

- Zach Zacharia, Saif Mir, Dina Ribbnik, Saurabh Bansal, Philip Coles "Shock and Worker Productivity- Evidence from a US Agricultural Sector" *Target: Production Operations Management Journal*

## 27. Honors and Awards (25)

| | |
|---|---|
| 2023 | DATA Department Service Award, Lehigh University |
| 2018 | Teaching Innovation Grant, CBE, Lehigh University |
| 2018 | Senior Associate Editor for *International Journal of Logistics Management* |
| 2017 | Best Reviewer Award *Journal of Business Logistics* |
| 2016 | Editor for *Journal of Business Logistics News* |
| 2016 | Associate Editor for *Production Operations Management* Special Issue |
| 2015 | Associate Editor for *Journal of Business Logistics* |
| 2015 | Member of the *Transportation Journal* Editorial Board |
| 2013 | Robert and Christine Staub Faculty Excellence Award |
| 2012 | Member of the *Journal of Supply Chain Management* Editorial Board |
| 2011 | Best Paper Finalist for 2010 (*Journal of Operations Management*) |
| 2011 | Best Paper Award (European DSI Conference) |
| 2010-2011 | Council of Supply Chain Management Professional Educator Conference Chair |
| 2010 | Member of the *Journal of Operations Management* Editorial Board |
| 2010 | Member of the *Journal of Business Logistics* Editorial Board |
| 2009-2010 | Supply Chain Management Educator Conference Proceedings Editor |
| 2007-2008 | Council of Supply Chain Management Case Editor |
| 2007 | Best Paper Award (*NARTS-ISM Conference*) |
| 2006 | Tied for highest SPOT (Student Perception of Teaching) score |
| 2005 | Highest SPOT (Student Perception of Teaching) in INSC department |
| 2000 | Doctoral Dissertation Proposal Award (*University of Arkansas)* |
| 2000 | Outstanding Student Paper Award *(Society for Marketing Advances)* |
| 2000 | Finalist *(ISBM Doctoral Dissertation Award)* |
| 2000 | Scholarly Research Grant Recipient *(University of Tennessee)* |
| 1999, 1997 | Fellow *(Council of Logistics Management Doctoral Symposium)* |

### 28. Research Funding (16)

| | |
|---|---|
| 2019 | DiCentral – SCM and Financial Flow Research $20,000 |
| 2019 | Ben Franklin Technology Partners and ESPI $20,000 |
| 2018 | AFIT – Managing Customer Driven Coopettittion Projects $25,000 |
| 2017 | DiCentral – Drop Shipment Research $20,000 |
| 2014-2015 | International Travel Grant - One of 5 recipients selected across the entire University $5000 |
| 2011 | Faculty Research Grant – Lehigh University (Principal Investigator), Catherine Ridings (Lehigh University) " Does investment in Supply Chain Management and Information Technology provide value for micro firms?" $4500 |
| 2009 | Summer Research Grant – College of Business and Economics, Lehigh University (Principal Investigator), Nada R. Sanders (Lehigh University, Brian S. Fugate (Colorado State University) *"State of Supply Chain Management: A Visionary Perspective"* $3000 |
| 2002-2007 | Charles Tandy American Enterprise Center Faculty Research Award *(Texas Christian University)* ($10,000/yr) |
| 2003, 05, 07 | Junior Faculty Research Grant *(Institute of Supply Management)* ($750/yr) |
| 2005 | Research Center for Teaching Excellence, Faculty Fellow Grant *(Texas Christian University)* ($2500) |

## F. Scholarly Presentations (87)

- **Zach Zacharia**, (2023) "Identifying and Ranking Supply Chain Risks" *DSI Conference,* Atlanta, GA, November 20.
- Michael Plasch**, Zach Zacharia**, (2023) "Supply chain visibility in a multi-partner collaboration for distribution logistics – A secondary data research approach" Euroama Conference, Brussels, July 3rd
- Michael Plasch**, Zach Zacharia**, (2023) "Voluntary or involuntary: Perspectives on coopetition in dyadic and triadic supply chain relationships in the light of balance theory" Euroama Conference, Brussels, July 3rd
- **Zach Zacharia**, (2023) "Supply Chain Collaboration and Coopetition" *World Class Supply Chain Summit,* Waterloo, Ontario, Canada, May 3rd
- Saif Mir**, Zach Zacharia**, (2022) "Risks in Procurement and Sourcing" DSI Conference Houston, November 21
- Annibal Sodero**, Zach Zacharia**, (2022) "Antecedents and outcomes of drop-shipping adoption in the retail supply chain" Euroama Conference, Berlin, July 3rd

- Zach Zacharia, (2022) “Identifying and Ranking Supply Chain Risks” WDSI Conference, Waikoloa, HI, April 7.
- Zach Zacharia, (2021) “Writing a publishable dissertation” CSCMP Doctoral Consortium, Atlanta, GA, Sep 20.

- Zacharia**, Zach G.,** “*Supply Chain Collaboration in Transformative Vertical Industries”* Retail Value Chain Federation Conference, Teaneck, New Jersey, May 6, 2019

- **Zacharia, Zach G.,** “*Theoretical and Conceptual Foundations of Supply Chain Management”* PhD Research Seminar, Indian Institute of Technology, New Delhi, January India, January 25, 2018.

- **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger “*The Role of Coopetition in Buyer Supplier Relationships*” *DSI Conference,* Washington, DC, November 18, 2017

- **Zacharia, Zach G.,** “*Utilizing Drop Shipment to Improve Your Bottom Line”* Retail Value Chain Federation Conference, Phoenix, Arizona, November 6, 2017

- **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger “*Understanding the Antecedents and Outcomes of Coopetition*” *CSCMP Academic Research Conference,* Atlanta, Georgia, September 24, 2017

- **Zacharia, Zach G.,** “*Complexity in Supply Chain Management”* PhD Research Seminar, Atlanta, Georgia, September 23, 2017

- **Zacharia, Zach G.,** “*Coopetition Research”* PhD Research Seminar, Atlanta, September 22, 2017

- **Zacharia, Zach G.,** “*Buyer Supplier Relationships”* PhD Research Seminar, Atlanta, September 21, 2017

- **Zacharia, Zach G.,** “*Publishing Research in American Supply Chain Journals”* Indian Institute of Technology, New Delhi, India, July 21, 2017.

- **Zacharia, Zach G.,** “*Transforming Traditional Networks Through the Use of Collaborative Environments”* Supply Chain Leaders in Action Conference, Naples, Florida June 5, 2017

- **Zach Zacharia**, Michael Plasch, Usha Mohan, Markus Gerschberger (2017) “*The Evolving Role of Coopetition within the Supply Chain*” CSCMP European Research Seminar*,* Barcelona, Spain, May 19.

- **Zacharia, Zach G.,** "*Logistics PhD programs in the US panel session"* Logistics Doctoral Symposium, Auburn University, Auburn, February 24, 2017.

- **Zacharia, Zach G.,** "*A Research Journey"* Indian Institute of Technology, Trichy, India, February 6, 2017.

- **Zacharia, Zach G.,** "*Orientation and Firm Infrastructure"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 12, 2017

- **Zacharia, Zach G.,** "*Strategy"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 11, 2017

- **Zacharia, Zach G.,** "*Conceptual Foundations from Procurement and Operations"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 10, 2017

- **Zacharia, Zach G.,** "*Conceptual Foundations from Marketing and Logistics"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria January 9, 2017

- **Zacharia, Zach G.,** "*Theoretical and Conceptual Foundations of Supply Chain Management"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 10, 2016

- **Zacharia, Zach G.,** "*Philosophy of Science"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 9, 2016

- **Zacharia, Zach G.,** " *Conceptual Foundations of Marketing"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 8, 2016

- **Zacharia, Zach G.,** " *Conceptual Foundations of Operations"* PhD Research Seminar, Logistikum, University of Applied Sciences, Steyr, Austria August 10, 2016

- Gouda, Sirish, **Zach Zacharia**, Haritha Saranga (2016) "Linking New Forms of Work Organization and External Integration: Mediating role of cross functional collaboration" *DSI Conference,* Austin, Texas, November 21.

- Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of apologies following transgressions in buyer-supplier relationships." *CSCMP Educator Conference,* Orlando, Florida, September 25.

- **Zacharia, Zach G.,** " *Increasing Efficiency and Reducing Cost within a Supply Chain"* Indian Institute of Technology, Madras, India, June 13 2016.

- Blessley, Misty, Saif Mir, **Zacharia, Zach G.,** John Aloysius (2016) "The role of transactional and relational psychological contract breach in supplier switching behavior." *CSCMP European Research Seminar,* Vienna, Austria, May 13.

- Bleasley, Misty, Mir, Saif, **Zacharia, Zach G.,** Aloysius, John " *Should I stay or should I go? The role of transactional and relational psychological contract breach in supplier switching behavior"* Council of Supply Chain Management Educator Conference, San Diego, September 27, 2015.

- **Zacharia, Zach G.,** "*Qualitative and Quantitative Research Paths in SCM"* , University of Arkansas, Fayetteville, Arkansas Feb 27, 2015.

- **Zacharia, Zach G.,** "*Publishing Research in American Supply Chain Journals"* Indian Institute of Management, Bangalore, India, January 13, 2015.

- **Zacharia, Zach G.,** Scott Ellis, Robert J. Trent "*Gaining Advantage Through Social Exchange: How and Under What Conditions"* Production Operation Management Conference, Atlanta, Georgia, May 10, 2014.

- Ellis, Scott, **Zacharia, Zach G.,** Jae-Young Oh "*The Role of Functional Congruence in Cross-Functional and Inter-organizational Collaboration"* Decision Sciences Institute Conference, Baltimore, Maryland, November 19, 2013.

- **Zacharia, Zach G.,** "*Supply Chain Management, Collaboration and their Role Across Businesses and People"* Congress of Latin American Engineering Students, Lima, Peru, October 29, 2013.

- **Zacharia, Zach G.,** Scott Ellis, "*Antecedents to Buyer-Engineer Knowledge Transfer"* Production Operation Management Conference, Denver, Colorado, May 4, 2013.

- **Zacharia, Zach G.,** "*Balancing Effective Research and Teaching"* – Invited Panel Presentation, Council of Supply Chain Management Doctoral Symposium, Atlanta, Georgia, October 1, 2012.

- **Zacharia, Zach G.,** "*What are some of the Factors That Affect the Relationship Between Cross Functional New Product Development and New Product Project Performance?"* Decision Sciences Institute Conference, Boston, Massachusetts, November 22, 2011.

- **Zacharia, Zach G.,** "*Supply Chain Security - An Academic Discussion and Future Research"* Invited Panel Presentation, Decision Sciences Institute Conference, Boston, Massachusetts, November 21, 2011.

- **Zacharia, Zach G.,** "*Conference Chairperson Opening Remarks"* Council of Supply Chain Management Educator Conference, Philadelphia, Pennsylvania, October 2, 2011.

- **Zacharia, Zach G.,** William F. Wempe William and Danny Lanier, Jr. "*Concentrated Supply Chain Membership and Financial Performance: Chain- and Firm-Level Perspectives"* Academy of Management Conference, San Antonio, Texas, August 12 – August 17, 2011.

- **Zacharia, Zach G.** and Catherine M. Ridings *"Does investment in Supply Chain Management and Information Technology provide value for micro firms?"* Production Operations Management Conference, Reno, Nevada, April 28-May 1, 2011.

- **Zacharia, Zach G.** and Robert J. Trent *"Supplier Satisfaction and Innovation Sharing"* Decision Sciences Institute Conference, San Diego, November 20-23, 2010.

- Christoph Bode, Stephan M. Wagner and **Zacharia, Zach G.,** "*The Effect of Cooperation, Supplier Development, and Relationship-Specific Investments on Suppliers' Willingness to Share Innovation"* Decision Sciences Institute Conference, San Diego, November 20-23, 2010.

- **Zacharia, Zach G.** *"Personal Career Development in Academia: What now and How"* Council of Supply Chain Management Professionals Doctoral Symposium, San Diego, September 27, 2010.

- **Zacharia, Zach G.** *"Supply Chain Management Overview"* Executive MBA Program, Universidad de Piura, Piura, Peru, June 12, 2010.

- **Zacharia, Zach G.** *"Supply Chain Management Collaboration Strategies"* CSCMP Roundtable, Lima, Peru, June 11, 2010.

- **Zacharia, Zach G.** and John R. MacDonald *"Are differences in Risk Planning Significant?"* Production and Operations Management Conference, Vancouver, Canada, May 7-10, 2010.

- **Zacharia, Zach G.** and Robert J. Trent *"Supplier Satisfaction – How does it matter?"* Production and Operations Management Conference, Vancouver, Canada, May 7-10, 2010.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Organizational Learning"* 19$^{th}$ *North American Teaching and Research Conference,* Tempe, Arizona, March 11-12, 2010

- **Zacharia, Zach G.** and John R. MacDonald *"Risk Planning: Is it of Value"* Decision Sciences Institute Conference, New Orleans, LA, November 17, 2009.

- **Zacharia, Zach G.** *"When Should New Product Development Managers Consider Distribution Logistics"* Decision Sciences Institute Conference, New Orleans, LA, November 15, 2009.

- John R. MacDonald and **Zacharia, Zach G.** *"Risk and Disruption Management: The Impact of Behavioral Interference"* Behavioral Operations Conference, Syracuse, NY, June 26, 2009.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Organizational Learning"* Production and Operation Management Conference, Orlando, FL, May 2, 2009.

- **Zacharia, Zach G.,** Nancy W. Nix and Robert F. Lusch "Supply Chain Collaborations: Project Performance and Business Performance" *18th North American Teaching and Research Conference,* Tempe, Arizona, March 29-31. (2007)

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Organizational Learning"* University of Tennessee, Knoxville, TN, November 7, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"The Moderating Role of Absorptive Capability and Collaborative Communication in Knowledge Acquisition"* DFWCSMP Roundtable meeting, Dallas, TX, October 12, 2006.

- **Zacharia, Zach G.,** *"Early Supplier Involvement"* National Council for Advanced Manufacturing, Washington, MD, June 7, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Keys to Effective Supply Chain Collaboration and Knowledge Acquisition"* National Council for Advanced Manufacturing, Washington, MD, June 7, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Keys to Effective Supply Chain Collaboration"* Supplier Network Working Group Meeting, Fort Worth, TX March 16, 2006.

- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Keys to Effective Supply Chain Collaboration"* Institute of Supply Management Group Meeting, Fort Worth, Texas, January 3, 2006.

- **Zacharia, Zach G.** "Team Based Learning in MBA and Undergraduate Supply Chain Management Classes" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19. (2005)

- Nix, Nancy W., **Zach G. Zacharia** and Robert F. Lusch "Keys to Effective Supply Chain Collaboration" *16th North American Teaching and Research Conference,* Tempe, Arizona, March 17-19. (2005)

- **Zacharia, Zach G.,** *"Education Strategies"* Council of Logistics Roundtable Leadership Forum, Chicago, Illinois, June 11-12, 2004.
- **Zacharia, Zach G.,** and Nancy W. Nix, *"Supply Chain Collaboration – The role of a 3PL intermediary"* Society of Marketing Advances, New Orleans, Louisiana, November 6 - 8, 2003.
- **Zacharia, Zach G.,** Nancy W. Nix, and Robert F. Lusch *"Collaboration Effectiveness in the Supply Chain: A Knowledge and Capabilities Based Approach"* American Marketing Faculty Consortium, Dallas, Texas, October 30-November 2, 2003.

- **Zacharia, Zach G.,** *"What does it mean to be an education officer in your roundtable?"* Council of Logistics Roundtable Leadership Forum, Chicago, Illinois, June 6-7, 2003.
- Nix, Nancy W. and **Zach G. Zacharia**, Track Chairs "*Going Beyond the Hype: Getting and Measuring the Value from your Supply Chain Initiatives"* Council of Logistics Management Conference, Chicago, Illinois, September 23-27, 2003.
- **Zach G. Zacharia,** *Top 10 Truck Safety Recommendations*, Federal Motor Carrier Safety Administration, Washington, District of Columbia, October 16, 2002.
- **Zach G. Zacharia,** *Logistics Involvement in New Product Development*, University of Arkansas, Fayetteville, Arkansas, September 18, 2002.
- **Zach G. Zacharia,** "Supply and Value Chain Certificate Program" presented at the Supply and Value Chain Conference, Ft. Worth, Texas, February 8, 2002.
- **Zach G. Zacharia,** "*Tennessee Transportation Assistance Program*" presented at the Region 4 LTAP conference, St. Petersburg, Florida, May 16, 2001.

- **Zach G. Zacharia,** "*The Evolution and Growth of Production in the Supply Chain*", *2000 Society for Marketing Advances Conference*, Orlando, Florida, November 8. 2000.
- **Zach G. Zacharia,** and Soonhong Min "*The Nature of Interfirm Partnering in Supply Chain Management*" presented at American Marketing Association, Chicago, Illinois, August 5, 2000.
- **Zach G. Zacharia,** *"Searching the Internet and Web Page Design"* presented at University of Tennessee, Knoxville, Tennessee, April 17, 2000.

- **Zach G. Zacharia,** *"An Overview of Truck and Bus Safety: 1999 Knoxville Symposium* presented at the 4th International Fatigue Management Conference, Perth, Australia, March 19 – 22, 2000.
- **Zach G. Zacharia,** "*Traffic Safety and the Internet*" presented at the Governor Highway Safety Conference, Memphis, Tennessee, July 12-14, 1999.
- **Zach G. Zacharia,** "*Tennessee Transportation Assistance Program*" presented at the Asphalt Emulsion Users Conference, Nashville, Tennessee, November 19, 1998.
- **Zach G. Zacharia** and Barton R. Jennings "*The Use of Active Participation and Group Competition to Facilitate Training and Technology Transfer for Adult Learners*" Transportation Research Board Conference, Washington, District of Columbia, January 10-14, 1998.
- **Zach G. Zacharia,** "*Training Requirements for Local Governments*" presented at the National Transportation Training Conference, Reno, Nevada, October 7-9, 1997.
- **Zach G. Zacharia,** "*Logistics Thought: Key Messages and Implications from the Field of Marketing*," presented at the Council of Logistics Management Doctoral Symposium, Chicago, Illinois, October 3-4, 1997.
- **Zach G. Zacharia,** "*Navigating the Internet*" presented at the Southeast Local Roads Conference, Biloxi, Mississippi, September 24-26, 1997.
- **Zach G. Zacharia,** "*Bridge Paint Expert Systems,"* presented at the Second International Organization for Economic Cooperation and Development (OECD) Conference on Knowledge Based Expert Systems in Transportation, Montreal, Canada, June 14-16, 1992.

## G. Teaching and Research Advising

**COURSES:**

Lehigh University (2008 – Present)

- SCM 186 - Supply Chain Management and Operations (Undergraduate 2008 - present)
- SCM 354 - Logistics and Transportation (Undergraduate 2008-present)
- GBUS 453 – Logistics and Transportation (Graduate 2013 – present)
- GBUS 492- Supply Chain Management Strategy (Graduate 2010- 2015) (Summer Course)
- Advising 14 Supply Chain Management Majors (2021)
- Advising 11 Supply Chain Management Majors (2020)
- Advising 21 Supply Chain Management Majors (2019)
- Advising 5 Supply Chain Management Majors (2018)
- Advising 24 Supply Chain Management Majors (2017)

- Advising 9 Supply Chain Management Majors (2016)
- Advising 27 Supply Chain Management Majors (2015)
- Advising 28 Supply Chain Management Majors (2014)
- Advising 24 Supply Chain Management Majors (2013)
- Advising 9 Supply Chain Management Majors (2012)
- Advising 10 Supply Chain Management Majors (2011)
- Advising 13 Supply Chain Management Majors (2010)
- Advising 6 Supply Chain Management Majors (2009)

Texas Christian University (2001 – 2008)

- Strategic Sourcing and Procurement (Professional MBA) 2007
- Business Simulation (Professional MBA) 2007
- Supply Chain Management Concepts (Full-Time MBA) 2005 – 2008
- Supply Chain Management Concepts (Professional MBA) 2001– 2008
- Logistics and Transportation (Professional MBA) 2001 - 2008
- Supply Chain Tools and Technologies (Professional MBA) 2002
- Logistics and Transportation (Undergraduate) 2001 - 2008
- Supply Chain Management Concepts (Undergraduate) 2003 – 2004
- Supply Chain Tools and Technologies (Undergraduate) 2003
- Procurement and Supply Management (Undergraduate) 2003

University of Tennessee (1996-2001)

- Introduction to Transportation (Undergraduate) Summer 1998
- Introduction to Logistics (Undergraduate) Summer 1999
- Marketing Management (Undergraduate) Spring 2000
- Global Logistics and Transportation (Undergraduate) Summer 2000

## H. SERVICE

University

Faculty Compensation Committee (2016 – 2019)

College

Director, Center for Supply Chain Research Lehigh
Promotion and Tenure Committee (2021 – onwards)
Chair, Database and Software Committee (2018 – onwards)
Ph.D. Task Force (2017)
Undergraduate Core Curriculum Committee (2016)
Math Committee to Assess Assessment Results (2010)

Department

BIS Assistant Professor Search Chair – Tenure Track (2021-2021)
SCM Assistant Professor Search Chair – Tenure Track (2020-2020)
DATA Department Chair Search – Tenure Track (2019-2019)
SCM Assistant Professor Search Chair – Tenure Track (2018-2018)

SCM POP Search Chair (2017-2017)
Research Seminar Committee (2010-2011)
SCM Club Faculty Liaison (2009-2019)

Professional (Council of Supply Chain Management Professionals)

Education Committee Member -Lehigh Valley Roundtable (2015-onwards)
President – Lehigh Valley Roundtable (2012-2015)
Education Conference Chair (2010 – 2011)
Education Strategies Committee Member (2007 – 3-year term)
Case Editor (3-year term)
President – Dallas Roundtable (2007-2008)
Vice President – Dallas Roundtable (2006-2007)
Education chair – Dallas Roundtable (2004-2006)
Member (1999 – onwards)

External Service

Rockefeller Group – Expert Service Consulting (Jan 2020)

# Exhibit C - Advisory Opinion Letters

EMORY UNIVERSITY SCHOOL OF MEDICINE

**Departament of Sugery**
**Emory Transplant Center**

**Juliano B. Riella, MD FACS**
Assistant Professor of Sugery
Director of the Deceased Donor Kidney Transplant Program
Director of Pancreas Transplant Program
Phone: (404) 712-2751
Email: jriella@emory.edu

July 21st, 2026.

U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security

**RE: Advisory Opinion (Consultation) — O-1A Petition for Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D.**

Dear USCIS Officer:

I provide this written advisory opinion as a U.S.-based surgeon with expertise in the abdominal surgical sciences, pursuant to 8 C.F.R. § 214.2(o)(5), in connection with the above-referenced O-1A petition. I write in my individual professional capacity, and not on behalf of Emory University. I have no prior connection to Dr. Souza. This consultation addresses the nature of the work he proposes to perform and whether that work requires a person of extraordinary ability in the surgical sciences.

**Professional qualifications**

I am an Assistant Professor of Surgery in the Transplant Division at Emory University School of Medicine, where I direct the Deceased Donor Kidney Transplant Program and the Pancreas Transplant Program. My practice is in abdominal organ transplantation and complex abdominal and robotic surgery. Although my subspecialty is transplantation, both my field and Dr. Souza's field — metabolic, bariatric, and digestive surgery — are branches of the abdominal surgical sciences and share the same foundational surgical training, anatomical domain, operative principles, professional standards, and body of peer-reviewed literature. I am therefore qualified to assess the professional standing of surgeons in this field and the nature of high-level, non-clinical scientific advisory work in surgery.

**Independence and basis of knowledge**

I am fully independent of Dr. Souza. I have never met, co-authored with, trained alongside, or practiced with him; I have no financial interest in the petitioning employer or in the outcome of this petition; and I am not related to him. For purposes of this opinion, I reviewed his curriculum vitae, the audited bibliometric record of his work identified as Exhibit 15 of the petition, and the description of his proposed United States employment. My opinion rests on that documentary record rather than on any personal relationship.

**Nature of the proposed work**

I understand that Dr. Souza has been offered a senior, non-clinical position as Chief Medical Officer and Director of Clinical and Regulatory Sciences of Sperling Medical USA LLC. In that role, he will weigh surgical and medical technologies against the published evidence; draw up and review clinical evaluation protocols; assess clinical outcomes; and furnish evidence-based scientific advice to institutional counterparties. As I understand the arrangement, the role carries no authority to practice medicine clinically, to treat patients, or to practice law in the United States. These are bona fide scientific activities within the surgical sciences.

**Professional opinion**

The audited bibliometric record demonstrates a surgeon-scientist whose principal contributions have been relied upon in international consensus literature and independently evaluated at a high-volume tertiary center. In my professional experience, these are meaningful forms of influence that place a surgeon among the small percentage who have risen to the very top of the field. Two aspects of the record are particularly indicative.

First, Dr. Souza's 2009 study concerning laparoscopic duodenal-jejunal exclusion in patients with low body mass index was cited by the 2010 Diabetes Surgery Summit Consensus Conference statement, published in Annals of Surgery and endorsed by twenty-one professional and scientific organizations. In surgical science, consensus statements are among the principal instruments by which a field evaluates evidence and establishes professional recommendations. Reliance on a study in such a statement is therefore a significant form of peer recognition. The study's placement at the 95th citation percentile in the Web of Science Surgery category for its publication year, together with Dr. Souza's overall citation-percentile median at the 90th percentile, independently corroborates the influence of his work.

Second, the Modified Heidelberg pancreatojejunostomy technique, described in a 2017 publication of which Dr. Souza is a co-author, has been subjected to independent evaluation at a tertiary cancer center that shares no author and no institutional affiliation with that publication, in a published series of 208 consecutive pancreatoduodenectomies. Such independent investigation

is concrete evidence that specialists in the field considered the technical contribution sufficiently significant to warrant dedicated clinical study.

The proposed work — evaluating surgical technologies against the evidence and translating that judgment into sound clinical and regulatory recommendations — cannot be performed reliably by a surgeon of ordinary professional standing. It requires the knowledge, judgment, and record of accomplishment associated with a person of extraordinary ability in the surgical sciences. In my professional opinion, Dr. Souza possesses that level of expertise, and his documented record satisfies that standard.

I therefore support Dr. Souza's engagement by Sperling Medical USA LLC in the proposed non-clinical scientific advisory role and provide this favorable consultation for purposes of his O-1A petition.

I am available to provide any further information the adjudicating officer may require.

Respectfully,



**Juliano B. Riella, MD, FACS**
Assistant Professor of Surgery, Emory University School of Medicine
Director, Pancreas Transplant Program and Deceased Donor Kidney Transplant Program,
Emory Transplant Center

MediFind



Save Share



# Dr. Juliano B. Riella

General Surgery

**Emory health**

**Emory University Hospital**

1364 Clifton Road Northeast, Atlanta, GA

(4847.6 miles away)

Offers Telehealth | 14 Years of Experience

Request appointment

Referral may be required

Overview | Insurance | Locations | Clinical Research | Similar Doctors | FAQ

## Overview

Juliano Riella is a General Surgeon practicing medicine in Atlanta, Georgia. He has been practicing medicine for over 14 years.

His clinical expertise encompasses Hypothermia, Kidney Transplant, and Simultaneous Pancreas Kidney Transplant.

Dr. Riella is board certified in American Board Of Surgery, 2021. He is actively involved in clinical research, co-authoring 9 peer reviewed articles.

**Graduate Institution**
Fundacao Universidade Regional De Blumenau (FURB), 2012.0

**Residency**
University of Texas Health and Science Center

**Specialties**
General Surgery

**Licenses**
Transplant Surgery in GA

**Board Certifications**
American Board Of Surgery, 2021

**Fellowships**
University of Miami / Jackson Memorial Hospital

**Hospital Affiliations**
Emory University Hospital Midtown

Emory University Hospital

**Languages Spoken**
English

**Gender**
Male

## Insurance

Accepted insurance can change. Please verify directly with the provider.

**Find your insurance**

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**Accepted insurance plans:**

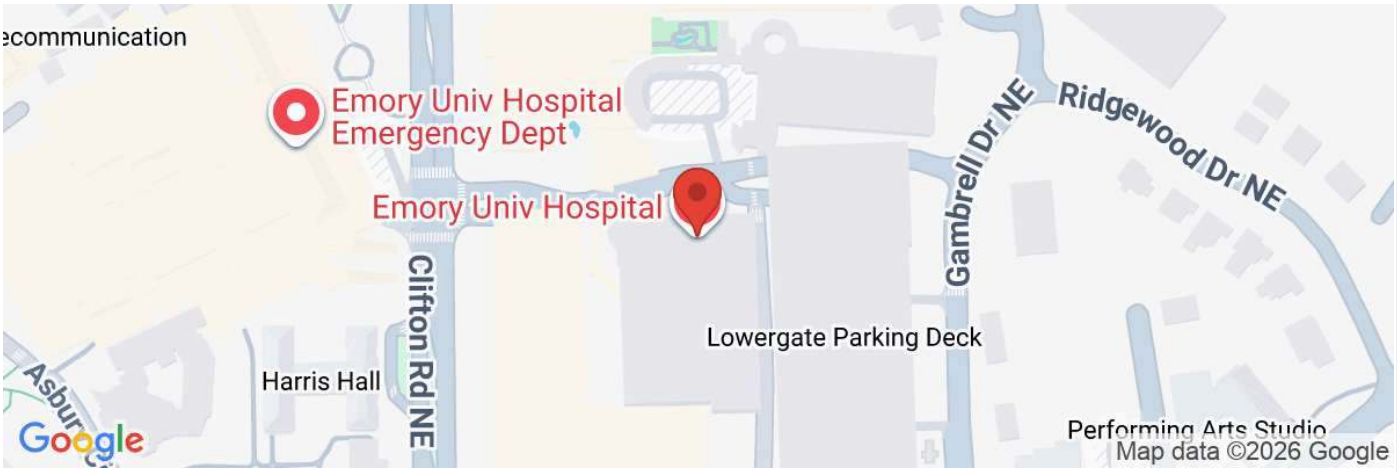
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## Clinical Research

Clinical research consists of overseeing clinical studies of patients undergoing new treatments and therapies, and publishing articles in peer reviewed medical journals. Providers who actively participate in clinical research are generally at the forefront of the fields and aware of the most up-to-date advances in treatments for their patients.

**9 Total Publications**

The rebirth of pancreas transplantation: an innovative, fully robotic, reproducible surgical technique.

**Journal:** BMC surgery

**Published:** March 17, 2026

VIEW PUBLICATION

VIEW ALL 9 PUBLICATIONS →

**MANOEL GALVÃO NETO**
M.D., M.Sc., FASGE, IFASMBS
Director of Bariatric Research
Orlando Health Weight Loss and Bariatric Surgery Institute

89 W. Copeland Drive, 1st Floor
Orlando, FL 32806, USA
+1 (351) 201-4617
manoel.galvaoneto@orlandohealth.com

Orlando, Florida · July 24, 2026

U.S. Department of Homeland Security
U.S. Citizenship and Immigration Services

**Re: Supplemental Advisory Opinion — O-1A Petition for Dr. Yglésio Luciano Moyses Silva de Souza**

Dear Sir or Madam:

This is a supplemental written opinion, offered in connection with the O-1A petition filed on behalf of Dr. Yglésio Luciano Moyses Silva de Souza and in addition to the consultation furnished separately by a United States surgeon unconnected to the Beneficiary. The views below are my own. I give them as an individual physician-scientist and not for Orlando Health, which has no part in this petition and has not been asked to take one. My conclusion is favourable, and I set out below the reasoning that produces it.

**Qualifications of the expert**

I am Director of Bariatric Research at the Orlando Health Weight Loss and Bariatric Surgery Institute in Orlando, Florida, where I take part in international collaborations in advanced endoscopic and metabolic surgery. I am a Fellow of the American Society for Gastrointestinal Endoscopy and an International Fellow of the American Society for Metabolic and Bariatric Surgery, and I have authored numerous peer-reviewed publications in minimally invasive, bariatric and metabolic surgery. That background qualifies me both to assess physician-scientists working in gastrointestinal, bariatric and metabolic surgery and to opine on the character of the advisory work proposed.

**Relationship disclosed**

Before anything else, the officer should know that Dr. Souza and I are co-authors of the 2009 Obesity Surgery publication on laparoscopic duodenal-jejunal exclusion. That collaboration is the source of my first-hand knowledge of his scientific work, and it is equally a reason to weigh what I say with the connection in view. I hold no financial interest in Sperling Medical USA LLC and none in the result of this petition. Because of the co-authorship I confine myself to what the proposed work consists of and what calibre of person it takes to do it, and I offer no assessment of the significance of the publication we wrote together; that question is answered in the record by centres unconnected to either of us.

**Capacity in which this opinion is given**

**MANOEL GALVÃO NETO**
M.D., M.Sc., FASGE, IFASMBS
Director of Bariatric Research
Orlando Health Weight Loss and Bariatric Surgery Institute

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This opinion is submitted as supplemental to, and not in place of, the consultation given by an expert with no connection to the Beneficiary. My training and practice in gastrointestinal, bariatric, metabolic and minimally invasive surgery furnish an appropriate basis for the assessment that follows, and the co-authorship disclosed above is the reason this opinion occupies a secondary rather than a primary position in the record.

**What the work actually demands**

I understand Dr. Souza is to serve as Chief Medical Officer and Director of Clinical and Regulatory Sciences of Sperling Medical USA LLC, without clinical duties. Rather than describe that role item by item, I want to say what makes it hard, because that is what bears on the calibre of person it takes.

At Orlando Health I sit on the receiving end of technology claims. Manufacturers, distributors and clinical teams bring us devices and operative techniques accompanied by evidence of wildly uneven quality, and somebody has to decide what that evidence will actually bear. Getting it wrong is not a neutral error. It ends with a patient on a table under a technique nobody properly tested. The work requires three capacities held at once: enough operative experience to know how an instrument behaves inside a real abdomen; enough methodological training to read a study and see the place where it fails; and enough independence to return an unwelcome answer to the party who commissioned the opinion. Surgeons possessing all three are uncommon. Most fine operators have never designed a study. Most capable methodologists have never held the instrument.

**Why I consider him equal to it**

Dr. Souza holds the three. He operates in digestive and metabolic surgery. His doctorate at the University of São Paulo Faculty of Medicine was taken in experimental pathophysiology — a laboratory training, not a clinical one, and it shows in how he reads data. And his published work has been taken up and tested by groups who owe him nothing, which is the only serious test of whether a contribution survives contact with strangers.

On that basis my opinion is that the position requires a person of extraordinary ability in the medical and surgical sciences, and that Dr. Souza is such a person. The work he would do in the United States is the work he has been doing in another form for twenty years: judging whether a surgical claim is true.

**Conclusion**

My advisory opinion is favourable. I raise no objection to Dr. Souza performing the proposed non-clinical scientific and advisory work for Sperling Medical USA LLC,

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and I so certify. Should the adjudicating officer wish to put any question to me about this letter, my direct contact details appear above.

Very truly yours,



**Manoel Galvão Neto, M.D., M.Sc., FASGE, IFASMBS**
Director of Bariatric Research
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Medical Group Member

# Manoel Galvao Neto, MD, MsC, FASGE, IFASBMS - Bariatric Surgery (Weight Loss Surgery)

Surgery - Weight Loss (Bariatrics), Weight Loss Surgery (Bariatrics), Bariatric Endoscopy

Talk to a Representative

Call Me Back

Orlando Health Weight Loss and Bariatric Surgery Institute
**Address:** 89 W. Copeland Drive
1st Floor
Orlando, FL 32806
**Call:** (321) 843-8900
**Fax:** (321) 843-8916
**Office Hours:**
Monday - Thursday, 8:30 am - 5:00 pm
Friday, 8:30 am - 3:00 pm

Overview

## Bio

Dr. Manoel Galvao Neto is a physician specializing in bariatric and metabolic endoscopy with the Orlando Health Weight Loss and Bariatric Surgery Institute. He and his team work with patients to help them lose weight through nonsurgical procedures, minimally invasive surgery and lifestyle changes. His expertise includes:

- Endobariatric therapy (endoscopic sleeve gastroplasty and intragastric balloons)
- Endoscopic treatment of weight recidivism and insufficient weight loss
- Endoscopic solutions to bariatric surgery complications
- Magnetic bowel anastomosis
- Endoscopic treatment of type 2 diabetes
- Esophageal motility
- Clinical trials
- Surgical and laparoscopic training
- Teleproctoring and telementoring

Dr. Galvao is the co-creator of bariatric endoscopy, which helps patients lose weight without surgery or scars. He uses unique endoscopic solutions and procedures to help solve bariatric surgery complications that have become the gold standard in the field and helped avoid numerous revisional surgeries.

Dr. Galvao believes in patient-centric care that prioritizes individual needs, preferences and values. He uses active communication and shared decision-making and fosters a partnership to empower patients to manage their health.

## Dr. Galvao's Training

He earned a master's degree in digestive surgery from Sao Paulo University and received his medical training from the Bahiana School of Medicine in Bahia, Brazil. Dr. Galvao completed residencies in digestive surgery and digestive endoscopy at the 9th of July Hospital in São Paulo, Brazil.

## About Dr. Galvao

Dr. Galvao is a member of the American Society for Gastrointestinal Endoscopy, American Society for Metabolic and Bariatric Surgery, Association of Bariatric Endoscopy, International Federation for the Surgery of Obesity and Metabolic Disorders, Brazilian Society of Gastrointestinal Endoscopy and Brazilian Society of Metabolic and Bariatric Surgery. He has served on numerous committees and has held many leadership positions in professional organizations.

In 2015, Dr. Galvao was awarded the Surgical Innovator Award by the American Society of Metabolic and Bariatric Surgery. It marked the first time it was awarded to a medical professional who isn't American.

Dr. Galvao has been actively involved, often as lead endoscopist, in several groundbreaking clinical trials because of first-time human participation. He participated in a recent US trial using endoscopic suturing, which he helped develop. That led the Food and Drug Administration to approve the method.

Dr. Galvao serves as a journal reviewer for *Obesity Surgery, Surgery for Obesity and Related Diseases, Surgical Laparoscopy, Endoscopic Percutaneous Technologies* and *Bariatric Times*, and he has reviewed hundreds of manuscripts. He has edited four books in Portuguese, Spanish and English. Dr. Galvao has written more than 200 peer-reviewed articles and hundreds of book chapters.

Dr. Galvao's prolific work in the area of endoluminal surgery includes an ongoing desire to teach medical students and his peers. He has been a course director and faculty member in bariatric endoscopy courses for many medical and surgical societies. Dr. Galvao is a professor of surgery and gastroenterology at Sri Aurobindo Medical College in India. He was a visiting professor at Mayo Clinic and the Chinese University of Hong Kong. He also was a visiting consultant for the Ministry of Health in Kuwait and United Arab Emirates.

Outside of work, Dr. Galvao enjoys running. He is fluent in Portuguese and Spanish, as well as English.

## Academic Information

**PROF. JOÃO BATISTA SANTOS GARCIA, M.D., Ph.D.**
Full Professor of Anesthesiology, Pain, and Palliative Care — Federal University of Maranhão (UFMA)

São Luís, 07 / 27 / 2026
U.S. Citizenship and Immigration Services

**RE:** Supplemental Advisory Opinion in support of the O-1A petition for Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., LL.B. (Brazil) (Beneficiary) — Field: medical and surgical sciences, with specialization in metabolic, bariatric, and digestive surgery and scientific advisory work.

To the officer considering this petition:

This supplemental opinion concerns Dr. Yglésio Luciano Moyses Silva de Souza and the O-1A classification sought for him, at the request of the Petitioner and the Beneficiary, to accompany the formal consultation given separately by a United States surgeon having no prior connection to the Beneficiary. I have reviewed his curriculum vitae, his principal publications, the audited bibliometric record of his work, and a description of the proposed United States employment.

## 1. Why I am competent to give this opinion

I am Full Professor of Anesthesiology, Pain and Palliative Care at the Federal University of Maranhão. I hold a medical degree from UFMA (1990), specialisation in Anesthesiology and in Pain, and a doctorate in Medicine in the area of Pain from the Federal University of São Paulo. I have served as Scientific Director, Vice-President and President of the Brazilian Society for the Study of Pain; as an elected Councillor of the International Association for the Study of Pain for a six-year term; as President of the Latin American Federation of Associations for the Study of Pain; and on the Pain Committee of the World Federation of Societies of Anaesthesiologists. I was named Co-Chair of the Pain Track of the World Congress on Pain for 2026. I served as Editor-in-Chief of the journal Dor and am the current Editor-in-Chief of the Latin American Journal of Palliative Care. I founded and direct the Experimental Laboratory for the Study of Pain at UFMA.

Those roles bear on this opinion in one particular way. Presiding over a scientific society, sitting on an international council and editing peer-reviewed journals consist very largely of judging investigators and their work — deciding what counts as a contribution to a field and how far a body of work has actually carried. That is the judgment this opinion calls for.

## 2. My connection to the Beneficiary, and the limits of what I offer

We are not co-authors. In more than thirty years of publishing I have never had his name beside mine on a paper or a research project, and we are not related. In the interest of completeness I record that we both belong to the academic medical community of Maranhão and to the Federal University of Maranhão, where he has held teaching and surgical-residency roles, and that part of what I know of his professional standing comes from that shared environment. My assessment nonetheless rests on his documented record rather than on any personal association.

I am equally candid about the boundary of my expertise. My own field is anesthesiology, pain medicine and palliative care — not metabolic or digestive surgery. I therefore do not write as a technical specialist in surgical technique, and I offer no opinion on operative method. I write as a senior physician-scientist and journal editor competent to judge, first, the stature, rigour and influence of an investigator's body of work by the standards I apply editorially, and second, the character of scientific advisory, evidence-appraisal, technology-assessment, outcomes-review and scientific-education work, which lies squarely within my own professional experience.

## 3. Assessment of the documented record

Applying the standards by which I evaluate scientific merit in my editorial and society roles, the Beneficiary's record is that of an investigator whose work has carried further than ordinary publication.

**Reliance placed on his principal study.** His 2009 study of laparoscopic duodenal-jejunal exclusion in patients with type 2 diabetes and a body mass index below 30 has not merely been cited; it was relied upon by the international consensus statement on gastrointestinal surgery for type 2 diabetes published in Annals of Surgery, which twenty-one professional and scientific bodies endorsed; and it was among the handful of primary human studies that a systematic review in Surgical Endoscopy, applying an explicit search protocol, located anywhere in the world literature. As an editor I regard reliance of that kind — by a consensus body and by a systematic review — as among the stronger indications that a contribution has entered the working evidence base of its field.

**Independent evaluation of a co-authored technique.** A surgical technique he co-authored was put to formal evaluation at a tertiary cancer centre with which neither he nor his co-authors have any connection, across a published series of 208 consecutive pancreatoduodenectomies. Formal evaluation of a described technique by an unaffiliated centre is a category of impact distinct from citation, and in my judgment a stronger one.

**Bibliometric standing, stated as it is.** Third-party platform data place his principal publication at the 95th citation percentile for its field and year, with an overall author citation-percentile median in the top decile of the relevant cohort. His aggregate h-index is modest, and I say so: in my editorial judgment that figure reflects a focused rather than a high-volume publication strategy, and it is outweighed by the reliance and the independent evaluation just described.

**Judging the work of others.** He has been entrusted with evaluating the scientific work of others — service on academic examining committees, and peer review of a manuscript at the request of a United States academic centre. Those are the activities of an established member of the scientific community rather than of a newcomer.

On that record it is my opinion that the Beneficiary possesses extraordinary ability in the medical and surgical sciences and stands among the small percentage of investigators who have reached the top of the field.

## 4. The proposed work and its fit

I understand the Beneficiary is to work in the United States in a non-clinical scientific advisory capacity, as Chief Medical Officer and Director of Clinical and Regulatory Sciences. Of the responsibilities described to me, two lie within my own competence to assess, and I will speak only to those: the appraisal of published evidence, and the education of clinical audiences.

Editors are, in practice, professional sceptics. A great deal of what reaches a journal is not wrong so much as unsupported — conclusions that outrun the data, endpoints chosen after the fact, comparisons that do not compare. Detecting this is a skill, it is learned slowly, and it does not follow automatically from clinical seniority. I have declined manuscripts from very distinguished surgeons for precisely these reasons. Work that consists of weighing evidence and converting it into recommendations that others will act upon is therefore scientific work in the full sense, and it requires the specific capacity the Beneficiary's record evidences: the ability to judge quality, to see where an argument fails, and to state the result plainly.

As to teaching, my thirty years of graduate supervision persuade me that the ability to explain why evidence supports a practice is rarer than the ability to follow the practice. He has both.

## 5. Conclusion

My conclusion is twofold. The Beneficiary's documented record evidences extraordinary ability in the medical and surgical sciences. And the employment proposed is genuine scientific work of a kind that calls for someone

of that standing. I raise no objection to his undertaking it. That is my opinion, given on the record I have described and subject to the limits of expertise I have stated.

Yours faithfully,

Documento assinado digitalmente
gov.br
JOAO BATISTA SANTOS GARCIA
Data: 02/08/2026 20:07:07-0300
Verifique em https://validar.iti.gov.br

**Prof. João Batista Santos Garcia, M.D., Ph.D.**
Full Professor — Federal University of Maranhão
Editor-in-Chief, Latin American Journal of Palliative Care
Date: 07/27/2026
Phone: +55 98 98802-0622 | Email: jbgarcia@uol.com.br



# João Batista Santos Garcia

**Bolsista de Produtividade em Pesquisa FAPEMA/CNPq - PQ Nível C**

Address to access this CV: http://lattes.cnpq.br/0424234103760462
ID Lattes: **0424234103760462**
Last updated: 17/05/2026

graduate at Medicina from Universidade Federal do Maranhão (1990) and ph.d. at Surgery from Universidade Federal de São Paulo (2000). Has experience in Medicine, acting on the following subjects: dor, analgesia, dor pós-operatória, cetamina and dor oncológica. **(Text informed by the author)**

## Personal Information

**Name**

João Batista Santos Garcia

**Bibliographic Citation**

GARCIA, J B S;GARCIA, JOÃO BATISTA SANTOS;SANTOS GARCIA, JOÃO BATISTA;GARCIA, JOAO BATISTA SANTOS;SANTOS GARCIA, JOAO BATISTA;GARCIA, JOÃO B. S.;SANTOS GARCIA, JOÃO BATISTA;GARCIA, JOÃO BATISTA S.;GARCIA, JBS;BATISTA SANTOS GARCIA, JOÃO;GARCIA, JOÃO BATISTA;GARCIA, JOAO BATISTA

**Lattes iD**

http://lattes.cnpq.br/0424234103760462

**Orcid iD**

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**Nationality**

Brasil

## Address

**Professional Address**

Universidade Federal do Maranhão, Centro de Ciências da Saúde, Departamento de Medicina II.
Rua Barão de Itapary,227. Hospital Universitário, quarto andar.
Centro
65000000 - São Luís, MA - Brasil
Telephone: (98) 2310266
Homepage URL: https://portalpadrao.ufma.br

## Formal Education/Degree

**1999 - 2000**

Ph.D. in Medicina (Cirurgia Cardiovascular).
Universidade Federal de São Paulo, UNIFESP, Brasil. , Year of degree: 2000.
Advisor: Rioko Kimiko Sakata.
Scholarship holder of: Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, CAPES, Brasil.

**2019 - 2020**

Professional Master Studies in Máster en Anestesia y Analgesia Regional Guiada por Ecografia.
Universidad de Salamanca, USAL, Espanha.
Title: , Year of degree: 2021.
Advisor: CLEMENTE MURIEL VILLORIA.
Keywords: supraescapular; plano supraespinhoso; ultrasonido; hombro doloroso.
Major Area: Health Sciences / Area: Medicina.

**1999 - 1999**

Specialization in Tratamento da Dor Aguda e Crônica. (Workload: 2880h).
Universidade Federal de São Paulo, UNIFESP, Brasil.

**1990 - 1992**

Specialization in Anestesiologia.
Universidade Federal de São Paulo, UNIFESP, Brasil.

**1984 - 1990**

Graduation in Medicina.
Universidade Federal do Maranhão, UFMA, Brasil.

## Complementary Education

**2014 - 2014**

Programa de Treinamento Prático em Pesquisa Clínica e Capacitação de Cep's. (Credit hours: 60h).
Instituto Sirio Libanes - de Ensino e Pesquisa, ISLEP, Brasil.

**2014 - 2014**

Programa de Treinamento Prático em Pesquisa Clínica e Capacitação de Cep's. (Credit hours: 40h).
Instituto Sirio Libanes - de Ensino e Pesquisa, IEP, Brasil.

**2014 - 2014**

RFMH- 001.
Admin Training, RFMH, Colômbia.

**2003 - 2012**

Atuação em Cuidados Paliativos.
Associação Médica Brasileira, AMB, Brasil.

## Professional Experience

**Universidade Federal do Maranhão, UFMA, Brasil.**

**Contract**

**1992 - Present**

Type of contract: Servidor público, Functional Placement: Titular Professor, Credit Hours: 40, Regime: Exclusive Dedication.

**Activities**

**1/2005 - Atual**

Teaching, Saúde Materno-Infantil, Degree: Pos-Graduation

Disciplines Taught
Saúde Integral da Mulher-Fundamentos na Área de Dor

**8/2003 - Atual**

Continuing education , Centro de Ciências da Saúde, Departamento de Medicina II.

Extension Activities
Coordenação da LIga Acadêmica de Dor.

**8/2001 - Atual**

Research and Development, Centro de Ciências da Saúde, Departamento de Medicina II.

Research Fields
Analgesia pós-operatória
Dor neuropática
Dor visceral
Dor oncológica
Cuidados paliativos
Analgésicos opióides e outro fármacos
Dor aguda, crônica e modelos experimentais

**8/2001 - Atual**

Teaching,

Disciplines Taught
Fundamentos da Algesiologia

**8/2001 - Atual**

Trainee Activities , Centro de Ciências da Saúde, Departamento de Medicina II.

Trainee Activities
Ambulatório de Dor.

**9/1992 - Atual**

Teaching, Medicina, Degree: Graduation

Disciplines Taught
Anestesiologia

**Sociedade Brasileira Para o Estudo da Dor, SBED, Brasil.**

**Contract**

**2000 - Present**

Type of contract: Other, Functional Placement: Membro ativo, Credit Hours: 0

**Activities**

**1/2007 - Atual**

Manager and Administrative Positions, Sociedade Brasileira Para o Estudo da Dor.

Position or Function
Diretor Científico.

**10/2004 - Atual**

Councils, Commissions and Consulting, Sociedade Brasileira Para o Estudo da Dor.

Position or Function
Membro do Conselho Editorial da Revista Dor, Pesquisa Clínica e Terapêutica, ISSN 1806-0013.

**Sociedade Brasileira de Anestesiologia, SBA*, Brasil.**

**Contract**

**1992 - Present**

Type of contract: Other, Functional Placement: , Credit Hours: 0

**Contract**

**2021 - 2021**

Type of contract: Membro Associado, Functional Placement: Presidente da CTMP*

**Activities**

**12/2003 - Atual**

Councils, Commissions and Consulting, Revista Brasileira de Anestesiologia.

Position or Function
Membro do Conselho Editorial da Revista Brasileira de Anestesiologia.

**1/2004 - 01/2007**

Other Technical-Scientific Activities , Comitês, Comitês.

Accomplished Activity
Coordenador do Curso de Dor On-Line da SBA.

**01/2004 - 01/2007**

Councils, Commissions and Consulting, Comitês.

Position or Function
Membro do Comitê de Dor.

**Sociedade de Anestesiologia do Estado do Maranhão, SAEM, Brasil.**

**Contract**

**2008 - Present**

Type of contract: Diretor Científico(2008-2009), Functional Placement: Membro efetivo

**Academia Nacional de Cuidados Paliativos, ANCP, Brasil.**

**Contract**

**2023 - Present**

Type of contract: Membro da Instituição, Functional Placement: Diretor Científico

**Contract**

**2020 - Present**

Type of contract: Other, Functional Placement: Vice-Presidente

**Federação Latinoamericana de Associações para o Estudo da Dor, FEDELAT, Brasil.**

**Contract**

**2017 - Present**

Type of contract: Other, Functional Placement: PRESIDENTE

**International Association for the Study of Pain, IASP, Estados Unidos.**

**Contract**

**2014 - 2020**

Type of contract: Other, Functional Placement: CONSELHEIRO

**WORLD FEDERATION OF SOCIETIES OF ANESTHESIOLOGISTS, WFSA, Estados Unidos.**

**Contract**

**2020 - Present**

Type of contract: Other, Functional Placement: MEMBRO DO COMITÊ DE DOR

## Research line

**1.**

Analgesia pós-operatória

Objective: Desenvolver estudos para melhorar a avaliação e o tratamento da dor aguda PO.
Major Area: Health Sciences / Area: Medicina / Subarea: Anestesiologia / Specialty: Tratamento da Dor Aguda e Crônica.
Activity sectors: Saúde humana e serviços sociais.

**2.**

Dor neuropática

Objective: Buscar novas formas de avaliação e de tratamento da dor neuropática. Inclui estudos epidemiológicos..
Major Area: Health Sciences / Area: Medicina / Subarea: Anestesiologia / Specialty: Tratamento da Dor Aguda e Crônica.
Activity sectors: Saúde humana e serviços sociais.

**3.**

Dor visceral

Objective: Estudos que envolvam dor visceral, como a dor provocada pela endometriose por exemplo, em estudos clínicos e/ou experimentais..

**4.**

Dor oncológica

Objective: Inclui estudos de diversas naturezas que envolvam a dor oncológica e suas consequências e associações. Inclui também estudos em cuidados paliativos que estejam correlacionados,..

**5.**

Cuidados paliativos

Objective: Realizar estudos em cuidados paliativos que envolvam controle de sintomas, como a dor e outros desfechos clínicos em pacientes e cuidadores, além de estudos epidemiológicos e aqueles que envolvam a equipe multiprofissional..
Keywords: cuidados paliativos.

**6.**

Analgésicos opióides e outro fármacos

Objective: Estudos que envolvam analgésicos como os opioides e outros fármacos por várias vias para o tratamento da dor aguda e/ou crônica..

**7.**

Dor aguda, crônica e modelos experimentais

Objective: Realizar estudos experimentais para controle de dor em conjunto com equipe de farmácia, especializada em pesquisa experimental..

## Research projects

**2026 - Current**

EFEITOS DA ESTIMULAÇÃO TRANSCRANIANA POR CORRENTE CONTÍNUA NA INTENSIDADE DA DOR E QUALIDADE DE VIDA DE PACIENTES ONCOLÓGICOS SOB CUIDADOS PALIATIVOS: ENSAIO CLÍNICO, RANDOMIZADO E DUPLO CEGO

Description: O PRESNETE ESTUDO TEM COMO OBJETIVO AVALIAR OS EFEITOS DA ESTIMULAÇÃO TRANSCRANIANA POR CORRENTE CONTÍNUA NA INTENSIDADE DA DOR E NA QUALIDADE DE VIDA DE PACIENTES EM ONCOLÓGICOS EM CUIDADOS PALIATIVOS VINCULADOS AO SISTEMA ÚNICO DE SAÚDE. ESPERA-SE QUE OS RESULTADOS POSSAM CONTRIBUIR PARA O AVANÇO DO CONHECIMENTO CIENTÍFICO SOBRE INTERVENÇÕES NÃO-FARMACOLÓGICAS NO CONTEXTO DOS CIDADOS PALIATIVOS ONCOLOGICOS COM UM ATECNOLOGIA DE BAIXO CUSTO..
Situation: In progress; Nature: Research.
Participant students: Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / GALENO JAHNSSEN BEZERRA DE MENEZES FERREIRA - Member.

**2026 - Current**

EFEITOS ANTI-INFLAMATÓRIOS E ANTINOCICEPTIVOS DA TIRZEPATIDA EM MODELO DE OSTEOARTRITE EM RATOS

Description: SERÃO INVESTIGADOS OS EFEITOS DA TIRZEPATIDA EM UM MODELO ANIMAL EXPERIMENTAL DE OSTEOARTRITE, AVALIANDO AS POSSÍVEIS AÇÕES ANTI-INFLAMATÓRIAS E ANTINOCICEPTIVAS. SERÃO FEITAS ANÁLISES RADIOGRÁFICAS, HISTOLÓGICAS, COMPORTAMENTAIS, E MARCADORES BIOLÓGICOS COMO A EXPRESSÃO GÊNICA DE TNF-ALFA, IL-1BETA, COX-2 E iNOS, ALÉM DO EIXO RANKL/OPG NA SINÓVIA E OSSO SUBCONDRAL..
Situation: In progress; Nature: Research.
Participant students: Graduation: (3) .

Members: João Batista Santos Garcia - Coordinator / Maria do

Socorro de Sousa Cartágenes - Member / ALVES RÓDRIGUES, THIAGO - Member.

**2026 - Current**

MICROVASCULATURA NA DOENÇA FALCIFORME: ASSOCIAÇÕES ENTRE ALTERAÇÕES OCULARES E DOR NEUROPÁTICA

Description: PACIENTES COM DOENÇA FALCIFORME E DOR NEUROPÁTICA APRESENTAM ALTERAÇÕES MICROVASCULARES RETINIANAS SUBCLÍNICAS MAIS INTENSAS DO QUE AQUELES SEM DOR NEUROPÁTICA, DETECTÁVEIS POR MÉTODOS DE IMAGEM NÃO INVASIVOS, SUGERINDO A EXISTÊNCIA DE UM MECANISMO NEUROVASCULAR SISTÊMICO COMUM? ESTA RESPOSTA PODE APRIMORAR A ESTRATIFICAÇÃO DE RISCO DE PACIENTES COM DOENÇA FALCIFORME, POSSIBILITANDO A IDENTIFICAÇÃO PRECOCE DE INDIVÍDUOS COM MAIOR VULNERABILIDADE A COMPLICAÇÕES MICROVASCULARES..
Situation: In progress; Nature: Research.
Participant students: Academic master's degree: (2) .

Members: João Batista Santos Garcia - Coordinator / Thiago Alves Rodrigues - Member / CRISTIANE BARBOSA DE CARVALHO SANTOS - Member / STEPHANIE DO NASCIMENTO CÂMARA BERTRAND - Member.

**2025 - Current**

DOR EM POPULAÇÃO VULNERÁVEL: CRIANÇAS DA CIDADE DE SÃO LUÍS

Description: A dor em crianças é um problema significativo de saúde pública que pode afetar o desenvolvimento social e emocional, a qualidade de vida e a capacidade de execução das atividades diárias, porém no Brasil há poucos estudos sobre a dor crônica nessa população, especialmente estudos epidemiológicos robustos.A avaliação da prevalência de dor crônica em crianças, bem como a compreensão das abordagens terapêuticas adotadas pelos pediatras é fundamental para mensurar a magnitude dessa condição no município de São Luís e identificar lacunas no conhecimento e na prática clínica dos pediatras. Este estudo tem como objetivo principal estimar a prevalência de dor crônica em crianças e compreender as práticas atuais dos pediatras no tratamento da dor crônica em crianças no município de São Luís, bem como descrever as principais características de dor crônica nas crianças..
Situation: In progress; Nature: Research.
Participant students: Academic master's degree: (1) Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Jessica Marques da Hora - Member / Erika Barros Lima Pinheiro - Member.

**2024 - Current**

REALIDADE VIRTUAL IMERSIVA EM PACIENTES ONCOLÓGICOS EM CUIDADOS PALIATIVOS: ensaio clinico, controlado e randomizado

Description: Pacientes oncológicos doença avançada sofrem com vários sintomas que afetam diretamente a qualidade de vida. Os cuidados paliativos tem como objetivo auxiliar no manejo dos sintomas de difícil controle e melhorar as condições clínicas do paciente. A tecnologia vem avançando e sendo utilizada na área da saúde como por exemplo a terapia com realidade virtual imersiva. Essa terapia tem demonstrado redução da intensidade da dor e da ansiedade em pacientes sob cuidados paliativos devido a distração. Dessa forma, essa pesquisa propõe analisar os efeitos da terapia por realidade virtual imersiva em pacientes oncológicos sob cuidados paliativos. Trata-se de um ensaio clínico controlado e randomizado. A amostra será constituída por pacientes oncológicos sob cuidados paliativos adultos, de ambos os sexos, que estejam internados na enfermaria de cuidados paliativos do Hospital de Câncer do Maranhão. Os pacientes serão avaliados antes a após a terapia durante 5 dias consecutivos. Serão avaliados quanto a performance funcional com escala de Karnofsky, e a intensidade e frequência dos sintomas de difícil controle como: dor, ansiedade, bem estar, depressão, dispneia, cansaço, náusea, sonolência e apetite. Os participantes serão randomizados em três grupos: grupo controle (vídeo em tela), o grupo intervenção 01 (terapia por realidade virtual imersiva por 5min) e o grupo intervenção 02 (terapia por realidade virtual imersiva por 15min). Inicialmente será realizado preenchimento de um questionário estruturado contendo os dados demográficos e informações sobre o estágio da doença, o grau de performance funcional pela escala de Karnofsky, HADS (Hospital anxiety and depression scale), Teste de esperança de HERTH, BPI (Brief Pain Inventory), Termômetro de angustia e escala de sintomas de Edmonton. Logo depois os pacientes passarão por um

atendimento com terapia com realidade virtual imersiva com a utilização de vídeos personalizados contemplativos através do instrumento Cculus Quest 2 da meta e acoplado a cabeça estará o EMOTIV EPOC para avaliar as ondas alpha, delta, teta e gamma. Os participantes serão avaliados antes a após ao atendimento por 5 dias consecutivos com a escala de sintomas de Edmonton e termômetro de angustia. A avaliação ao final dos 5 dias será realizada através HADS (Hospital anxiety and depression scale), Teste de esperança de HERTH, BPI (Brief Pain Inventory)..
Situation: In progress; Nature: Research.
Participant students: Graduation: (2) / Academic master's degree: (1) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Nájala Borges de Sousa - Member / Renatha de Sena Rosa Lago de Brito - Member.

**2023 - Current**

DESENVOVIMENTO E VALIDAÇÃO DE SISTEMA DE CLASSIFICAÇÃO PARA QUALIDADE DE BLOQUEIO NEUROMUSCULAR EM PACIENTES SUBMETIDOS A ELETROCONVULSOTERAPIA

Description: O emprego de anestesia na eletroconvulsoterapia(ECT) levou a uma quebra de paradigma no que se refere à segurança do procedimento. A utilização de agentes hipnóticos e bloqueadores neuromusculares não apenas reduziram as complicações como permitiram mais satisfação do paciente com o seu tratamento. Apesar de o controle adequado da resposta motora decorrente da indução de convulsão tônico-clônica pela ECT ser parte fundamental da assistência anestésica, até o momento não foi proposta nenhuma classificação que leve em consideração parâmetros clínicos que definam qual nível de bloqueio é considerado o mais adequado para permitir a realização da ECT. Nesse sentido, este estudo tem como objetivo a criação e validação de um sistema de classificação que possibilite determinar, de maneira prática, níveis de atenuação da resposta motora que sejam adequadas para a ECT. Projeto guarda-chuva para pesquisa em mestrado e doutorado de alunos da pós-graduação..
Situation: In progress; Nature: Research.
Participant students: Academic master's degree: (1) Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / José Osvaldo Barbosa Neto - Member / Matheus Veras Guterres Mendes - Member.

**2022 - 2024**

Estudo de não inferioridade da Novabupi (bupivacaína S75:R25) pesada em relação a Neocaína (bupivacaína S50:R50) pesada em raquianestesia para cirurgia de varizes em membros inferiores.

Description: Multicêntrico, randomizado, duplo-cego, controlado por comparador ativo, para avaliar a não inferioridade..
Situation: Completed; Nature: Research.

Members: João Batista Santos Garcia - Coordinator / Durval Campos Kraychete - Member / Fernando José Borguetti - Member / BAGATINI, AIRTON - Member / VIANA, EDUARDO P - Member / FUKUSATO, MICHEL - Member / LIMA, LUCIANA C - Member / OLIVEIRA, VALTER O B - Member / SILVA, MELISSA A M - Member / LARA, FELIPE S T - Member.

**2022 - Current**

DOR NEUROPÁTICA EM DOENÇA FALCIFORME: PREVALÊNCIA E ANALISE DE POLIMORFISMOS DO RECEPTOR TRPV1

Description: A complexidade dos mecanismos que explicam as crises álgicas na DF e a frequente refratariedade a terapias analgésicas implementadas abriram a possibilidade para discussão de outros fatores implicados na cronicidade dos eventos dolorosos. A DF ainda não é tradicionalmente incluída em diretrizes para o tratamento de dor neuropática, daí a importância de se tentar demonstrar, com características clínicas e moleculares, a ocorrência dessa subcategoria de dor nessa população. Diante deste cenário, e considerando que o Estado do Maranhão possui a terceira maior população falciforme no Brasil, espera-se com esse trabalho caracterizar melhor a prevalência de dor neuropática em nosso meio, buscando sua relação molecular com TRPV1 e a influência possíveis polimorfismos genéticos que possam estar relacionados a dores de difícil manejo..
Situation: In progress; Nature: Research.
Participant students: Graduation: (3) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / FREITAS

DE ANDRADE RODRIGUES, CAMILA - Member / ALVES RODRIGUES, THIAGO - Member.

**2021 - Current**

A DOR DA INVISIBILIDADE SOCIAL: Prevalência de dor crônica, sintomas depressivos e qualidade do sono na população em situação de rua de São Luís/MA

Description: A prevalência de dor em moradores de rua em países em desenvolvimento como o Brasil é pouco pesquisada. Pela restrita quantidade de estudos relativos à dor crônica e seu subsequente impacto no padrão de vida dessa população, já entreposta em situação de vulnerabilidade, este estudo busca preencher uma lacuna no conhecimento da dor relacionada às pessoas em situação de rua da capital do estado do Maranhão, além de sintomas depressivos e impactos na qualidade do sono, visando possibilitar uma percepção mais ampla sobre esses indivíduos aos médicos e profissionais de saúde e, por conseguinte, proporcionar uma melhor abordagem e consequente melhoria na sua qualidade de vida..
Situation: In progress; Nature: Research.
Participant students: Graduation: (2) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Latácio Santos Garcia Ferro - Member / Thiago Alves Rodrigues - Member / Natalia Tavares Braga - Member / Raynan Costa Santana - Member / Letícia Arrais Rocha - Member.

**2020 - 2024**

MULHERES COM CÂNCER DO COLO DO ÚTERO AVANÇADO E STATUS DE DESEMPENHO POBRE SUBMETIDAS À QUIMIOTERAPIA PALIATIVA NO FINAL DA VIDA: análise de sobrevida e fatores prognósticos associados

Description: Alguns questionamentos surgiram como fonte de interesse para a realização deste estudo tais como: Quais os principais cuidados agressivos que mulheres com câncer do colo do útero(CCU) são submetidas no final da vida? Qual a taxa de sobrevida de mulheres com câncer do colo do útero antes e após serem submetidas à quimioterapia paliativa? Os benefícios da quimioterapia paliativa em mulheres com câncer do colo do útero são efetivos ou a mesma pode acelerar o óbito? Quais os fatores prognósticos associados mortalidade de mulheres com câncer do colo do útero submetidas à quimioterapia paliativa em fase final de vida?Tantos questionamentos e a ausência de respostas na literatura internacional e nacional sobre como as mulheres com CCU morrem e a frequência em que essa mulheres são submetidas a cuidados agressivos e seus impactos no final da vida, assim como os altos índices de mortalidade no nosso país e na região nordeste demostra a importância e a urgência na realização desse estudo. Objetivo geral: Avaliar os resultados de mulheres com câncer do colo do útero avançado e status de desempenho pobre submetidas a quimioterapia paliativa no final da vida..
Situation: Completed; Nature: Research.
Participant students: Graduation: (1) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Beatriz Morais Costa - Member / Pabline Medeiros Verzaro - Member.

**2019 - 2022**

Estudo Multicêntrico, randomizado, duplo-cego, controlado por placebo para determinar a eficácia e a segurança da associação da dextrocetamina 1 com clonidina 0,03, gel creme de uso tópico, no tratamento de síndromes de dor neuropática

Description: O objetivo primário é avaliar a eficácia analgésica da associação declonidina 0,03 e dextrocetamina 1, gel creme de aplicação tópica(CCGC), para o tratamento de síndromes de dor neuropática associadas a:neuropatia diabética periférica (NDP), neuralgia pós-herpética (NPH),neuropatia periférica pós-operatória ou pós-traumática e hanseníase.
Situation: Disabled; Nature: Research.
Participant students: Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Rayanne Luíza T M Araújo - Member.

**2018 - 2023**

PREVALÊNCIA E INCIDÊNCIA DE DOR CRÔNICA COM E SEM CARACTERÍSTICAS NEUROPÁTICAS EM PACIENTES COM CÂNCER

Description: Este projeto tem como objetivo identificar a prevalência e a incidência de dor crônica com e sem características neuropáticas em pacientes com câncer nos dois hospitais públicos de referência em oncologia na cidade de São Luís: Hospital do Câncer Aldenora Bello e Hospital do Câncer do Estado do Maranhão Dr. Tarquínio Lopes Filho..
Situation: Completed; Nature: Research.
Participant students: Graduation: (2) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Rayane Luísa Mualem - Member.

**2018 - 2022**

A avaliação do luto nos familiares/cuidadores de pacientes acompanhados por uma unidade de cuidado paliativo oncológico.

Description: A assistência dos cuidados paliativos, desde o luto antecipatório até o pós óbito, pode contribuir para a elaboração de um luto considerado normal entre os familiares/cuidadores dos pacientes atendidos por tal equipe. O objetivo geral deste estudo é avaliar o processo de luto dos familiares/cuidadores enlutados de pacientes acompanhados em uma enfermaria de cuidados paliativos oncológicos. Os objetivos específicos são analisar a importância da assistência dos cuidados paliativos para a elaboração de um luto normal; investigar se os sujeitos de pesquisa possuem critério para luto prolongado; garantir o acompanhamento psicológico ambulatorial para os entrevistados que tenham critérios para luto complicado..
Situation: Completed; Nature: Research.
Participant students: Graduation: (1) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Clarissa Pires Pereira - Member / Raynan Cocta Santana - Member.

**2018 - 2021**

Suplementação de Guaraná (Paullinia cupana) na Fadiga e Qualidade de Vida de Mulheres com Câncer de Mama

Description: A fadiga e dor são sintomas comumente relatados pelas pacientes com câncer de mama afetando negativamente na qualidade de vida das mesmas. Ainda não existe consenso sobre o tratamento da fadiga, porém práticas não farmacológicas são indicadas como, atividade física, alimentação adequada, repouso, sono, manejo do estresse e terapia cognitiva. Dentre as medidas dietéticas, a suplementação de nutrientes com substância isolada ou medicamentos que tem apresentado valores favoráveis à melhora da fadiga. Dentre os medicamentos fitoterápicos, tem-se o uso do Guaraná, fruto originário da Amazônia e conceituado como medicamento e regulado pela Agência Nacional de Vigilância Sanitária (ANVISA). O Brasil é o único país que produz Guaraná a nível comercial, ou seja, em grande escala. A cafeína presente nessa substância é maior que do café, cacau e erva mate com absorção rápida no trato gastrointestinal, chegando a corrente sanguínea e sendo metabolizada no fígado, conseguindo bloquear os efeitos da adenosina sobre os seus receptores podendo dessa forma retardar a fadiga. O estudo da eficácia do Guaraná na fadiga ainda é inconcludente, porém estudos tem apontado eficácia em seu efeito em pacientes quimioterápicos ou em radioterapia mostrando resultados promissores..
Situation: Completed; Nature: Research.
Participant students: Graduation: (1) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / DAISE PEREIRA DE ARAUJO - Member / LATICIA ARRAIS ROCHA - Member.

**2018 - 2020**

AVALIAÇÃO DO EFEITO ANALGÉSICO, ANTI-INFLAMATÓRIO, MORFOLÓGICO E HISTOLÓGICO DA TALIDOMIDA EM RATAS COM ENDOMETRIOSE INDUZIDA

Description: Endometriose é uma doença inflamatória estrogênio dependente, que afeta mulheres em idade reprodutiva. É caracterizada pela presença de tecido endometrial fora da cavidade uterina, principalmente no peritônio, decorrendo em diversos sintomas, destacando-se os quadros álgicos, como dismenorréia, dispareunia, dor pélvica crônica, além de disúria e infertilidade.A Talidomida é uma droga imunomoduladora que apesar da conhecida teratogenicidade, que corrobora no uso cauteloso da substância, hoje está positivamente relacionada ao tratamento de diversas condições clínicas, por suas propriedades pleiotrópicasanti-mieloma, incluindo imunomodulação, efeitos anti-angiogênicos, antiinflamatóriose anti-proliferativos.Além disso, ela pode influenciar no aumento da imunidade, ao estimular células T-citotóxicas , e está relacionada também ao

aumento do número de linfócitos, células T CD8+ e CD4+, e dos níveis plasmáticos de receptores solúveis de IL-2).Mostrou-se ainda, que o tratamento com Talidomida suprime a produção de TNF-alfa , que decorre na redução da ativação de NF-kB, e assim atenua a expressão da IL-8..
Situation: Completed; Nature: Research.
Participant students: Graduation: (1) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / João Nogueira Neto - Member / Maria do Socorro de Sousa Cartágenes - Member / Lyvia Maria Rodrigues de Sousa Gomes - Member / Isabela Bastos Jácome de Souza - Member / Salie Santos Rodrigues Oliveira - Member.

**2016 - 2018**

Óleo de coco babaçu e fadiga de pacientes com câncer de mama: ensaio clínico

Description: Até o presente momento não foram encontrados estudos que utilizassem o óleo de coco babaçu como suplementação alimentar para melhora da fadiga em pacientes com câncer de mama. Diante das intercorrências relacionadas ao desenvolvimento e tratamento do câncer de mama e dos benefícios evidenciados na literatura com utilização das gordura láuricas presente no óleo de coco babaçu. Hipotetizou-se que a suplementação de óleo de coco babaçu irá reduzir a fadiga de pacientes com câncer de mama. O objetivo primário deste trabalho foi avaliar o efeito da suplementação de óleo de coco babaçu na fadiga de pacientes com câncer de mama. O estudo ainda investigou o efeito da suplementação sobre a qualidade de vida, depressão, marcadores inflamatórios e imunológicos nessa população..
Situation: Completed; Nature: Research.
Participant students: Graduation: (1) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Rosane Nassar Meireles Guerra - Member / Paula Tâmara Vieira Teixeira Pereira - Member.

S, T & A Production Rate: 1

**2015 - 2019**

Escola de Coluna com abordagem cognitivo-comportamental: implementação de um Programa de Reabilitação para Lombalgia no Estado do Maranhão.

Description: Este projeto tem como objetivos: Comparar os escores de dor, variabilidade da frequência cardíaca (VFC),incapacidade, medo, ansiedade, depressão e resiliência antes e após a intervenção em cadagrupo; verificar qual grupo apresentou melhor desfecho em relação aos escores dedor, variabilidade da frequência cardíaca (VFC), incapacidade, medo, ansiedade, depressão eresiliência; testar o efeito das intervenções de educação, fisioterapia e exercício físico namodificação de escores de dor, variabilidade da frequência cardíaca (VFC), incapacidade,medo, ansiedade, depressão e resiliência em pacientes com lombalgia crônica..
Situation: Completed; Nature: Research.
Participant students: Graduation: (4) / Academic master's degree: (1) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / DE MORAES, ÉRICA BRANDÃO - Member / Larissa Barros da Silva - Member / FRANCISCO FARIAS MARTINS JUNIOR - Member.
Financier(s): Fundação de Amparo à Pesquisa ao Desenvolv. Científico e Tecnológico - MA - Grant.
S, T & A Production Rate: 2

**2015 - Current**

Estudo randomizado, duplo-cego, controlado com placebo, de grupos paralelos, da eficácia e segurança da administração concomitante de Celecoxibe e Pregabalina, em comparação com monoterapia com Celecoxibe em pacientes com dor lombar crônica com componente

Description: Projeto multicêntrico realizado no Centro de Pesquisa Clínica do HUUFMA.
Situation: In progress; Nature: Research.

Members: João Batista Santos Garcia - Coordinator / MarinildeTeles Souza - Member / Erica Brandao Moraes Vieira - Member / Anamada Barros Carvalho - Member.

**2014 - Current**

ANÁLISE DA AÇÃO DO RANELATO DE ESTRÔNCIO EM MODELO EXPERIMENTAL DE OSTEOARTRITE EM RATO

Description: Avaliar a ação do estrôncio por via oral como protetor em ratos com osteoartrite de joelhos.
Situation: In progress; Nature: Research.
Participant students: Graduation: (2) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Maria do Socorro de Souza Cartagenes - Member / Thiago Alves Rodrigues - Member.

**2014 - Current**

EFEITO DE Scoparia dulcis L. SOBRE PARÂMETROS NOCICEPTIVOS E DEFESAS ANTIOXIDANTES EM MODELO DE DOR NEUROPÁTICA

Description: Objetivos deste estudo: Avaliar os efeitos do extrato hidroalcoólico das folhas Scoparia dulcis L. sobre a hiperalgesia e alodínia após constricção do nervo ciático; ☐ Avaliar os efeitos do extrato hidroalcoólico das folhas Scoparia dulcis L. sobre as defesas antioxidantes (superóxido dismutase-SOD, catalase-CAT, glutationa peroxidase-GPx) em homogeneizado de medula espinal lombossacral após constricção do nervo ciático; ☐ Avaliar os efeitos do extrato hidroalcoólico das folhas de Scoparia dulcis L. sobre o óxido nítrico em homogeneizado de medula espinal lombossacral após constricção dos nervo ciático; ☐ Avaliar a concentração de ácido ascórbico em homogeneizado de medula espinal lombossacral após constricção do nervo ciático e os efeitos do extrato hidroalcoólico das folhas Scoparia dulcis L. sobre esse marcador; ☐ Avaliar o efeito anti-inflamatório do extrato hidroalcoólico das folhas de Scoparia dulcis L. após constricção do nervo ciático; 04.
Situation: In progress; Nature: Research.
Participant students: Graduation: (2) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Member / Maria do Socorro de Souza Cartagenes - Coordinator / ROSA HELENA MORAES SILVA - Member.

**2014 - Current**

MULHERES COM DIAGNÓSTICO AVANÇADO DE CÂNCER: Fatores relevantes para a qualidade de vida no final da vida.

Description: : O final da vida de pacientes com câncer pode ser sofrido e com grande impacto na qualidade de vida. Há uma lacuna no atendimento de quais fatores são relevantes e importantes, e podem ser manejados pela equipe de saúde. Este estudo busca identificar se existe uma correlação entre a espiritualidade, religiosidade, aspectos físicos, psicológicos, relações sociais, ambientais e auto-eficácia com a qualidade de vida no final da vida e como são percebidos pelo cuidador fixo. Método: Estudo transversal e prospectivo em pacientes com câncer de mama e colo uterino em estágio avançado, atendidos no Instituto Maranhense e Oncologia ? São Luís-MA. Serão utilizados: Escala de Coping religioso e espiritual, questionários de qualidade de vida da Organização Mundial de Saúde (OMS), Escala de Depressão de Beck, Escala de Auto Eficácia para pacientes e cuidador em um primeiro momento e, em um segundo tempo, após o óbito, será feita avaliação da qualidade de vida do final da vida através de uma entrevista com cuidador fixo..
Situation: In progress; Nature: Research.
Participant students: Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Anamada Barros Carvalho - Member / SERLANDIA DA SILVA SOUSA - Member.

**2014 - Current**

IMPACTO DO TREINAMENTO FÍSICO NA DOR, FADIGA E VARIABILIDADE DA FREQUÊNCIA CARDÍACA EM PACIENTES COM CÂNCER MAMÁRIO.

Description: Trata-se de uma pesquisa analítica, experimental e quantitativa. O período de execução da pesquisa será de fevereiro/2014 a março/2015. Os sujeitos desta pesquisa serão mulheres sedentárias em tratamento de câncer mamário (quimioterapia, radioterapia, hormonioterapia e mastectomia) no Hospital Aldenora Bello, com idade de 40 a 70 anos. Serão divididas em dois grupos. Grupo Experimental (GE), que será submetido ao treinamento combinado, além de continuar com tratamento hospitalar, e Grupo Controle (GC), utilizando apenas ao tratamento convencional dos hospitais, a composição desses grupos se dará pelo sorteio dos seus sujeitos..
Situation: In progress; Nature: Research.
Participant students: Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Erica

Brandao Moraes Vieira - Member / Alexsandro Ferreira dos Santos - Member / Jurema Gonçalves Lopes de Castro Filha - Member / Andréa Dias Reis - Member.

**2014 - Current**

VALIDAÇÃO DAS ESCALAS PATIENT NEUROTOXICITY QUESTIONNAIRE (PNQ) E PAIN QUALITY ASSESSMENT SCALE (PQAS) PARA O PORTUGUÊS DO BRASIL

Description: A Validação do Pain Quality Assessment Scale (PQAS) e Patient Neurotoxicity Questionnaire (PNQ) em um grupo de pacientes oncológicos com dor neuropática pós-quimioterapia em um hospital público de referência no tratamento desta doença será realizada através das seguintes propriedades psicométricas empíricas: ? A Validade de Critério será realizada através da Validade Concorrente e o teste estatístico utilizado será o Coeficiente de Correlação de Spearman. ? A Validade de Construto ou de Conceito será realizada de duas formas: - Coeficiente de Análise Fatorial usando o modelo de equação de LISREL ; - Validade de Grupos Conhecidamente Diferentes utilizando o teste t de Student ou o teste U de Mann-Whitney. ? A Confiabilidade será realizada através da Consistência Interna utilizando o cálculo do Coeficiente Alpha de Cronbach. Atribui-se valor de 0 a 1, sendo que 0 indica ? sem correlação? e 1 indica ? correlação perfeita'. ? Análise da Teoria de Resposta ao Item que será realizada utilizando o Modelo de Resposta Gradual (GRM). ..
Situation: In progress; Nature: Research.
Participant students: Graduation: (2) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Erica Brandao Moraes Vieira - Member / Alcione Miranda dos Santos - Member / Anamada Barros Carvalho - Member.

**2013 - Current**

EFEITO DA CETAMINAS(+) EM CISTITE INDUZIDA EM RATOS

Description: Avaliação do efeito analgésico da cetamina por diversas vias na cistite induzida por ciclofosfamida em ratos.
Situation: In progress; Nature: Research.
Participant students: Graduation: (2) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Maria do Socorro de Souza Cartagenes - Member / Tereza Cristina Monteiro de Melo Prazeres - Member.

**2013 - Current**

EFEITO DA DEXMEDETOMIDINA POR VIA INTRA-ARTICULAR EM MODELO EXPERIMENTAL DE OSTEOARTRITE EM RATOS

Description: Este projeto visa verificar uma ação analgésica periférica da dexmedetomidina, tentando encontrar um mecanismo opióide, uma ação inibidora de citocinas, uma ação mediada por cicloxigenase, bem como avaliar seus possíveis danos a cartilagem articular..
Situation: In progress; Nature: Research.
Participant students: Graduation: (4) / Academic master's degree: (1) / Doctorate: (2) .

Members: João Batista Santos Garcia - Coordinator / Lyvia Maria R Sousa Gomes - Member / Rayanne Luíza T M Araújo - Member / Maria do Socorro de Souza Cartagenes - Member.

**2011 - Current**

Estudo CRT047 Avaliacao da cetamina associada a clonidina topica em pacientes com dor neuropatica

Description: Estudo multicentrico em que serao utilizadas fiormulacoes topicas de cetamina e clonidina associadas ou nao em pacientes com dor neuropatica.
Situation: Disabled; Nature: Research.
Participant students: Graduation: (1) .

Members: João Batista Santos Garcia - Coordinator / Marinilde Teles Souza - Member.
Financier(s): Cristália Produtos Químicos e Farmacêuticos - Grant.

**2011 - Current**

EFEITO DA CETAMINA S(+) POR VIA INTRA-ARTICULAR EM MODELO EXPERIMENTAL DE OSTEOARTRITE EM RATOS

Description: Este estudo visa testar a hipótese sobre uma possível ação anti-inflamatória local da cetamina S (+) através da inibição de citocinas na osteoartrite de joelhos de ratos induzida com injeção intra-articular de iodoacetato de sódio..
Situation: In progress; Nature: Research.
Participant students: Graduation: (4) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Eugênio dos Santos Neto - Member / Antônio Carlos Romão Borges - Member / Marilene Oliveira da Rocha Borges - Member / Leopoldina Milanez da Silva Leite - Member / Maria do Socorro de Souza Cartagenes - Member.
Financier(s): Fundação de Amparo à Pesquisa ao Desenvolv. Científico e Tecnológico - MA - Grant.
S, T & A Production Rate: 1

**2009 - 2012**

Estudo Epidemiológico da Dor Crônica na Cidade de São Luís_MA

Description: Estudo em que vamos quantificar pela primeira vez em nossa capital a prevalência de dor crônica em nossa população, com avaliaçào de suas caracteristicas. Este estudo é de grande interesse para o Brasil e tem um impacto importante nas diretrizes do tratamento da dor em nossa cidadel..
Situation: Completed; Nature: Research.
Participant students: Graduation: (1) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Erica Brandão Moraes - Member / Rayane Luísa Mualem - Member.
Financier(s): Conselho Nacional de Desenvolvimento Científico e Tecnológico - Scholarship / Fundação de Amparo à Pesquisa ao Desenvolv. Científico e Tecnológico - MA - Grant.
S, T & A Production Rate: 1

**2009 - 2010**

CRT059 ? ?Estudo de Eficácia e Segurança da Fentanila Transdérmica

Description: Projeto de pesquisa multicêntrico ao qual nosso centro será o coordenador no Brasil..
Situation: Disabled; Nature: Research.
Participant students: Graduation: (1) .

Members: João Batista Santos Garcia - Coordinator / Antônio Freitas Borba Júnior - Member / Marinilde Teles Souza - Member.
Financier(s): Cristália Produtos Químicos e Farmacêuticos - Remuneration.

**2008 - Current**

Estudo aberto de extensão para avaliação da segurança de uma dose fixa subcutânea de metilnaltrexona em indivíduos com doença avançada e constipação induzida por opióides

Description: Projeto intenaciona, número 3200k1-4001-WW. Protocolo confidencial..
Situation: Disabled; Nature: Research.
Participant students: Graduation: (1) .

Members: João Batista Santos Garcia - Coordinator / Adalgisa de Souza Paiva Ferreira - Member / Antônio Freitas Borba Júnior - Member / MarinildeTeles Souza - Member / Eugênio dos Santos Neto - Member.
Financier(s): Wyeth Research - Remuneration.

**2008 - Current**

Estudo aleatório, duplamente encoberto, controlado com placebo de uma dose fixa subcutânea de metilnaltrexona em adultos com doença avançada e constipação induzida por opióides:eficácia, segurança e indicadores adicionais de saúde.

Description: Projeto internacional, número 3200k1-400-WW. Protocolo confidencial..
Situation: Disabled; Nature: Research.
Participant students: Graduation: (1) .

Members: João Batista Santos Garcia - Coordinator / Adalgisa de Souza Paiva Ferreira - Member / Antônio Freitas Borba Júnior - Member / MarinildeTeles Souza - Member / Eugênio

dos Santos Neto - Member.
Financier(s): Wyeth Research - Remuneration.

## Extension projects

**2018 - Current**

ABORDAGEM MULTIDISCIPLINAR AO PORTADOR DE CEFALEIA CRÔNICA

Description: Avaliar, fazer o correto diagnóstico e tratar de forma multidisciplinar pacientes com cefaléia no Ambulatório de Dor Crônica do HUUFMA.
Situation: In progress; Nature: Extension.
Participant students: Graduation: (5) / Doctorate: (1) .

Members: João Batista Santos Garcia - Coordinator / Thiago Alves Rodrigues - Member / Elizabeth Teixeira Nogueira Servin - Member / Rayanne Luiza Tajra Mualem Araújo - Member / Rosilda Silva Dias - Member / Beatriz Morais Costa - Member / Ana Karolini Viegas Lindoso - Member / Isabela Castelo Guimarães - Member / Pedro Henrique Santos Resplandes - Member / Lucca Fernandes de Melo - Member.

**2013 - Current**

Projeto de Atenção Multidisciplinar ao Paciente Portador de Dor Crônica e Dor Oncológica

Description: O projeto consta de quatro vertentes: Atendimento ambulatorial ao paciente portador de dor crônica na Casa da dor , Atendimento ambulatorial e cuidados paliativos ao paciente oncológico no IMOAB, Atendimento multidisciplinar ao portador de cefaléia crônica, Atendimento multidisciplinar ao paciente portador de dor refratária. A equipe técnica é composta por médicos acupunturistas, clínico em dor, fisiatra, terapeuta ocupacional, enfermeiros, psicólogo, fisioterapeuta e acadêmicos..
Situation: In progress; Nature: Extension.
Participant students: Graduation: (16) .

Members: João Batista Santos Garcia - Coordinator / Afonso Celso Almeida Cardoso - Member / Alessandro Carvalho dos Santos - Member / Ana Kariny Bezerra da Silva - Member / Anamada Barros Carvalho - Member / Ana Raquel Pinto Pires - Member / Albina Karolyne Diniz Souza - Member / Beatriz Tavares Garcia - Member / Anderson Cardoso Baldez - Member / Caio Vitor dos Santos Sousa - Member / Fernanda Martins Barbosa - Member / Jimmy Halex Mendes do Lago - Member / JoAo Victor Fonseca Ribeiro - Member / Maria de Fátima Cunha Maciel - Member / Maurilene de Andrade Lima - Member / Murillo Silva Catito - Member / Pedro Paulo de Alcântara Pedro - Member / Tainã Katrine Lopes do Vale - Member / Valeska Brito da Cunha - Member / Rodrigo de Souza Barcelos - Member / Ildely Niedja Araújo Costa - Member.
Financier(s): Universidade Federal do Maranhão - Other.

**2010 - 2012**

?Avaliação da Eficácia dos bloqueios anestésicos em pacientes com dor refratária a terapia convencional.?

Description: Será realizado o atendimento ambulatorial aos pacientes cadastrados no serviço de dor com periodicidade semanal. São atendidos em média 20 pacientes por semana. Tal atividade consta dos seguintes itens: Determinar, através de anamnese e do exame físico, o diagnóstico das doenças associadas a quadros álgicos. Acompanhamento clínico do paciente com atenção especial ao correto cumprimento da terapêutica; Realização dos seguintes bloqueios: do piriforme, do gânglio estrelado, nos pontos-gatilhos e bloqueio peridural com corticóide. Será realizada a reavaliação do paciente, assim como da necessidade de novos bloqueios na 4ª e 8ª semanas após a primeira avaliação e a posterior análise da eficácia destes;.
Situation: Completed; Nature: Extension.
Participant students: Graduation: (2) .

Members: João Batista Santos Garcia - Coordinator / Anamada Barros Carvalho - Member / Patricia Ribeiro Azevedo - Member / Ana Lívia Muniz da Silva - Member / Kenard da Silva Martins Neto - Member.
Financier(s): Fundação de Amparo à Pesquisa ao Desenvolv. Científico e Tecnológico - MA - Scholarship / Fundação de Amparo à Pesquisa ao Desenvolv. Científico e Tecnológico - MA - Grant.

**2003 - Current**

LIGA ACADÊMICA DE DOR DO MARANHÃO

Description: Projeto de extensão universitária reconhecido e aprovadp pela UFMA, que se destina ao ensino, aprofundamento e também pesquisa da dor para alunos de graduação do curso de medicina e de enfermagem, além da participação de profissionais voluntários e associados de áeas como fisiatria, neurologia, ortopedia, acunputaura, etc. A Liiga é coordenada por um especialista em dor(Prof. Dr. João Batista Santos Garcia) e atua em local específico denominado CASA DA DOR, nas proximidades do HUUFMA e no Instituto Marnhense de Oncologia. Atende-se pacientes de todo o Estado em regime ambulatorial..
Situation: In progress; Nature: Extension.
Participant students: Graduation: (20) / Specialization: (0) / Academic master's degree: (2) / Professional master's degree: (0) / Doctorate: (0) .

Members: João Batista Santos Garcia - Member / Antônio Freitas Borba Júnior - Member / Eugênio dos Santos Neto - Member / ANAMADA B. CARVALHO - Coordinator / Alexandre José A. Andrade - Member / Rayane Luísa Mualem - Member / Erica Brandao Moraes Vieira - Member / Thayanne Kelly Muniz Silva - Member.
Financier(s): Universidade Federal do Maranhão - Scholarship.
S, T & A Production Rate: 9

## Other Projects

**2011 - 2012**

Educação em Dor Neuropática em Pacientes com Hanseníase(ASP 2011 Initiative for Improving Pain Education, Grant)

Description: Projeto educativo para profissionais da área da saúde(médicos, enfermeiros, fisioterapeutas, psicólogos e outros) que trabalham em unidades de saúde que atendam pacientes com diagnóstico de hanseníase. O objetivo principal é capacitar estes profissionais para o reconhecimento precoce, avaliação e tratamento da dor neuropática associada aos quadros de hanseníase ..
Situation: In progress; Nature: Other.
Participant students: Graduation: (3) / Academic master's degree: (1) .

Members: João Batista Santos Garcia - Coordinator / Eugênio dos Santos Neto - Member / ANAMADA B. CARVALHO - Member / Erica Brandao Moraes Vieira - Member / Thayanne Kelly Muniz Silva - Member / Luis Henrique Albuquerque Sousa - Member.
Financier(s): International Association for the Study of Pain - Other.

## Member of editorial board

**2022 - Present**

Scientific Journal: Latin American Jounal of Palliative Care

**2021 - Present**

Scientific Journal: Editora da Universidade do Maranhão(EDUFMA)

**2007 - Present**

Scientific Journal: REVISTA DOR

**2004 - Present**

Scientific Journal: BRAZILIAN JOURNAL OF ANESTHESIOLOGY

## Scientific journal referee

**2024 - Present**

Journal: PLoS One

**2022 - Present**

Journal: Latin American Jounal of Palliative Care

**2021 - Present**

Journal: Pain Reports

**2018 - Present**

Journal: Brazilian Journal of Pain

**2015 - Present**

Journal: Brazilian Journal of Anesthesiology

**2009 - 2009**

Journal: Neonatology (Basel, Print)

**2007 - Present**

Journal: Revista Brasileira de Fisioterapia

## Funding project reviewer

**2020 - Present**

Development agency: Conselho Nacional de Desenvolvimento Científico e Tecnológico

**2012 - Present**

Development agency: Fundação de Amparo à Pesquisa ao Desenvolv. Científico e Tecnológico - MA

## Areas of Expertise

**1.**

Major Area: Health Sciences / Área: Medicina / Subarea: Anestesiologia/Specialty: Tratamento da Dor Aguda e Crônica.

**2.**

Major Area: Health Sciences / Área: Medicina / Subarea: Anestesiologia.

**3.**

Major Area: Health Sciences / Área: Medicina / Subarea: Cuidados paliativos.

## Languages

**Inglês**

Comprehends Well, Speaks Well, Reads Well, Writes Well.

**Francês**

Comprehends Well, Speaks Well, Reads Well, Writes Well.

**Espanhol**

Comprehends Well, Speaks Well, Reads Well, Writes Well.

## Awards and Titles

**2024**

PREMIO FAPEMA EDITAL 08/2024 JOVEM CIENTISTA(ORIENTADOR) ALUNO: LUCAS SOARES BRITO, FAPEMA-Fundação de Amparo à Pesquisa e ao Desenvolvimento Científico e Tecnológico do Maranhão.

**2024**

HONRA AO MÉRITO MÉDICO MARANHENSE, ACADEMIA MARANHENSE DE MEDICINA.

**2018**

PREMIO FAPEMA (EDITAL FAPEMA Nº 17/2018 PRÊMIO SERGIO FERRETTI DISSERTAÇAO DE MESTRADO - DM DA ALUNA ORIENTADA PAULA TAMARA VIEIRA TEIXEIRA PEREIRA, FAPEMA.

**2011**

IASP 2011 Initiative for Improving Pain Education, Grant, International Association for Study of Pain-IASP.

**2008**

XX Seminário de Iniciação Científica da UFMA-Painel Ciências da Saúde, Universidade Federal do Maranhão.

**2003**

Sua Idéia Vale Ouro-Apresentação de solução oral da Metadona, Laboratório Cristália.

**2001**

Melhor trabalho científico do ano de 2001, Instituto SIMBIDOR.

**1993**

Título Superior em Anestesiologia, Sociedade Brasileira de Anestesiologia.

## Scientific, Technological, Artistic and Cultural Production

### Bibliographical Production

#### Citations

**Web of Science**

Total of articles: 164 Total of citations: 1836 Date: 12/01/2025

Garcia, JBS

**Google Scholar**

Total of articles: 165 Total of citations: 3245 Date: 12/01/2025

joao.garcia@ufma.br

#### Full articles published in journals

Sort by

Chronological Order

**1.**

FREITAS DE ANDRADE RODRIGUES, CAMILA ; ALVES RODRIGUES, THIAGO ; **GARCIA, JOAO BATISTA SANTOS** . Beyond the Crisis: Tracing Chronic Neurophatic Pain in Sickle Cell Disease Using DN4 and PainDETECT Questionaries. Hematology, Transfusion and Cell Therapy JCR, v. 2026, p. 7830871, 2026.

# Exhibit D.I.a – General Surgery Certification from AMB/CBC

**BRAZILIAN COLLEGE OF SURGEONS**
Affiliated with the Brazilian Medical Association
CNPJ No. 33.658.204/0001-73 - MUNICIPAL REG. 00.599.581
Rua Visconde de Silva, 52 - 3rd Floor - Tel.: (21) 2138.0650 - FAX: (21) 2286-2595
ZIP 22271-090 - Botafogo - Rio de Janeiro - RJ http://www.cbc.org.br - E-mail: cbc@cbc.org.br

# DECLARATION

Ref.: Professional Status and Specialist Certification of **Dr. Yglésio Luciano Moyses Silva de Souza (CRM-MA 5227)**

The undersigned, in the capacity indicated at the end of this document, on behalf of the Brazilian College of Surgeons (CBC), hereby issues this declaration to place on record the following institutional facts.

## I. The Institution

The Brazilian College of Surgeons was founded on July 30, 1929, and is the oldest surgical society in continuous operation in Brazil. It is a nonprofit civil association of a scientific nature, recognized as an Entity of State Public Utility under Law No. 548 of the Legislative Assembly of the State of Rio de Janeiro. Its statutory mission, as provided in Article 2 of the CBC Bylaws, includes bringing together qualified physicians who practice any surgical specialties recognized in Brazil; fostering the continuous advancement of Surgery; establishing standards for the continuing professional development of surgeons; and encouraging scientific production through the establishment of awards for works of excellence in Surgery and related specialties.

CBC maintains Chapters in all states of the federation and in the Federal District, currently comprising approximately 8,000 members, representing about 25 to 30 percent of all surgeons actively practicing in the country. Its organizational structure, its scientific publications - including the *Revista do Colégio Brasileiro de Cirurgiões*, a peer-reviewed journal - and its national congress have operated continuously for nearly a century.

## II. The Specialist Title Examination (COTECIG)

By delegation of the Brazilian Medical Association (AMB), CBC administers the Specialist Title Examination in General Surgery (COTECIG), the only pathway through which a physician may obtain the Specialist Title in General Surgery jointly certified by CBC and AMB. Once issued, the title entitles its holder to apply for the Specialist Qualification Registration

(RQE) before the competent Regional Medical Council, pursuant to Federal Decree No. 8,516/2015 and the applicable rules of the Joint Commission on Medical Specialties.

Eligibility to sit for COTECIG requires, among other conditions, definitive and regular registration with the Federal Council of Medicine, a certificate showing no ethical-professional disciplinary record, and proof of completion of a Medical Residency in General Surgery accredited by the National Commission for Medical Residency (CNRM) - or, alternatively, completion of a training program accredited by CBC, or a minimum of six years of documented professional practice in the specialty.

The examination consists of two sequential phases, each independently eliminatory:

*Phase I - Theoretical Examination.* An assessment consisting of 100 multiple-choice questions covering the core domains of General Surgery. To pass, the candidate must score at least 50 points and, simultaneously, achieve a score equal to or greater than 70 percent of the highest individual score recorded among all candidates in that edition. Both criteria must be met; satisfying only one is insufficient.

*Phase II - Theoretical-Practical Examination.* An in-person assessment consisting of two components: (a) an oral examination, in which the candidate analyzes clinical cases, imaging studies, and operative scenarios and formulates appropriate surgical plans before panels of surgeon examiners, for up to 80 points; and (b) simulated procedures, in which the candidate performs surgical techniques assessed according to five defined criteria - technical accuracy, precision, steadiness, appropriateness in the selection of materials, and time management - for up to 20 points. To pass, the candidate must achieve a minimum combined score of 70 points across the two components.

The examining panels for both phases are composed of surgeons holding the TCBC title (Titular Member of CBC), recognized as authorities in their respective surgical fields.

**III. Dr. Souza's Credentials**

According to the records of this institution, Dr. Yglésio Luciano Moyses Silva de Souza (CRM-MA 5227) met the eligibility requirements described above, sat for both

phases of COTECIG and passed. The Specialist Title in General Surgery was conferred upon him on July 25, 2009 (AMB Registration No. 110573).

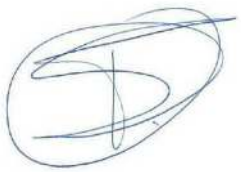
Dr. Souza is also registered as a Titular Member (TCBC) of the Brazilian College of Surgeons, a status governed by Articles 3 and 4 of the CBC Bylaws. Within CBC's institutional framework, Titular Members constitute the core of the College's organizational structure (Article 4, §1), with full voting rights and eligibility for leadership positions at the national and chapter levels (Article 9). Admission to this category requires, among other prerequisites, a minimum of six years of active practice in a recognized surgical specialty and evaluation by existing Titular Members who attest to the candidate's professional competence and ethical conduct (Article 4). His membership is active and in good standing as of the date of this declaration.

**IV. Scope of this Declaration**

This declaration is issued solely to confirm institutional facts contained in the records and governing instruments of the Brazilian College of Surgeons. It expresses no opinion regarding the immigration laws of the United States of America or Dr. Souza's eligibility for any immigration benefit or procedure.

The undersigned remains available to confirm the information stated herein or to provide additional institutional documentation that may be requested.

Rio de Janeiro, August 10, 2026.



**FLAVIO DANIEL SAAVEDRA TOMASICH, TCBC**

President
Brazilian College of Surgeons

AMB
Brazilian Medical Association

# Brazilian Medical Association

# Brazilian College of Surgeons

Brazilian College of Surgeons

*hereby confer the*

## TITLE OF SPECIALIST IN GENERAL SURGERY

*to*

## Dr. Yglésio Luciano Moyses Silva de Souza

*for having passed the examination conducted following the standards established by the Brazilian Medical Association and the Brazilian College of Surgeons.*

**São Paulo, July 25, 2009**

| Dr. José Luiz Gomes do Amaral | Dr. Aldemir Humberto Soares | Dr. Edmundo Machado Ferraz | Dra. Dayse Coutinho Valente |
|---|---|---|---|
| President of the AMB | Secretary-General of the AMB | President of the CBC | Secretary-General of the CBC |

**AMB Brazilian Medical Association**

ENTRY OF OFFICIAL LETTER ..... : 10/17/2009
REQUEST FOR ISSUANCE ..... : 10/27/2009
DISPATCH TO SOCIETY ..... : 02/07/2009
RETURN FROM SOCIETY ..... : 01/04/2010
REGISTRATION ..... : 01/07/2010
DISPATCH TO FEDERAL ..... : 01/18/2010
RECORD ..... :

110573

Karina Soares

SECRETARIAT OF SPECIALIST TITLES

(The President and the Acting Secretary-General signed on the date of registration.)

AMB Title valid until December 2014

**FEDERAL COUNCIL OF MEDICINE**
**REGIONAL COUNCIL OF MEDICINE OF MARANHÃO**

## CERTIFICATE

**The Regional Council of Medicine of Maranhão, following CFM Resolution No. 1.634/2002, hereby certifies that it has registered under No. 803 the qualification of the physician Yglésio Luciano Moyses Silva de Souza in the specialty of General Surgery**

**São Luiz - MA 08/18/2010**

**-----//signature//-----**

**President of CRM - MA**

NOTARY PUBLIC

12TH NOTARY PUBLIC OFFICE
Alameda Santos 1470 - São Paulo - SP ZIP Code 01418-100
Bacheler Homero Santos - Notary Public - Phone (11) 3549-6277 - Fax (11)3254-4367

I hereby certify the authenticity of the signatures JOSE LUIZ GOMES DO AMARAL and ALDEMAR HUMBERTO SOARES, which match the signature specimens on file at this Notary Office.

São Paulo, January 12, 2010

In witness whereof,

Cleber Gonçalves – Authorized Clerk

100112124447S: Signature:

Notarial College of Brazil SIGNATURE 2

State of São Paulo

1042AA276493

12TH NOTARY PUBLIC OFFICE
Alameda Santos 1470 - São Paulo - SP ZIP Code 01418-100
Cleber Gonçalves - Authorized Clerk

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: May 16, 2025.**

AMB
Associação Médica Brasileira

# Associação Médica Brasileira

# Colégio Brasileiro de Cirurgiões

COLÉGIO BRASILEIRO DE CIRURGIÕES MCMXXIX

*conferem o*

## TÍTULO DE ESPECIALISTA EM CIRURGIA GERAL

*ao*

## Dr. Yglésio Luciano Moyses Silva de Souza

*por ter obtido aprovação em concurso realizado segundo as normas estabelecidas pela Associação Médica Brasileira e o Colégio Brasileiro de Cirurgiões.*

**São Paulo, 25 de julho de 2009**

| Dr. José Luiz Gomes do Amaral | Dr. Aldemir Humberto Soares | Dr. Edmundo Machado Ferraz | Dra. Dayse Coutinho Valente |
|---|---|---|---|
| *Presidente da AMB* | *Secretário Geral da AMB* | *Presidente do CBC* | *Secretária Geral do CBC* |

**AMB** ASSOCIAÇÃO MÉDICA BRASILEIRA

ENTRADA OFÍCIO .....: 12/10/09
SOLICITAÇÃO CONFECÇÃO .....: 27/10/09
SAÍDA P/ SOCIEDADE .....: 07/12/09
RETORNO DA SOCIEDADE .....: 04/01/10
CADASTRAMENTO .....: 07/01/10
SAÍDA P/ FEDERADA .....: 18/01/10
REGISTRO .....: 110573

Katiana Soares
SECRETARIA DE TÍTULOS DE ESPECIALISTA

(ASSINARAM O PRESIDENTE E O SECRETÁRIO GERAL EM EXERCÍCIO NA DATA DO REGISTRO)

**AMB** Título válido até dezembro/2014

**CONSELHO FEDERAL DE MEDICINA**
**CONSELHO REGIONAL DE MEDICINA DO MA**

**CERTIFICADO**

O Conselho Regional de Medicina do Maranhão, de acordo com a Resolução CFM nº 1.634/2002, certifica que registrou sob o nº 4083 a qualificação de(a) médico(a) [illegible] na especialidade de [illegible]

São Luís - MA

Presidente do CRM -MA

1º TABELIÃO de NOTAS

CARTÓRIO DO 12º TABELIÃO DE NOTAS
AV. BRIG. FARIA LIMA, 1478 - 1º SUBSOLO - CEP 01451-000
TEL. (11) 3549-6577 - Fax (11) 3044-4262

Reconheço por semelhança as firmas(s) JOSE LUIZ GOMES DO AMARAL, ALDEMAR HUMBERTO SOARES, as quais confere com os padrões depositados em Cartório.
São Paulo, 12 de Janeiro de 2010
Em testemunho da Verdade.
Cleber Gonçalves - Escrevente Autorizado
1001121244477 : Firma(s): 1042AA276493

12º TABELIÃO DE NOTAS
AV. BRIG. FARIA LIMA, 1478
SANTOS
Cleber Gonçalves

FIRMA 2
1042AA276493

**SPECIALIST CERTIFICATION EXAMINATION IN GENERAL SURGERY - 2025**

The **Brazilian College of Surgeons (CBC)**, through its **Permanent Special Committee of the Examination for Granting the Specialist Certification in General Surgery of the CBC – COTECIG** and by delegation of the Brazilian Medical Association (**AMB**), hereby announces that applications will be open from the publication of this notice, **until 5:00 p.m. on September 1, 2025**, for the Proficiency Examination for Obtaining the Specialist Certification in General Surgery, granted by the AMB.

The proficiency examination for obtaining the Specialist Certification or Certificate of Area of Practice issued by the AMB aims to identify the medical professional with appropriate academic and scientific training, qualified to practice the specialty with ethics, responsibility, and competence.

This Notice is in accordance with the criteria established in Joint Specialty Committee – CME Ordinances No. 1/2016 and No. 1/2024, approved by Federal Council of Medicine – CFM Resolutions No. 2.148/2016 and No. 2.380/2024; in the Resolutions of the National Commission of Medical Residency – CNRM No 2/2006 and No. 48/2018; in the Regulatory Norm for the Proficiency Examination for Specialist Certification or Area of Practice Certification of the AMB (2016) and its addendum (AMB Ordinance No. 002/2020); in AMB Resolution No. 1/2021; and in the AMB Internal Guidance for drafting the Notice for the Proficiency Examination aimed at obtaining the Specialist Certification and Area of Practice Certificate – 2024.

## 1. PRELIMINARY PROVISIONS

1.1. Passing the proficiency examination is a requirement for obtaining Specialist Certifications and Area of Practice Certificates, granted by the AMB and accredited by the CFM, in accordance with the Joint Specialty Committee – CME Ordinances No. 1/2016 and No. 1/2024, approved by CFM Resolutions No. 2.148/2016 and No. 2.380/2024.

1.2. The proficiency examination **"Specialist Certification Examination in General Surgery of the CBC" – COTECIG** will be governed by this Notice and conducted by the **CBC**, responsible for its organization and oversight, in partnership with Educat Tecnologia Ltda. – eduCAT, a private legal entity, registered under CNPJ No. 10.781.330/0001-15, headquartered in the city of Belo Horizonte, State of Minas Gerais, at Rua Polos, No. 60, Santa Lúcia Neighborhood, ZIP Code 30360-530, a company specialized and responsible for the online test platform.

1.3. The Proficiency Examination will follow the schedule outlined in item 2 and will be divided into two phases:

1.3.1. **First phase: Theoretical Exam,** of an eliminatory nature, to be held on **November 2, 2025, from 9:00 a.m. to 1:00 p.m.,** with a total duration of four hours; and

1.3.2. **Second phase: Oral Theoretical-Practical Exam and Practical Anastomosis Exam,** to be conducted in person on **March 22, 2026**, at a time and location to be determined, also of an eliminatory nature.

1.4. The Specialist Certification Examination in General Surgery of the CBC will include verification of compliance with the registration steps outlined in this Notice.

1.5. It is the sole responsibility of the candidate to monitor all publications, notices, and communications related to this process, made available on the website https://www.cbc.com.br/.

13.13.1 A candidate will be considered qualified in the Anastomosis Practical Exam if they obtain a score equal to or greater than 50% of the maximum score of the exam.

13.14 The Final Score will be calculated by summing the scores of the 2nd Phase exams, multiplied by the following weights:

Oral Theoretical-Practical Exam: Weight 0.8 (80%);

Anastomosis Practical Exam: Weight 0.2 (20%).

13.15 A candidate who is approved in the 1st Stage and obtains a Final Score equal to or greater than 70 (seventy) points in the 2nd Phase will be considered eligible to receive the Specialist Certification in General Surgery.

13.16 A candidate in the 2nd Phase who obtains a Final Score below 70 (seventy) will be FAILED.

## 14. ANSWER KEY, RESULTS, AND APPEALS

14.1 The question booklet, preliminary answer key, and candidate answer sheet for the 1st phase Theoretical Exam will be made available for consultation on the **eduCAT Exam Platform** on **November 2, 2025, starting at 5:00 p.m.**, and will remain accessible until the end of the appeals period.

14.2 Appeals against the questions and preliminary answer key of the 1st phase Theoretical Exam may be filed **only through the platform**, from the time of their release until **5:00 p.m.** on **November 4, 2025**, based exclusively on the bibliographic references listed in Annex II of this Notice.

14.2.1 The result of the appeals, the final answer key, the candidate's score, and the qualification and call for the 2nd phase or the candidate's elimination from the selection process will be announced on **November 24, 2025**, **starting at 5:00 p.m.,** through the **eduCAT Exam Platform**.

14.3 The question booklet, the preliminary expected answers, the scoring of the Oral Theoretical-Practical Exam and the Anastomosis Practical Exam, and the qualification or elimination in the 2nd phase will be released on **March 23, 2026**, **starting at 5:00 p.m.,** on the eduCAT Exam Platform, and will remain available for viewing until the end of the appeal period.

14.4 Appeals against the questions, the preliminary expected answers, the scoring of the 2nd phase exams, and the total Final Score may be filed **only via the platform**, from the time of release until **5:00 p.m.** on **March 25, 2026**, based exclusively on the bibliographic references listed in Annex II of this Notice, or in the case of a calculation error.

14.4.1 The result of the appeals, the final expected answers, the final scoring of the 2nd phase exams, the individual report, the Final Score, and the candidate's approval or disapproval in the exam will be released on **April 9, 2026**, from **5:00 p.m.**, on the eduCAT Exam Platform, and will remain available for consultation until **5:00 p.m. on May 9, 2026**.

14.5 Appeals filed against questions, the preliminary answer key of the Theoretical Exam, the preliminary expected answers, and the scoring of the Theoretical-Practical and Practical Exams must be prepared without any candidate identification in the body of the appeal, with logical and consistent arguments, based on the candidate's grounds for appeal, explicitly indicating the bibliography among the references listed in this notice, and specifying the page of the cited work where the supporting information used in the appeal can be found.

14.5.1 The filing of appeals against questions, the preliminary answer key of the Theoretical Exam, the preliminary expected answers, and the scoring of the Theoretical-Practical Oral and Anastomosis Practical Exams is subject to the payment of a **fee of R$ 150.00 (one hundred and fifty reais) for each phase of the examination.**

14.5.2 The appeal fee must be paid at the time of filing the appeals, via Pix, using a code generated by the Exam Platform.

14.6 The appeals will be decided definitively by the **Permanent Special Committee of the Examination for Granting the Specialist Certification in General Surgery of the CBC – COTECIG**, whose decisions are final, and therefore no further appeals or reviews will be allowed.

14.7 In the event of changes to the preliminary answer key, whether ex officio or as a result of appeal decisions, the exams will be graded according to the final answer key.

14.8 Points for questions that are eventually annulled will be awarded to all candidates who did not receive points for those questions according to the preliminary answer key, regardless of whether an appeal was filed.

14.8.1 Candidates who received points for the annulled questions will have those points maintained after the appeals.

## 15. ISSUANCE OF THE SPECIALIST CERTIFICATION IN GENERAL SURGERY

15.1 The candidate approved in this examination must update and confirm the information on the registration platform so that the proper enrollment can be made in the AMB platform, the association responsible for issuing the certificate. The candidate will be notified once the enrollment is completed in order to make the payment for the certification.

**BRAZILIAN COLLEGE OF SURGEONS**
Affiliated with the Brazilian Medical Association
CNPJ No. 33.658.204/0001-73 - MUNICIPAL REG. 00.599.581
Rua Visconde de Silva, 52 - 3rd Floor - Tel.: (21) 2138.0650 - FAX: (21) 2286-2595
ZIP 22271-090 - Botafogo - Rio de Janeiro - RJ http://www.cbc.org.br - E-mail: cbc@cbc.org.br

# DECLARATION

Ref.: Professional Status and Specialist Certification of **Dr. Yglésio Luciano Moyses Silva de Souza (CRM-MA 5227)**

The undersigned, in the capacity indicated at the end of this document, on behalf of the Brazilian College of Surgeons (CBC), hereby issues this declaration to place on record the following institutional facts.

## I. The Institution

The Brazilian College of Surgeons was founded on July 30, 1929, and is the oldest surgical society in continuous operation in Brazil. It is a nonprofit civil association of a scientific nature, recognized as an Entity of State Public Utility under Law No. 548 of the Legislative Assembly of the State of Rio de Janeiro. Its statutory mission, as provided in Article 2 of the CBC Bylaws, includes bringing together qualified physicians who practice any surgical specialties recognized in Brazil; fostering the continuous advancement of Surgery; establishing standards for the continuing professional development of surgeons; and encouraging scientific production through the establishment of awards for works of excellence in Surgery and related specialties.

CBC maintains Chapters in all states of the federation and in the Federal District, currently comprising approximately 8,000 members, representing about 25 to 30 percent of all surgeons actively practicing in the country. Its organizational structure, its scientific publications - including the *Revista do Colégio Brasileiro de Cirurgiões*, a peer-reviewed journal - and its national congress have operated continuously for nearly a century.

## II. The Specialist Title Examination (COTECIG)

By delegation of the Brazilian Medical Association (AMB), CBC administers the Specialist Title Examination in General Surgery (COTECIG), the only pathway through which a physician may obtain the Specialist Title in General Surgery jointly certified by CBC and AMB. Once issued, the title entitles its holder to apply for the Specialist Qualification Registration

(RQE) before the competent Regional Medical Council, pursuant to Federal Decree No. 8,516/2015 and the applicable rules of the Joint Commission on Medical Specialties.

Eligibility to sit for COTECIG requires, among other conditions, definitive and regular registration with the Federal Council of Medicine, a certificate showing no ethical-professional disciplinary record, and proof of completion of a Medical Residency in General Surgery accredited by the National Commission for Medical Residency (CNRM) - or, alternatively, completion of a training program accredited by CBC, or a minimum of six years of documented professional practice in the specialty.

The examination consists of two sequential phases, each independently eliminatory:

*Phase I - Theoretical Examination.* An assessment consisting of 100 multiple-choice questions covering the core domains of General Surgery. To pass, the candidate must score at least 50 points and, simultaneously, achieve a score equal to or greater than 70 percent of the highest individual score recorded among all candidates in that edition. Both criteria must be met; satisfying only one is insufficient.

*Phase II - Theoretical-Practical Examination.* An in-person assessment consisting of two components: (a) an oral examination, in which the candidate analyzes clinical cases, imaging studies, and operative scenarios and formulates appropriate surgical plans before panels of surgeon examiners, for up to 80 points; and (b) simulated procedures, in which the candidate performs surgical techniques assessed according to five defined criteria - technical accuracy, precision, steadiness, appropriateness in the selection of materials, and time management - for up to 20 points. To pass, the candidate must achieve a minimum combined score of 70 points across the two components.

The examining panels for both phases are composed of surgeons holding the TCBC title (Titular Member of CBC), recognized as authorities in their respective surgical fields.

**III. Dr. Souza's Credentials**

According to the records of this institution, Dr. Yglésio Luciano Moyses Silva de Souza (CRM-MA 5227) met the eligibility requirements described above, sat for both

phases of COTECIG and passed. The Specialist Title in General Surgery was conferred upon him on July 25, 2009 (AMB Registration No. 110573).

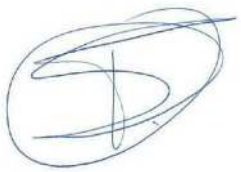
Dr. Souza is also registered as a Titular Member (TCBC) of the Brazilian College of Surgeons, a status governed by Articles 3 and 4 of the CBC Bylaws. Within CBC's institutional framework, Titular Members constitute the core of the College's organizational structure (Article 4, §1), with full voting rights and eligibility for leadership positions at the national and chapter levels (Article 9). Admission to this category requires, among other prerequisites, a minimum of six years of active practice in a recognized surgical specialty and evaluation by existing Titular Members who attest to the candidate's professional competence and ethical conduct (Article 4). His membership is active and in good standing as of the date of this declaration.

**IV. Scope of this Declaration**

This declaration is issued solely to confirm institutional facts contained in the records and governing instruments of the Brazilian College of Surgeons. It expresses no opinion regarding the immigration laws of the United States of America or Dr. Souza's eligibility for any immigration benefit or procedure.

The undersigned remains available to confirm the information stated herein or to provide additional institutional documentation that may be requested.

Rio de Janeiro, August 10, 2026.



**FLAVIO DANIEL SAAVEDRA TOMASICH, TCBC**

President
Brazilian College of Surgeons

**From:** Brazilian College of Surgeons <relacionamento@cbc.org.br>
**Subject:** CBC – NOTICE OF APPROVAL FOR FULL MEMBER STATUS
**Date:** August 3, 2026, at 1:30 PM
**To:** yglesio@yahoo.com

CBC
Brazilian College of Surgeons

Dear Dr. **YGLESIO LUCIANO MOYSES SILVA DE SOUZA**,

It is with great pleasure that we inform you that your application for admission as a **Full Member** of the Brazilian College of Surgeons has been approved.

Please accept our compliments on this important achievement - it will be an honor to welcome you as a member of our Institution.

To complete your admission, the following membership fees are due:

- Admission Fee: R$ 130.00
- Ceremonial Robe: R$ 200.00
- Medal: R$ 200.00
- 2026 Annual Fee (after induction): R$ 950.00

  **Total: R$ 1,480.00**

Payment must be made through the Member Area using the link below:
https://icase.cbc.itarget.com.br/estacao/index/autenticar-hash/lang/pt-br/evento/1/hash/a41a670cc068c5bd06bb68a118abcb4ffdc63588

Please note that payment must be made within 10 days, as this step is mandatory to complete the admission process.

After payment has been confirmed:

- If you select the **remote admission** option, your membership will be automatically activated in our system, and the ceremonial robe and medal will be sent to your mailing address at a later date.
- If you selected the **in-person admission** ceremony, we kindly ask that you wait until the official induction ceremony is held by your local Chapter.

We look forward to welcoming you to the Home of Brazilian Surgeons. Hope you will take full advantage of the benefits available to our members.

We also invite you to complete our member satisfaction survey, available through the following link:
**Member Satisfaction Survey.**

Thank you for your confidence in our Institution, and remain at your disposal should you require any further information.

Sincerely,

**TCBC ANDREA POVEDANO**
Director of Member Affairs
Brazilian College of Surgeons

This email was sent to yglesio@yahoo.com. Unsubscribe from this mailing list.

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 7, 2026**

**De:** **Colégio Brasileiro de Cirurgiões** relacionamento@cbc.org.br
**Assunto:** CBC - COMUNICADO APROVAÇÃO MEMBRO TITULAR
**Data:** 3 de agosto de 2026 às 13:30
**Para:** yglesio@yahoo.com

CD

CBC
Colégio Brasileiro de Cirurgiões

Prezado(a) Dr(a) **YGLESIO LUCIANO MOYSES SILVA DE SOUZA**,

É com grande satisfação que informamos a aprovação de sua proposta para ingresso como **Membro Titular** do Colégio Brasileiro de Cirurgiões.

Receba nossos cumprimentos por essa importante conquista — será uma honra tê-lo(a) como parte de nossa Instituição.

Para a formalização de sua posse, informamos as contribuições sociais devidas:

- Cota de Admissão: R$ 130,00
- Beca: R$ 200,00
- Medalha: R$ 200,00
- Anuidade 2026 (após a posse): R$ 950,00

**Total: R$ 1.480,00**

O pagamento deverá ser realizado por meio da Área do Membro, no link abaixo:
https://icase.cbc.itarget.com.br/estacao/index/autenticar-hash/lang/pt-br/evento/1/hash/a41a670cc068c5bd06bb68a118abcb4ffdc63588

Ressaltamos que o prazo para pagamento é de até 10 dias, sendo esta etapa indispensável para a conclusão do processo.

Após a confirmação do pagamento:

- Caso tenha optado pela modalidade de posse **não presencial,** sua admissão será automaticamente efetivada no sistema, e a beca e a medalha serão posteriormente encaminhadas ao seu endereço de correspondência;
- Caso tenha escolhido a **posse presencial**, solicitamos aguardar a realização da solenidade oficial em seu Capítulo.

Será uma satisfação recebê-lo(a) na Casa do Cirurgião(ã) Brasileiro(a). Desejamos que aproveite plenamente os benefícios oferecidos aos nossos membros.

Aproveitamos para convidá-lo(a) a responder à nossa pesquisa de satisfação, disponível no link: **Pesquisa de satisfação**

Agradecemos a confiança em nossa Instituição e permanecemos à disposição para quaisquer esclarecimentos.

Atenciosamente,

**TCBC ANDREA POVEDANO**
Diretora de Relacionamento com os Membros
Colégio Brasileiro de Cirurgiões

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**Notice No. 2442 - Proficiency Examination for Obtaining the Specialist Certification in GENERAL SURGERY 2026.**

Pursuant to Decree No. 8,516/2015, which regulates the National Registry of Specialists – CNE, and established the Joint Specialty Committee – CME, the Brazilian Medical Association – AMB, the specialty societies, through the AMB, and the Medical Residency programs accredited by the National Commission of Medical Residency – CNRM are the sole entities that grant medical specialty certifications in the Country. Furthermore, pursuant to § 6, of art. 1, of CME Ordinance No. 01/2016, Annex to CFM Resolution No. 2.148/2016, the medical specialties and areas of expertise approved by the CME will have their certification under the responsibility of the AMB and/or the CNRM.

Therefore, the examination governed by this Notice, by the respective legal and regulatory statutes, its annexes, as well as, eventually, its subsequent amendments, aims to grant the Specialist Certification in General Surgery, certified by the Brazilian Medical Association – AMB, through the specialty society, pursuant to the sole paragraph of art. 2 of Decree No. 8.516/2015, of § 2 of art. 5 and art. 7 of CME Ordinance No. 01/2016 (Annex to CFM Resolution No. 2.148/2016), as well as CFM Resolution No. 2,380/2024. The examination will be executed under the responsibility of the Brazilian Medical Association - AMB, through delegation to the Brazilian College of Surgeons.

In accordance with AMB Regulations and the agreement signed between CFM, AMB, and CNRM, “certification by proficiency (curriculum analysis) will be adopted, as an exception, only the first time after the recognition of a new specialty or area of expertise and with the purpose of enabling the certification of physicians who had proven to already practice that field prior to its regulation. Under no circumstances may a second edition be held.” Consequently, granting the Specialist Certification in General Surgery must mandatory occur through passing a proficiency examination, which is why all candidates must take the exams provided for in this notice.

## 1. The Preliminary Provisions

The **Brazilian College of Surgeons** (**CBC**), through its **Permanent Special Committee of the Examination for Granting the Specialist Certification in General Surgery of the CBC – COTECIG** and by delegation of the Brazilian Medical Association (**AMB**), hereby announces that applications will be open from the publication of this notice, **until 5:00 p.m. on June 26, 2026** for the Proficiency Examination for Obtaining the Specialist Certification in General Surgery, granted by the AMB.

The proficiency examination for obtaining the Specialist Certification or Certificate of Area of Practice issued by the AMB aims to identify the medical professional with appropriate academic and scientific training, qualified to practice the specialty with ethics, responsibility, and competence.

This Notice is in accordance with the criteria established in Joint Specialty Committee – CME Ordinances No. 1/2016 and No. 1/2024, approved by Federal Council of Medicine – CFM

Resolutions No. 2.148/2016 and No. 2.380/2024; in the Resolutions of the National Commission of Medical Residency – CNRM No. 2/2006 and No. 48/2018; in the Regulatory Norm for the Proficiency Examination for Specialist Certification or Area of Practice Certification of the AMB (2016) and its addendum (AMB Ordinance No. 002/2020); in AMB Resolution No. 1/2021; and in the AMB Internal Guidance for drafting the Notice for the Proficiency Examination aimed at obtaining the Specialist Certification and Area of Practice Certificate – 2024.

**PRELIMINARY PROVISIONS**

**Passing the proficiency examination is a requirement for obtaining Specialist Certifications and Area of Practice Certificates, granted by the AMB and accredited by the CFM, in accordance with the Joint Specialty Committee – CME Ordinances No. 1/2016 and No. 1/2024, approved by CFM Resolutions No. 2.148/2016 and No. 2.380/2024.**

1. The proficiency examination "**Specialist Certification Examination in General Surgery of the CBC" – COTECIG** will be governed by this Notice and conducted by the **CBC**, responsible for its organization and oversight, in partnership with Educat Tecnologia Ltda. – eduCAT, a private legal entity, registered under CNPJ No. 10.781.330/0001-15, headquartered in the city of Belo Horizonte, State of Minas Gerais, at Rua Polos, No. 60, Santa Lúcia Neighborhood, ZIP Code 30360-530, a company specialized and responsible for the online test platform.

**The Proficiency Examination will follow the schedule outlined in item 2 and will be divided into two phases:**

1. **First phase: Theoretical Exam**, of an eliminatory nature, to be held **on August 2, 2026, from 2:00 p.m. to 6:00 p.m.**, with a total duration of four hours; and
2. **Second phase: Oral Theoretical-Practical Exam** to be conducted in person on **November 28, 2026**, at a time and location to be determined, also of an eliminatory nature.

**The Specialist Certification Examination in General Surgery of the CBC will include verification of compliance with the registration steps outlined in this Notice.**

1. It is the sole responsibility of the candidate to monitor all publications, notices, and communications related to this process, made available on the website https://www.cbc.com.br/.

**All times mentioned in this Notice will follow the official time of Brasília/Federal District.**

**2. Schedule**

| Activity | Date | Time | Method/ Location |
|---|---|---|---|
| Closing of registration | 06/26/26 | 11:59 PM | https://inscricoes-cbc.educat.net.br |
| Release date of pending/missing documents | 07/09/26 | 6:00 PM | https://inscricoes-cbc.educat.net.br |
| Confirmation of approved registration | 07/09/26 | 6:00 PM | https://inscricoes-cbc.educat.net.br |
| Deadline for resubmission/updating of mandatory documents | 07/13/26 | 11:59 PM | https://inscricoes-cbc.educat.net.br |

| Activity | Date | Time | Method/ Location |
|---|---|---|---|
| Release date of the final list of eligible candidates | 07/15/26 | 6:00 PM | https://inscricoes-cbc.educat.net.br |
| Pre-test start date | 07/16/26 | 10:00 AM | https://agendamento.educat.net.br |
| Pre-test completion deadline | 07/30/26 | 4:00 PM | https://agendamento.educat.net.br |
| Administration of the theoretical exam | 08/02/26 | 2:00 PM | Online exam environment - sent via email |
| Release date of the theoretical exam answer key | 08/03/26 | 6:00 PM | Online exam environment |
| Theoretical exam answer key appeal deadline | 08/05/26 | 6:00 PM | Online exam environment |
| Publication date of theoretical exam appeal results | 08/31/26 | 6:00 PM | Online exam environment |
| List of Theoretical Exam Approved Candidates | 08/31/26 | 6:00 PM | Online exam environment |
| Theoretical-practical exam registration opening date | 09/08/26 | 12:00 PM | https://inscricoes-cbc.educat.net.br |
| Theoretical-practical exam registration deadline | 10/07/26 | 11:59 PM | https://inscricoes-cbc.educat.net.br |
| Confirmation of approved registration | 10/21/26 | 6:00 PM | https://inscricoes-cbc.educat.net.br |
| Administration of the theoretical-practical exam | 11/28/26 | 8:00 AM | In person in the city of Rio de Janeiro - RJ. |
| Release date of the theoretical-practical exam answer key | 11/30/26 | 6:00 PM | Online exam environment |
| Theoretical-practical exam answer key appeal deadline | 12/02/26 | 6:00 PM | Online exam environment |
| Publication date of theoretical-practical exam appeal results | 12/16/26 | 6:00 PM | Online exam environment |
| Final Results - Successful Candidates | 12/16/26 | 6:00 PM | Online exam environment |

**3. Mandatory Documents for Registration and Participation in the Exam**

3.1. Acknowledgment of the Notice and its Annexes.

3.1.1. Before registering and paying the registration fee, candidates must familiarize themselves with the provisions of this Notice and its Annexes, and ensure that they meet all the requirements specified therein.

3.1.2. The candidate's registration in this process will imply their knowledge and unrestricted acceptance of the rules and conditions established in this Notice and its Annexes.

3.2 Mandatory documents:

a) Copy of the medical degree diploma

b) Copy of the CRM ID card, with a permanent registration in the Federative Unit;

c) Curriculum vitae;

d) Request for special accommodations to take the exams, if applicable;

e) Certificate of good ethical and professional standing issued by the CRM;

- e.1 This professional clearance certificate must be submitted within the expiration date specified in the document issued by the Regional Medical Council in which the candidate is registered. If the certificate does not explicitly state an expiration date, the document must have been issued by the CRM within 3 (three) months prior to completing the registration.

f) Fulfillment of one of the three conditions below:

- f.1. Copy of proof (declaration or certificate) of completion of Medical Residency in General Surgery, issued by a medical residency program approved by the National Commission of Medical Residency – CNRM/MEC;
    - f.1.1. A copy of proof (declaration or certificate) of completion of Medical Residency in Prerequisite in Basic Surgical Area, issued by a medical residency program approved by the National Commission of Medical Residency – CNRM/MEC, will be accepted;
    - f.1.2 Certificate of completion of the medical residency program in General Surgery issued by a foreign institution, provided it has been declared equivalent to those granted in Brazil through proper revalidation by public institutions and registered by the National Commission of Medical Residency - CNRM, in compliance with CNRM Resolution No. 08/2005.
    - f.1.3. The documentation submitted by the candidate under item f.1. will be received for the purpose of proving Medical Residency in General Surgery. At the Society's discretion, a consultation may be performed in the public database of the National Commission of Medical Residency (CNRM), available on the official system of the Ministry of Education at http://siscnrm.mec.gov.br/certificados. The physician's name must appear in the public search as a graduating resident physician, regularly certified and registered with the CNRM.

Or alternatively:

- f.2. Copy of proof (declaration or certificate) of completion of training programs in General Surgery accredited by the Brazilian College of Surgeons, provided that it shares similarity with the approved core curriculum, identical to the respective CNRM medical residency program;
    - f.2.1 Only training programs in General Surgery accredited by the Brazilian College of Surgeons will be accepted.
    - f.2.2. In the scenario of item f.2, the candidate must have occupied one of the official vacancies accredited by the Brazilian College of Surgeons.
    - f.2.3 Training programs with an annual workload of less than 2,880 hours do not meet the minimum requirements established as a prerequisite for taking the Proficiency Examination. Consequently, the completion of courses under these conditions does

not grant the physician the necessary qualification to register for the referred exam, and they will not be recognized as valid training for the purpose of certification in the specialty of General Surgery

Or, alternatively:

- f.3. Proof of qualification through practical-professional experience in the field of General Surgery for a minimum period equivalent to twice the training time, that is, 6 years.
  - f.3.1. Qualification through practical-professional experience must begin after graduation from Medical school and be completed by the final day of registration for the Exam to obtain the Specialist Certification in General Surgery, according to the date specified in the Schedule.
  - f.3.2. Documents proving professional experience gained outside the national territory will not be accepted.
  - f.3.3. Only the documents listed below will be accepted as proof of professional experience:
    - Pursuant to Annex I - Declaration issued by a public or private hospital institution, duly registered with the CNES, on letterhead, certifying the candidate's effective professional practice for at least six (6) years, signed by the Institution's Director and the Head of the General Surgery Department with RQE (Specialist Qualification Registry) in the specialty, containing the list of surgical procedures performed by the candidate as Responsible Surgeon in items 27 of R1, 14 of R2, and 14 of R3 of the Competency Matrix of the Medical Residency in General Surgery contained in CNRM Resolution 48/2018, both elective and emergency;

      Proofs of professional practice issued by the candidate themselves, or declarations issued by individuals or institutions not registered with the CNES, will not be accepted.

3.3. All documentation submitted by the candidate becomes the property of the Brazilian College of Surgeons, and no return of documents shall be permitted

3.4. Volunteer work will not be accepted as qualification through practical-professional experience in General Surgery

3.5. In the event that any pending issue is identified in the candidate's documentation, they may be notified by the Brazilian College of Surgeons via the candidate's email, however, there is no commitment by the Brazilian College of Surgeons to demand possible pending documents, pursuant to subitem 14.7 of this Notice.

3.6. It is the sole responsibility of the candidate to monitor all communications issued by the Brazilian College of Surgeons.

3.7. Only international certification that fully complies with the provisions of item f.1.2 will be accepted, that is, the Certificate of Completion of the Medical Residency Program in General Surgery issued by a foreign institution, provided it has been declared equivalent to those granted in Brazil through proper revalidation by public institutions and registered by the National Commission of Medical Residency (CNRM), in compliance with CNRM Resolution No. 08/2005. No other form of international certification will be accepted.

3.8. The AMB and CBC reserve the right to request the submission of the original document at any time for verification purposes, whenever deemed necessary.

3.9. Authenticated copies may be replaced by digitally native documents, provided they contain a digital signature executed via a certificate under the ICP-Brasil standard or through the Electronic Signature Portal of the Gov.br platform, at the Gold level. In these cases, it must be possible to verify the validity of the signatures and the certification chain through the Validar System of the Federal Government's National Institute of Information Technology.

## 4. Registration Process

**It is the sole responsibility of the candidate, before completing the registration, to verify whether they meet the eligibility criteria established in this Notice, as well as to ensure they have the required supporting documentation, as provided.**

**Candidates who completed their medical degree abroad must submit a revalidated diploma on the registration platform, in addition to entering a permanent CRM number into the registration profile.**

The Permanent Special Committee of the Examination for the Granting of the Specialist Certification in General Surgery of the CBC – COTECIG will not conduct a prior review of documents or individual situations. Therefore, requests for clarification or opinions on eligibility sent by email, phone, or instant messaging applications will not be accepted.

Registration for this Examination implies knowledge of and tacit acceptance of the conditions established in this Notice, and the candidate cannot claim ignorance.

- Registrations will be carried out exclusively online, through the eduCAT Registration Platform at https://inscricoes-cbc.educat.net.br.
- To complete the registration, the candidate must use one of the following browsers, version equal to or higher than: Google Chrome 64.0, Firefox 60.0, Microsoft Edge 88.0, or Safari 5.
- The Registration Platform is not compatible with the Internet Explorer browser.
- Registration must be completed on the online registration platform using a computer (IP) located within national territory.
- All documents required must be uploaded to the Registration Platform without exception.
- The candidate must authorize the capture and storage of their image in audio and video to proceed with the registration, under penalty of being unable to complete it.
- The candidate is responsible for correctly indicating the eligibility criterion under which they qualify, as well as for properly classifying the documents.
- Only registrations that comply with the provisions of this Notice will be accepted.

**Registration will be confirmed only after the documentation is reviewed by the Permanent Special Committee of the Examination for the Granting of the Specialist Certification in General Surgery of the CBC – COTECIG, which will verify whether the candidate meets the requirements established in this Notice, and after receipt of the corresponding registration fee.**

The approval of the registration or the notification of any pending issues will be made available to the candidate on the Registration Platform, accessible through the CBC portal.

Registrations that do not fully meet the requirements and/or are not accompanied by all the required documentation, properly submitted, will be recorded as pending, and the issue must be

resolved, also through the Registration Platform.

The confirmation or rejection of the registration, following the review of responses to pending issues, will be communicated on the Registration Platform.

**Registrations that are not completed, deemed insufficient, or for which the registration fee has not been paid properly and on time will be rejected.**

If more than one registration by the same candidate is identified, only the last registration submitted, identified by the date and time of electronic submission, will be considered valid and approved. The others will be automatically canceled, without possibility of appeal.

CBC and eduCAT are not responsible for registrations not received due to technical failures of any kind, such as connection issues, power outages, or network congestion. It is recommended that the candidate complete their registration and submit the documents in advance.

The candidate is responsible for any error, omission, or false or misleading information provided in the registration form. The candidate who makes any false or inaccurate statement when registering shall have their registration canceled, with the consequent annulment of all resulting acts, even if they have passed the exams. And professional experience certificates issued by the applicants themselves, as well as statements issued by individuals or institutions not registered with the CNES, will not be accepted.

After the approval of the registration, whether preliminarily or after the review of the pending issues, the candidate will be provided with instructions for accessing the eduCAT Exam Platform, used for taking the exams and other procedures.

The login and password for accessing the eduCAT Exam Platform are personal and non-transferable, and account sharing is prohibited, under penalty of elimination of the candidate from the exam.

## 5. Participation of persons with disabilities and/or special needs

5.1. Candidates with special needs will be considered those who qualify as a person with disabilities, as defined by Law No. 13.146/2015 (Statute of the Person with Disabilities), Federal Decree No. 9.508/2018, and Federal Decree No. 5.296/2004. Candidates with temporary needs, such as in cases of accidents, pregnancy, breastfeeding, among others not explicitly provided for, will also be covered, but these may be analyzed and decided upon by the Organizing Committee.

5.2. Candidates with disabilities who require special conditions to take the exam must declare them at the time of registration. In addition, the appropriate justification and supporting documentation must be submitted, respecting the deadline established in the Schedule.

5.3. Specific cases must observe the guidelines below:

**a) Candidates with hearing, visual, or physical disabilities:**

They may request accessibility accommodations, such as assistive technologies provided for in Art. 1 of the Annex to Decree No. 9.508/2018, upon submission of a medical report issued by a specialized professional in accordance with item 5.8 of this notice and which contains, at a minimum:

Identification of the issuing institution (public or private);

Full name of the candidate;

Specification of the type and degree of disability and the limitations it imposes on taking the exam;

Indication of the probable causes;

International Classification of Diseases (ICD) code;

lace and date of issuance;

Signature and stamp of the physician with their CRM number.

**b) Candidates with disabilities who require additional time:**
They must submit a technical opinion issued by a multidisciplinary team or a specialized professional, justifying the need and specifying the recommended additional time. The opinion must contain:

Full name of the candidate;

Place and date of issuance;

Signature and registration number of the responsible professional(s) in their respective council.

The request will be analyzed by the Committee regarding its legality, reasonableness, and feasibility, with the result being communicated.

**c) Nursing candidates:**

The nursing candidate who needs to breastfeed during the exams may request this right at the time of registration, using the specific form available on the registration system. The right to breastfeed will be guaranteed, provided that the conditions described below are met.

An **isolated and private room** will be provided for **breastfeeding or extracting breast milk**, located near the exam administration area.

For the In-Person Exam:

The candidate must designate, on the day of the exam, **a trusted ADULT companion** who will be responsible for the care of the child, and who:

**Will not have access to the exam site;**

Will remain with the child in the room designated for this purpose.

Whenever necessary, the candidate will be accompanied by a **female proctor** to the breastfeeding room.

Breastfeeding may occur every 2 hours, for up to 30 minutes, with **full compensation of the time used** added at the end of the exam.

For the Online Exam:

The child must remain under the care of a companion designated by the candidate, **outside the exam environment**, without any access to the platform.

The break must be requested through a **specific icon on the exam platform**, and **will only be authorized after the candidate completes the question on screen**.

**Important:** For reasons of exam safety and integrity, **once the exam is paused, the candidate will not be allowed to return to the previous question** and must proceed directly to the next question upon returning from the break.

The return to the exam must occur within 30 minutes, under penalty of automatic termination of the exam session, in accordance with the platform's rules.

MANDATORY DOCUMENTATION:

**Scanned birth certificate** of the child, proving an age of up to **24 (twenty-four) months** on the day of the exam;

If the child has not yet been born, a **medical declaration issued by an obstetrician**, including the estimated due date and CRM number, will be accepted.

**Failure to submit the required documentation**, even if the child is under 24 months of age, will result in the **loss of the right to the special accommodations provided by Law**.

Requests will be analyzed regarding their feasibility and reasonableness.

**d) Pregnant candidates:**

The pregnant candidate must state her gestational age and, if necessary, submit a medical prescription indicating any special accommodation. A medical certificate confirming fitness to take the exam for both the pregnant candidate and the baby will be required.

The pregnant candidate who requires special accommodations to take the exam must state her condition at the time of registration, indicating, when necessary, her gestational age and the intended special accommodation. In this scenario, she must submit medical documentation justifying the requested condition, containing, when applicable, the indication of any restrictions, adaptations, or care required during the exam.

If pregnancy is diagnosed after the closing of the registration period, the candidate must immediately notify the Organizing Committee via the official email provided in this Notice, submitting the relevant medical documentation for the analysis of the feasibility, reasonableness, and legality of the requested accommodation.

The absence of a request for special accommodations or relevant medical documentation will result in the exam being administered under the same conditions as the other candidates, except for supervening circumstances duly justified and analyzed by the Organizing Committee.

5.4. The granting of special accommodations is conditional upon an express request and the complete submission of the required documentation within the period specified in the Schedule. Failure to meet these requirements will result in the exam being administered under the same conditions as the other candidates, with no possibility of a subsequent appeal.

5.5. Requests will be analyzed based on criteria of technical feasibility, reasonableness, and legality. The result of the request will be informed to the candidate in the Confirmation of approved

registration.

5.6. The medical report will not be returned under any circumstances.

5.7. Simple medical certificates will not be accepted in substitution of the technical report required in this notice. The absence or inadequacy of the documentation will result in the denial of the request for special accommodations.

5.8. Illegible medical reports will not be accepted, based on the express prohibition contained in Article 11 of CFM Resolution No. 2.217/18 (Code of Medical Ethics), as amended by CFM Resolutions No. 2.222/2018 and 2.226/2019. The illegibility of the medical report will result in the denial of the request for special accommodations.

## 6. Registration Fee

The registration fee for the 1st Phase will be:

**$930.00 (nine hundred and thirty reais)** for **CBC** members in good standing with the **2026** annual fee;

**$1830.00 (one thousand eight hundred and thirty reais)** for non-members.

**The registration fee for the 2nd Phase will be announced at the time of the call and must also be paid via PIX, with the proof attached to the Registration Platform by the final date and time specified for registration.**

## 7. Payment Methods

The payment of the registration fee must be made exclusively via **PIX** to the **CBC** bank account, **CNPJ key 33.658.204/0001-73**, and the respective proof of payment must be attached to the Registration Platform before completing and submitting the registration.

**The registration will only be confirmed after the payment has been verified by the bank and payment confirmation will take place on the release date of approved registrations.**

**Scheduled payments, as well as payments made by means other than those indicated, will not be accepted.**

In the event of a holiday or occurrence causing the closure of bank branches in the candidate's location, the payment must be made in advance, respecting the deadline established in this Notice.

## 8. Criteria for registration fee refunds

**The registration fee will not be refunded under any circumstances, nor will requests for exemption or transfer of the credit to third parties be accepted.**

## 9. Criteria and exam stages for obtaining the specialist certification

### 1st PHASE THEORETICAL EXAM

The Theoretical Exam, of an eliminatory nature, will be conducted exclusively online on **August 2, from 2:00 p.m. to 6:00 p.m.**, with a total duration of four hours.

The exam will consist of **100 (one hundred) multiple-choice questions, each with four options and only one correct answer**, based on the bibliographic references listed in Annex II of this notice.

The questions will cover the syllabus and will be presented to candidates in a random order, not sequentially by topic, according to the system's preset configuration.

The candidate must answer each question before proceeding to the next. It will not be allowed to move forward without confirming an answer, even if left blank, nor to go back to review or change previous questions.

A question saved by the candidate will be considered completed, even if the selection or marking was made incorrectly.

Under no circumstances will it be possible to review a saved or submitted answer.

The candidate must pay attention to the total time allocated for completing the exam, which will automatically end when the time expires.

The remaining exam time will be displayed on a timer located on the Exam Platform.

Questions not answered within the total exam time will receive a score of zero.

**The score for the 1st Phase Theoretical Exam will be calculated based on the number of correct answers in relation to the total number of questions.**

**A candidate will be considered qualified in the 1st Phase if they achieve a score equal to or greater than 70% of the highest score obtained, provided that the candidate's score is at least 50 points.**

**Only candidates who qualify in the 1st Phase of the current year will be called for the 2nd Phase Exams.**

**Candidates who failed the 2nd Phase of the previous year's exam will be entitled to take the 2nd Phase of the current year's exam. However, candidates who were absent from the 2nd Phase of the previous exam will not be entitled to this right.**

**Theoretical-Practical Exam - 2nd Phase**

The **Theoretical-Practical Exam** will be administered in the form of an **Oral** examination, and the questions will be distributed among distinct examining boards, covering the syllabus indicated in this notice, in the form of procedure descriptions, case analyses, examinations, images, and/or videos. In addition to the **Practical Exam**, it will consist of **Simulated Procedures. The evaluations will be based on the following criteria: Technique, Accuracy, Steadiness, Choice of materials, and Time.**

The **Theoretical-Practical Exam,** in the form of an **Oral** examination, will be evaluated based on the adequacy and completeness of the candidate's answers will be recorded by the examiners on a checklist form, based on a pre-established answer standard drawn from the suggested references. The candidate will have 25 minutes to answer the questions from each board. The

evaluations carried out by each examiner are sovereign and not subject to subsequent review. In cases where an impediment or incompatibility between examiner and candidate is detected, the examiner will be replaced.

If necessary, the candidate may leave the room only with prior authorization, accompanied by a proctor and/or under the supervision of the examination organizing team.

There will be no extension of the allotted time for the exam due to the candidate's absence from the room for any reason.

Making any kind of notes, filming, or taking photographs during the exam is not allowed.

The score of the 2nd Phase Theoretical-Practical Oral Exam will be composed of the sum of the scores obtained in the Simulated Procedures Exam, with a maximum value of 20 (twenty) points, and in the Oral Examination Exam, with a maximum value of 80 (eighty) points.

**A candidate in the 2nd Phase who obtains a Final Score below 70 (seventy) will be FAILED.**

**If the candidate fails the 2nd Phase exams, they may take them again in the following year's exam, with exemption from the Theoretical Exam. If they fail again, the entire evaluation process must be restarted.**

## 10. Administration of the exam

10.1 To take the online exam, the candidate must use a laptop computer over which they have administrative access, to allow installation of the secure browser required for the exam. The equipment must have a properly functioning camera and microphone and meet the following minimum requirements:

10.1.1 Operating system: Windows 10 or higher, or MacOS Catalina 10.15.5 or higher **(NOTE: Devices with Linux or Chromebook operating systems, due to technical incompatibility with the platform, will not be allowed.)**;

10.1.2 Processor: 5th generation Core i3 or higher **(NOTE: Snapdragon, Pentium, Celeron, and Athlon processors, due to technical incompatibility with the platform, will not be allowed)**;

10.1.3 RAM: 4GB or higher;

10.1.4 A single front-facing camera of 0.9 megapixels or higher;

10.1.5 A single microphone;

10.1.6 A single mouse or trackpad device (in addition to the integrated touchpad);

10.1.7 A single keyboard;

10.1.8 Integrated or external speaker or amplifier;

10.1.9 Power supply with capacity for twice the total duration of the exam, preferably connected to the electrical grid;

10.1.10 Minimum disk storage space of 500 MB;

10.1.11 Internet with a minimum speed of 20 (twenty) Mbps for both download and upload, and a maximum latency of 700 ms, with the option for the candidate to provide a backup internet connection under the same conditions if desired. **(NOTE: To ensure the stability and integrity of the remote electronic exam, it is recommended to use wired connections or high-quality Wi-Fi networks, avoiding mobile or shared networks. It is the candidate's responsibility to test their connection in advance and ensure compliance with the required minimum specifications.)**

10.2 The use of desktop computers, virtual machines, emulators, or any type of virtualized environment, as well as mobile devices such as smartphones, tablets, and cell phones, will not be allowed. The use of more than one of any essential accessory for taking the exam (camera, microphone, keyboard, mouse, etc.), whether integrated or not, is also prohibited. The candidate must take the exam exclusively on a laptop that meets the requirements specified in this notice.

10.3 The use of cell phone, smartphone, or tablet cameras as a front-facing webcam will not be permitted.

10.4 The objective exam, 1st PHASE, may be taken on a computer (IP) located outside the national territory, provided prior notification is made on the platform. The notebook computer used, as well as the internet network, must be the exact same as on the day of the exam, and the candidate shall be solely responsible for its functioning and compliance with the requirements of the notice.

10.5 It is mandatory for the candidate to complete a pre-test, for validation by the technical team of the correct installation of the secure browser on the Exam Platform on the equipment to be used, verification of access credentials in the installed program, proper functioning and positioning of the cameras, and for the candidate to become familiar with the exam environment and interact with the human proctor.

10.5.1 The pre-test must be completed by the candidate, The pre-test must be completed by the candidate https://agendamento.educat.net.br, and will have a maximum duration of 30 minutes.

10.5.2 Before the scheduled time for the pre-test, the candidate must install the secure browser of the Exam Platform, according to the manual that will be sent along with the registration confirmation.

10.5.3 Failure to complete the pre-test within the specified period will result in the candidate's elimination, preventing access to the online testing environment.

10.5.4 The electronic device used and configured, as well as the physical environment from which the pre-test is conducted, must be the same as those used for taking the online exams.

10.6 Software such as antivirus and firewall programs that prevent the secure browser from having exclusive access to the computer must be disabled during the pre-test and the exam, in order to avoid compatibility issues between the secure browser and the candidate's device software.

10.7 Facial recognition software will assist in confirming the candidate's identity, and the candidate must authorize and allow the use of the camera and microphone during the pre-test and throughout the entire exam period.

10.8 At the time of registration, the candidate must submit a clear and recent photo of their face for comparison with the image captured during the pre-test and throughout the exams.

10.9 The candidate's facial image will be captured and voice audio recorded during the pre-test and throughout the exams.

10.10 It is the candidate's sole responsibility to install the secure browser of the Exam Platform, ensure participation in the pre-tests, and fully meet the minimum software, hardware, and internet connection requirements set forth in this notice.

10.11 Regardless of passing the pre-test, it is the candidate's responsibility to ensure that all minimum required conditions for their equipment and internet connection are fully met on the day of the exam.

10.12 The candidate authorizes the **CBC** and eduCAT to retain, for an indefinite period, the personal and sensitive information provided during the registration process and exam administration, including name, image, voice, address, CPF, and other data, in their databases.

10.13 The sale, transfer, modification, reverse engineering, distribution, or copying of texts, images, or any content from the Exam Platform is prohibited.

**ONLINE EXAM ADMINISTRATION**

The exam will be protected by AI-based security levels, with real-time monitoring via video (camera) and audio (microphone), and each candidate will be supervised by a proctor and members of the organizing committee, responsible for ensuring full compliance with this notice.

The candidate's image and audio will be recorded throughout the entire exam, and all actions on the platform will be logged.

The candidate must keep the camera and microphone enabled for image and audio capture throughout the entire exam and may only leave the camera's field of view with prior authorization from the proctor.

The camera and microphone must be unobstructed and clearly capture, frontally, the candidate's image and the surrounding sound during the exam.

The candidate's computer webcam must be positioned so that their face is fully visible to the proctor throughout the entire exam.

The proctor may, at any time, request that the candidate adjust the camera position for better visibility.

Candidates whose image is not visible to the proctor will not be allowed to take the exam.

If it is determined that the candidate deliberately interrupted audio and/or video capture, the exam will be automatically terminated and the candidate eliminated.

During the online exam, the browser used will disable other functions and software on the candidate's computer, preventing internet browsing or access to other software or applications.

The exam must be taken in a closed, calm, and quiet environment, well-lit, without the presence of third parties, so that the candidate's image and audio, as well as the surrounding environment, can be properly captured.

Taking the exam in an open, mirrored, or vehicle environment, or in a location with low lighting or any conditions that interfere with the visibility or audio capture of the candidate and surroundings, is prohibited.

The candidate must ensure that they are alone, properly dressed, seated in a comfortable chair, with the computer placed on an appropriately sized table, and positioned so that their face is fully visible to the camera.

It is strictly prohibited for two or more candidates to take the exam simultaneously at the same physical address or using the same IP or login. Each candidate must ensure that the environment and connection used are exclusive.

Failure to comply with these guidelines will result in access being blocked and the candidate's elimination from the exam, as it compromises the validity of the exam, fairness among candidates, and may cause identification conflicts.

The candidate must access the Exam Platform at least 1:30 (one hour and thirty minutes) before the scheduled start time of the exam, with a photo identification document.

The candidate must remain logged into the platform until the exam begins.

The candidate may step away from the screen after technical compliance has been confirmed and proctor authorization has been granted, however, the candidate must remain attentive and monitor any subsequent communications, being responsible for delays in resolving any technical issues that arise due to a slow response.

The candidate must be permanently positioned in front of the camera no later than 15 (fifteen) minutes before the scheduled start time, and any candidate who positions themselves afterward will be disqualified.

The allowable delay for starting the exam is 15 (fifteen) minutes. After this period, any candidate who has not started the exam and/or has not contacted technical support will be automatically eliminated.

The candidate's identity will be verified using any of the following photo identification documents: Official Identity Card, Professional or Class Council Issued Card, Employment and Social Security Record Book, Military Service Certificate, Driver's License, or Passport.

The identification document must be in perfect condition to clearly allow verification of the candidate's identity and must contain, obligatorily, parentage, photograph, date of birth, and signature.

Documents without a photo, lacking identification value, illegible, unidentifiable, and/or damaged will not be accepted; nor will copies of documents, even if notarized.

The proctor may request the candidate to present their identification at any time, and the candidate must provide it when asked for verification.

During the exam period, including the entire confidentiality period, the candidate is expressly prohibited from:

Wearing or using masks, sunglasses, or headwear such as caps, hats, visors, scarves, masks, beanies, or similar items that prevent the candidate's face from being clearly seen by the camera, as well as any device that obstructs the view of the environment where the candidate is taking the exam, is prohibited;

Covering the face with the hands, even partially, is prohibited;

Consulting, using, or keeping in the exam environment any notes, notebooks, loose sheets, pads, books, codes, manuals, dictionaries, printed materials, rulers, ear protection, any type of watch, any electronic devices such as cell phones and smartphones (other than the one used for monitoring), tablets, wearable tech, calculators, electronic agendas, iPods®, recorders, USB drives, MP3 players or similar devices, alarms, keys with alarms or any other electronic component, headphones, and/or any transmitter, recorder, or receiver of data, images, videos, and messages, as well as any other materials or devices, even if turned off, unrelated to the exam, is prohibited;

Reading with lip movement, aloud, or making any sounds during the exam is prohibited;

Looking to either side, up or down for more than 20 seconds, repeatedly looking at the same spot, or leaving the camera's field of view without prior authorization from the proctor is prohibited;

Establishing or attempting any type of communication, internal or external, or receiving information or any type of material, by any means, during the execution of the exams, whether related to the content or not, is prohibited;

Connecting the computer to more than one monitor, projector, or any other device not provided for in this Notice is prohibited;

Using devices or software that transmit, record, or share the screen during the exam, which will be detected by the candidate's computer monitoring software, will result in the candidate's access to the exam being blocked and their elimination from this exam;

Recording or sharing images or audio related to the exam or any material from this Exam;

Activating software such as antivirus or firewall that prevents the secure browser from having exclusive access to the computer, which may cause compatibility issues with the platform;

Simultaneously connecting two or more candidates with the same login. If this occurs, access to the Exam Platform will be blocked, and the candidates will be eliminated from the exam;

Smoking or using alcoholic beverages or any type of legal or illegal drugs.

During the online exams, the proctor or a member of the Committee may request a 360° rotation of the camera to monitor the testing environment, or request adjustments or corrections to the

video and audio.

If the candidate does not comply with the proctor's instruction within 2 (two) minutes, the exam will be automatically paused and will only resume once the requirements have been met.

The candidate must remain connected to the Exam Platform and within the camera's field of view, under the same conditions of non-communication, during the 2 (two) hour confidentiality period, even if they have finished answering the questions.

**Any candidate who does not comply with the confidentiality period established in this notice will be eliminated from the exam.**

The candidate may consume food or beverages, provided they are in containers made of transparent material and without labels that prevent the contents from being visible.

In case of physiological needs, the candidate must request the proctor, via the platform, to pause the exam, and may leave the monitored environment only when authorized and after finishing the question in progress.

The candidate must resume the exam within a maximum of 3 minutes.

Time spent on physiological breaks will not be added to the exam duration.

If the exam is delayed or interrupted due to issues with the Exam Platform, candidates will be granted additional time, upon authorization by the Exam Committee, to ensure the total duration established in this Notice.

The CBC and eduCAT are not responsible for technical issues with the candidate's equipment, power or communication failures, network congestion, improper procedures, or any other factor that may compromise the completion of the exam.

It is the sole responsibility of the candidate to ensure that all technical and internet requirements are met throughout the entire duration of the exams.

If the internet connection is interrupted for a period of less than 2 (two) minutes, the candidate may resume the exam starting from the question immediately following the one during which the interruption occurred.

If the candidate's internet connection or video capture is interrupted for a period longer than 2 (two) minutes, the exam will be paused, and the situation will be reviewed by the proctor and the Committee, who will decide whether or not to eliminate the candidate.

No additional time will be granted to the candidate for technical issues under their responsibility, internet connection outages, time spent communicating with the proctor, or receiving assistance from technical support.

In similar cases, it will be up to the Permanent Special Committee of the Examination for Granting the Specialist Certification in General Surgery of the CBC – COTECIG to decide on the continuation or discontinuation of the candidate's participation in the Exam.

There will be no second call, regardless of the reason claimed to justify the candidate's delay or absence, nor will it be permitted to take the exam outside the dates and times established in this Notice.

During the online exam, the CBC may collect and use technical data from the electronic devices used by the candidate, such as specifications, configurations, operating system versions, type of internet connection, and similar information.

If any behavior deemed suspicious or irregular is identified by the proctor, it will be their responsibility to warn, pause, and terminate the candidate's exam.

If it is verified, even after the administration of the exams, by electronic, statistical, visual, or handwriting analysis, that the candidate used illicit means, their exam will be annulled and they will be automatically eliminated from the selection process.

**CONDITIONS FOR TAKING THE IN-PERSON EXAMS**

**The in-person exams of the 2nd phase will be held on November 28, in the city of Rio de Janeiro (RJ), at a location to be announced at the time of the call. The total examination period will be from 8:00 AM to 7:00 PM. However, candidates will be organized into two shifts: morning and afternoon. Within each shift, candidates will be divided into groups based on their order of arrival at the exam site. The attendance time for each candidate (morning or afternoon) will be informed after the closing of the 2nd Phase registration.**

If the number of registrants exceeds the capacity, the in-person exams may be extended with a date to be determined.

To access the exam locations and stages, the candidate must identify themselves at the reception at least one hour in advance, following the instructions in their schedule. They must carry, on each exam day, an original photo identification document valid throughout the national territory (identity card, national driver's license, CRM registration, passport, military ID card, or employment record book), which may be requested at any time.

No tolerance will be granted to candidates who arrive after the scheduled reporting time under any circumstances or pretext, and entry to the exam location will not be allowed after this time or without an official photo identification document.

Once identified and settled, the candidate may leave the room, within the building, only with prior consent, accompanied by a proctor or under the supervision of the exam administration team.

There will be no second chance for the exams, meaning that the candidate will not be allowed to take the exam on a different date, time, or location than those established in this notice, and any absent candidate will be eliminated for any reason.

For the 2nd phase exams, the candidate must:

Allow the use of a metal detector on their body and/or special identification, which includes the collection of signature, photograph, and/or fingerprint on a specific form;

Allow their personal belongings to be collected and kept under security during the exam periods and waiting times, both before and after;

Comply with the instructions given at the time of the exam, as they complement this Notice and must be strictly observed and followed by the candidate.

During the waiting periods and while taking the exams, the candidate is expressly prohibited from:

Wearing or carrying sunglasses, caps, hats, beanies, scarves, or similar items;

Using or carrying, even if turned off, any electronic device, including cell phones, during waiting periods, before, during, and after the exam;

Wearing a lab coat, T-shirt, clothing, accessory, or any instrument or ornament that allows identification of their institution of origin;

Leaving the waiting or examination rooms without prior authorization from the proctor or Committee, and only departing accompanied by a proctor and/or under the supervision of the exam administration team;

Engaging in any form of consultation or communication with other candidates or external persons, orally or in writing;

Consulting books, codes, manuals, printed materials, notes, or any other resources;

Waiting for other candidates near the exam rooms;

Carrying a weapon, even if in possession of an official license.

If the candidate needs to use or carry an electronic device for personal health (pacemaker, insulin pump, or similar), they must inform the proctor at the time of the exam.

Personal belongings, including those whose use is prohibited, must be left in a location designated by the proctors for the entire time candidates remain at the exam site, and the CBC is not responsible for any loss, misplacement, theft, robbery, or damage that may occur. In the case of cell phones and other electronic devices, they must be turned off.

During the exams, the entry and/or presence of any persons not authorized by the CBC at the exam sites will not be allowed.

There will be no extension of the time allocated for the Theoretical-Practical or Practical exams due to the candidate leaving the room, for any reason.

## 11. Answer key and exam results

**The question booklet, preliminary answer key, and candidate answer sheet for the 1st phase Theoretical Exam** will be made available for consultation on the eduCAT Exam Platform starting at 5 p.m., according to the schedule, and will remain accessible until the end of the appeals period.

**The question booklet, the preliminary expected answers, the scoring of the Oral Theoretical-Practical Exam and the Simulated Procedures Exam**, and the qualification or elimination in the 2nd phase will be released on the eduCAT Exam Platform, and will remain available for viewing until the end of the appeal period.

In the event of changes to the preliminary answer key, whether ex officio or as a result of appeal decisions, the exams will be graded according to the final answer key.

In the event that questions are annulled, points will be credited to all candidates who did not receive points for the corresponding question, regardless of whether an appeal was filed. Candidates who have already received points will retain those points.

## 12. Appeals

Appeals against the questions and preliminary answer key of the 1st phase Theoretical Exam may be filed only through the platform, from the time of their release until 5:00 p.m. on the final appeal period, upon a **SINGLE** payment of an appeal fee in the amount of **R$ 265.00** (two hundred and sixty-five reais) made via PIX. Candidates may file appeals for as many questions as they wish, provided the corresponding fee is paid and the **proof of payment is uploaded to the appeal platform**.

The result of the appeals, the final answer key, the candidate's score, and the qualification and call for the 2nd phase or the candidate's elimination from the selection process will be released through the eduCAT Exam Platform.

Appeals against the questions, the preliminary expected answers, the scoring of the 2nd phase exams, and the total Final Score may be filed only via the platform, from the time of release until the end of the appeal period, upon a **SINGLE** payment of an appeal fee in the amount of R$ 265.00 (two hundred and sixty-five reais) made via PIX. Candidates may file appeals for as many questions as they wish, provided the corresponding fee is paid and the **proof of payment is uploaded to the appeal platform**.

The result of the appeals, the final expected answers, the final scoring of the 2nd phase exams, the individual report, the Final Score, and the candidate's approval or disapproval in the exam will be released through the eduCAT Exam Platform, remaining available for consultation until the end of the established deadline.

Appeals filed against questions, the preliminary answer key of the Theoretical Exam, the preliminary expected answers, and the scoring of the exams must be prepared without candidate identification with logical and consistent arguments, based on the candidate's grounds for appeal, with an explicit indication of the bibliography provided in the notice, including the page of the work used as a reference.

Appeals will be decided by the Permanent Special Committee of the Examination for Granting the Specialist Certification in General Surgery of the CBC – COTECIG, whose decisions are final and not subject to review or further appeal.

## 13. Issuance of certification

13.1 All approved candidates, with a score equal to or greater than required by the passing criteria, will be entered into the AMB certification system for the issuance of the Specialist Certification in General Surgery.

13.2. For the issuance of the Specialist Certification in General Surgery, the candidate must pay the fee charged by AMB, according to the rates in effect at the time of the request.

13.3 For reference, the current fee for the issuance of the Specialist Certification by the AMB is R$ 930.00 (nine hundred and thirty reais) for active AMB members in good standing and R$ 1,400.00 (one thousand four hundred reais) for non-members.

13.4. The period for the issuance and delivery of the Specialist Certification by the AMB is up to 30 to 45 days, counting after 24 hours from the payment of the certificate issuance fee to the AMB.

13.5 Candidates who fail to meet the requirements of this notice, thus having their registration denied, and who nevertheless manage to take the exams under a court order, if approved, the issuance of the Certificate by the AMB will be conditional upon the final judgment of the court ruling in their favor. Upon the final judgment of the court ruling in their favor, the candidate must also follow the procedure set forth in items 13.2 and 13.3.

**14. Final Provisions**

14.1 All data of the candidates participating in this notice will be entered into the AMB system.

14.2. The Brazilian College of Surgeons will not be held responsible for registrations not received due to communication failures, network congestion, possible printing failures, technical problems with the computers used by the candidates, or any other means, with the submission being the sole responsibility of the candidate.

14.3. The Brazilian College of Surgeons will not be held responsible for possible failures in the delivery service and/or submission of documents, whether digital or physical, as well as any other external factors.

14.4. Candidates will be solely responsible for any errors, omissions, or false or biased information provided at the time of registration.

14.5. If it is determined, at any time, that a registration has been received that does not meet the qualification requirements of this Notice and/or contains false or inaccurate documents and/or declarations, it will be canceled for all intents and purposes. Consequently, all acts subsequent to the registration will be annulled, even if the candidate has passed the exams, without prejudice to the filing of any applicable legal actions.

14.6. No type of analysis or evaluation of documents will be conducted in person or by telephone.

14.7. There is no commitment by the Brazilian College of Surgeons to demand possible pending documents.

14.8. Questions related to the Exam for obtaining the Specialist Certification in General Surgery must be directed to the official channels listed in this notice.

14.9. Approval statements will be made available starting from the date specified in the official Schedule.

14.10. Approval statements for the exam will take up to 2 (two) business days to be issued to the candidate after the final results.

- The approval statement is not equivalent to the Specialist Certification. For the RQE request with the Regional Medical Council, only the Specialist Certification issued by the AMB/ Brazilian

College of Surgeons will be accepted.

14.11. The Organizing Committee may request, if deemed necessary, additional supporting documents for the candidate's qualification process.

14.12. The Brazilian College of Surgeons, the Brazilian Medical Association, and the company contracted to execute the exam will not be held responsible for any expenses arising from taking the exam in an in-person/online format, including travel and lodging costs for the in-person exam, equipment, internet, and any technical complications that prevent the candidate from participating in the Exam on the date and time specified in this Notice.

14.13. All authenticated copies of the documents submitted by the candidate may be audited, and any inconsistency may result in the annulment of the candidate's registration.

14.14 Candidates must keep their address and email updated on the registration platform while participating in the exam and, subsequently, if qualified, with the Brazilian College of Surgeons.

14.15. The AMB Specialist Certification exams are organized and governed by CFM Resolutions 2.148/2016 and 2.380/2024 and their annexes, following the criteria established in the Regulations of the Brazilian Medical Association – AMB, which is responsible for the conditions and rules required in the Specialty Societies' Notices.

14.16. Candidates shall be solely responsible for any losses arising from the failure to update their address.

14.17. The Brazilian College of Surgeons, the Brazilian Medical Association, and the company contracted to execute the exam will not be held responsible for any courses, texts, study guides, or other printed or digital materials regarding the subjects of this exam, or for any information that is in disagreement with the provisions of this Notice.

14.18. The deadlines established in this notice are preclusive, continuous, and common to all candidates; there shall be no justification for non-compliance or for the submission of documents after the established dates.

14.19. The Brazilian College of Surgeons may, at any time, eliminate from this exam any candidate who fails to comply with the rules or regulations of this notice, who shall be subject to the applicable legal measures.

14.20. The items of this Notice may undergo eventual alterations, updates, or additions, provided that the respective measure or event concerning them has not yet been finalized.

14.21. The Brazilian College of Surgeons and the AMB hold final authority in the judgment of any cases not provided for in this Notice.

## 15. Syllabus

**FIRST PART:**

1. **Anatomical, physiological and technical-surgical correlations;**
2. **Endocrine-Metabolic Response to Trauma;**
3. **Fluid, Electrolyte, and Acid-Base Balance;**
4. **Nutrition in Surgery;**

5. **Wound Healing and Surgical Wound Care;**
6. **Infections and Antibiotic Therapy in Surgery;**
7. **Preoperative, Intraoperative, and Postoperative Care;**
8. **Circulatory Shock – various causes;**
9. **Multiple Organ Failure;**
10. **Intensive Care Medicine in Surgery;**
11. **Hemostasis – Transfusion Therapy;**
12. **Surgical Risk Assessment;**
13. **Recognition and handling of surgical instruments and other surgical materials;**
14. **General Principles of Surgical Oncology;**
15. **Local and regional anesthesia.**
16. **Fundamentals of General Anesthesia;**
17. **Transplants – General Aspects;**
18. **Ethics and professionalism in Surgery;**
19. **Patient safety;**
20. **Bioethics, Forensic Medicine, and legislation.**

**SECOND PART:**

1. **Initial care of trauma patients in the pre-hospital and intra-hospital settings;**
2. **Patient severity classification and triage;**
3. **Role of the Emergency Regulation Center and the Regulatory Complex;**
4. **Diagnostic and therapeutic methods in trauma care;**
5. **Initial approach to Cranioencephalic and Spinal Cord Trauma;**
6. **Initial approach to musculoskeletal trauma;**
7. **General principles of facial trauma;**
8. **Cervical trauma;**
9. **Cervical trauma;**
10. **Abdominal trauma;**
11. **Pelvic-Perineal trauma;**
12. **Vascular Trauma;**
13. **Kidney and Urinary Tract trauma;**
14. **Genitourinary trauma;**
15. **Trauma in children, Pregnant patients, and the Elderly;**
16. **Care of burn patients;**
17. **Surgery and critical maneuvers in trauma;**
18. **Prognostic severity indices;**
19. **Quality control in trauma care.**

**THIRD PART:**

1. **General Surgical Clinic**
2. **Diagnostic and therapeutic methods in Surgical Clinic;**
3. **Thyroid and Parathyroid Surgery;**
4. **Adrenal Surgery;**
5. **Fundamentals of Thoracic Surgery;**
6. **Fundamentals of Clinical and Surgical Oncology;**
7. **Hernia Surgery;**
8. **Acute Abdomen - Various causes;**
9. **Digestive Hemorrhage;**

10. **Portal Hypertension;**
11. **Esophageal Surgery;**
12. **Liver and Biliary Tract Surgery;**
13. **Stomach and Duodenum Surgery;**
14. **Small Intestine Surgery;**
15. **Colon, Rectum, and Anus Surgery;**
16. **Pancreatic Surgery;**
17. **Fundamentals of Plastic Surgery**
18. **Fundamentals of Plastic Surgery;**
19. **Ambulatory Surgery;**
20. **Minimally Invasive Surgery;**
21. **Bariatric and Metabolic Surgery;**
22. **Skin Tumor Surgery.**
23. **Robotic surgery**
24. **Robotic surgery**

## 16. Bibliography


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# Annex I

## Documentation for Proof of professional practice

Declaration issued by a public or private hospital institution, duly registered with the CNES, on letterhead, certifying the candidate's effective professional practice for at least six (6) years, signed by the Institution's Director and the Head of the General Surgery Department with RQE (Specialist Qualification Registry) in the specialty, containing the list of surgical procedures performed by the candidate as **Responsible Surgeon** in the last **24 months**, covering the procedures indicated in items 27 of R1, 14 of R2, and 14 of R3 of the Competency Matrix of the Medical Residency in General Surgery contained in CNRM Resolution 48/2018, both elective and emergency;

### Illustrative Model Declaration

INSERT HOSPITAL LOGO

**HOSPITAL NAME**
CNPJ: 00.000.000/0001-00
CNES: 0000000
Full Hospital Address, No. - Neighborhood - City/State - ZIP Code: 00000-000
Phone: (00) 0000-0000 | Email: contato@hospital.com.br

**STATEMENT OF PROFESSIONAL PRACTICE**

We declare, for all due purposes, that Dr. _____,
CRM No. _____/ State ___, has been engaged in professional practices at this hospital as the Responsible Surgeon in the specialty of General Surgery, since ____/____/_____,
totaling, as of the present date, more than 6 (six) years of effective professional practice.

We further inform that the aforementioned professional performs their surgical practices with autonomy, responsibility, and competence, conducting elective and emergency procedures, and is fully integrated into the surgical team of this institution.

In witness whereof, we sign this statement.

City/State, _____, 20____.

| INSTITUTION DIRECTOR | HEAD OF THE GENERAL SURGERY SERVICE |
|---|---|
| Name: _____ | Name: _____ |
| Occupation: _____ | CRM: _____ |
| CPF: _____ | RQE: _____ |
| _____ | _____ |
| Signature and stamp | Signature and stamp |

Declaration issued by a public or private hospital institution,
duly registered with the CNES, on letterhead, and featuring the signature and stamp of the responsible parties.
This document is valid solely for the purpose of proving professional practice

**Model List of Surgical Procedures**

INSERT HOSPITAL LOGO

**HOSPITAL NAME**
CNPJ: 00.000.000/0001-00
CNES: 0000000
Full Hospital Address, No. - Neighborhood - City/State - ZIP Code: 00000-000
Phone: (00) 0000-0000 | Email: contato@hospital.com.br

## LIST OF SURGICAL PROCEDURES

### RESPONSIBLE SURGEON

PHYSICIAN'S NAME: _____ CRM: _____ STATE: _____

EVALUATION PERIOD: ___/___/_____ to ___/___/_____ (last 24 months)

| DATE | SURGICAL PROCEDURE | TYPE (ELECTIVE/EMERGENCY) | PATIENT (INITIALS) | RESPONSIBLE SURGEON |
|---|---|---|---|---|
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We declare that the surgical procedures listed above were performed by the professional identified as the Responsible Surgeon at this hospital institution, which is duly registered with the CNES.

We further inform that the aforementioned professional performs their activities with autonomy, responsibility, and competence, conducting elective and emergency procedures, and is fully integrated into the surgical team of this institution.

City/State, _____ , 20____.

**INSTITUTION DIRECTOR**

Name: _____
Occupation: _____
CPF: _____

Signature and stamp

**HEAD OF THE GENERAL SURGERY SERVICE**

Name: _____
CRM: _____
RQE: _____

Signature and stamp

Declaration issued by a public or private hospital institution,
duly registered with the CNES, on letterhead, and featuring the signature and stamp of the responsible parties.
This document is valid solely for the purpose of proving professional practice

# Annex II

**The candidate will be eliminated at any time if:**

a. They fail to comply with this notice;
b. They provide false or inaccurate information during registration, or fail to meet the required conditions;
c. They do not comply with requests from the proctor or a member of COTECIG during the exams;
d. They disrespect the examination staff, authorities, or other candidates; or
e. They disrupt the order of proceedings with inappropriate behavior.

f. In case of elimination, the proctors and COTECIG will file an incident report for analysis and action by the CBC. The report must include: the candidate's identification, time, reason for elimination, and whether the candidate was made aware of it.

**ADDITIONAL INFORMATION**

No information regarding the content of the exams, evaluation criteria, or classification will be provided by any member of the examination administration team, proctors, the **Permanent Special Committee of the Examination for Granting the Specialist Certification in General Surgery of the CBC – COTECIG**, or any CBC staff member. Likewise, no aspects of the content or format of the exams will be discussed before, during, or after their administration.

During the period of exam administration, by authorizing the capture of their image and voice, the candidate declares that they are aware of and agree to the following terms:

| Personal data / sensitive personal data | Purposes |
|---|---|
| Full name; registration number; ID; CPF; CRM (medical license number); home address; business address; e-mail address; contact phone number; academic education and medical residency information | Enable the completion of the registration request through the online registration system.<br>Manage communications with the candidate; |
| Credit card information | Enable the system to provide payment methods for the registration fee, when applicable |
| Scanned documents: valid and definitive CRM; professional clearance certificate issued by the CRM; proof of payment of the 2025 annual fee to the **CBC** or AMB; proof of payment of the registration fee; certificate of completion of Medical Residency, declaration of completion, or proof of medical residency in the specialty; proof of professional activity in the field; photograph of the face. | Enable the candidate to upload the documents required for registration on the CBC portal;<br>Verify the candidate's documents that demonstrate fulfillment of the prerequisites;<br>Comply with the provisions of the Federal Council of Medicine (CFM) resolutions;<br>Ensure compliance with other applicable legal and regulatory requirements. |
| Date of birth and age | Comply with the provisions of Laws No. 10.048/2000 (Priority of Service) and 10.741/2003 (Elderly Statute) and ensure preferential treatment during the in-person exams. |
| Type of disability; special conditions required for taking the exams; report issued by a qualified professional justifying the need for additional time to complete the exams. | Comply with the provisions of Laws No. 10.048/2000 (Priority of Service) and 13.146/2015 (Brazilian Law for the Inclusion of Persons with Disabilities). |

| | |
|---|---|
| Information regarding pregnancy status. | Comply with the provisions of Law No. 10.048/2000 (Priority of Service) |
| Option in the registration form to indicate breastfeeding during the exam. | Comply with the provisions of Laws No. 10.048/2000 (Priority of Service) and 13.872/2019 (Right of mothers to breastfeed their children during exams |
| Facial biometrics; recording of the candidate's video and voice; 360° camera rotation video recording. | Enable the administration of online exams and ensure the integrity of the selection process;<br>Confirm the candidate's identity through facial recognition software; Monitor the candidate in real time during and after the exams, including the pre-test;<br>Conduct audits of the examination and, if any irregularities with the notice are detected, eliminate the candidate. |
| Specifications and technical data of the electronic devices used by the candidate, such as: configurations; operating system versions; type of internet connection; IP (Internet Protocol); and related information. | To ensure that the candidate's electronic device meets the minimum requirements for taking the online exam. |
| Login credentials for the online exam platform. | Allow the candidate to access the online exam platform;<br>Monitor simultaneous connections using the same login and block access, which will result in the candidate's elimination from the exam. |
| Full name; scores obtained in the exams; content and basis of any appeals, if applicable. | Assess the candidate's eligibility and aptitude;<br>Make the candidate's performance report available on the **CBC** website;<br>Allow the candidate to file appeals. |
| Full name. | Publish the list of approved candidates and the approval statements on the **CBC** website. |
| Full name; CRM; CPF; date of birth; address with ZIP Code; contact number. | Share personal data with the Brazilian Medical Association (AMB) for the issuance of the Specialist Title or Area of Practice Certificate to approved candidates |

Note: **Candidates authorize the capture of their image and voice for exams, releasing CBC and eduCAT from any claims. Images and audio will be stored for 5 years by CBC in a secure environment for facial recognition, monitoring, and auditing. Personal data are processed in accordance with the General Data Protection Law (LGPD) No. 13.709/2018 and may be shared with third parties (eduCAT, exam platform, AMB, CFM, examiners, proctors, and auditors) for purposes related to the examination. Data will be protected, will not be sold or disclosed for other purposes, and will be stored in accordance with legal deadlines for analysis, audits, and, if authorized, use in other examinations. Data subjects may exercise their rights via e-mail (concurso@cbc.org.br) or the CBC website.**

**Note 2: Candidates who engage in inappropriate conduct during the evaluation stages will be disqualified from the selection process, including, but not limited to: offensive behavior, the use of disrespectful language, threats, attempted intimidation, disobedience to the proctors' instructions, or any act that compromises the order, safety, or integrity of the process. Any disqualification must be fully substantiated by recording the incident, ensuring the candidate's right to be heard, in compliance with the principles of reasonableness and proportionality.**

*For clarifications exclusively regarding the use of the registration or exam platforms, and pre-tests, the candidate must contact eduCAT via WhatsApp or e-mail, Monday to Friday, from 9:00 a.m. to 5:00 p.m., except on national and regional holidays:*

Email: suporte@educat.net.br

WhatsApp: (31) 99991-7595.

NOTE: eduCAT does not provide support, technical assistance, or pre-tests outside business hours, on weekends or holidays. **EduCAT does not provide clarifications regarding eligibility criteria, required documents, exam configurations, or other notice rules that do not pertain exclusively to technical difficulties in using the registration and exam platforms.**

**The notice may be amended by the CBC with prior communication. Candidates must inform the CBC (**www.cbc.com.br) at least 10 days before the end of the registration period. It is the candidate's responsibility to consult the CBC e-mail and website. Omitted cases will be resolved by COTECIG. Legal disputes will fall under the jurisdiction of the Central Court of the Judicial District of Rio de Janeiro.

**ATTENTION:**

The **COMMITTEE FOR THE SPECIALIST CERTIFICATION IN GENERAL SURGERY (COTECIG)** clearly states that it does not endorse or recommend any preparatory course for the Specialist Certification in General Surgery examinations. The candidate must study the syllabus using the bibliography provided, and if, at their discretion, they choose to take any course labeled as preparatory, that choice is entirely their own responsibility. No member of COTECIG belongs to, participates in, or provides information on the exam questions in any preparatory course for this certification.

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: August 6, 2026.

**Edital Nº 2442 - Exame de Suficiência para obtenção do título de especialista em CIRURGIA GERAL 2026.**

Nos termos do Decreto nº 8.516/2015, que regulamenta o Cadastro Nacional de Especialistas – CNE, e estabeleceu a Comissão Mista de Especialidades – CME, a Associação Médica Brasileira – AMB, as sociedades de especialidades, por meio da AMB, e os programas de Residência Médica credenciados pela Comissão Nacional de Residência Médica – CNRM são as únicas entidades que concedem títulos de especialidades médicas no País. Sendo que, nos termos do § 6º, do art. 1º, da Portaria CME nº 01/2016 Anexo da Resolução CFM nº 2.148/2016, as especialidades médicas e áreas de atuação aprovadas pela CME terão sua certificação com a responsabilidade da AMB e/ou da CNRM.

Portanto, o exame regido por este Edital, pelos respectivos diplomas legais e regulamentares, seus anexos, bem como, eventualmente, suas posteriores retificações, visa à concessão do Título de Especialista em Cirurgia Geral, certificado pela Associação Médica Brasileira – AMB, através da sociedade de especialidade, nos termos do parágrafo único, do art. 2º do Decreto nº 8.516/2015, do § 2º do art. 5º e art. 7º da Portaria CME nº 01/2016 (Anexo da Resolução CFM nº 2.148/2016), bem como com a Resolução CFM nº 2.380/2024. O exame será executado sob a responsabilidade da Associação Médica Brasileira - AMB, através de delegação Colégio Brasileiro de Cirurgiões.

De acordo com Normativa da AMB e o convênio firmado entre CFM, AMB e CNRM, “a certificação por proficiência (análise curricular) será adotada, como exceção, apenas na primeira vez após o reconhecimento de uma nova especialidade ou área de atuação e com o objetivo de possibilitar a titulação de médicos que já exerciam comprovadamente aquela prática antes de sua regulamentação. Por nenhuma razão poderá ser feita uma segunda edição". Dessa forma, para concessão do Título de Especialista em Cirurgia Geral passa a ocorrer obrigatoriamente por meio de aprovação em exame de suficiência, razão pela qual todos os candidatos deverão se submeter às provas previstas neste edital.

## 1. Das disposições preliminares

O **Colégio Brasileiro de Cirurgiões** (**CBC**), por meio de sua **Comissão Especial Permanente do Concurso para Concessão do Título de Especialista em Cirurgia Geral do CBC – COTECIG** e por delegação da Associação Médica Brasileira (**AMB**), torna público que estarão abertas a partir da publicação deste edital, **até as 17h do dia 26 de Junho de 2026**, as inscrições para o Exame de Suficiência para Obtenção do Título de Especialista em Cirurgia Geral, concedido pela AMB.

O exame de suficiência para obtenção do Título de Especialista ou e Certificado de Área de Atuação emitidos pela AMB tem por objetivo identificar o profissional médico com formação acadêmico-científica adequada, apto a exercer a especialidade com ética, responsabilidade e competência.

O presente Edital encontra-se em conformidade com os critérios estabelecidos nas Portarias da Comissão Mista de Especialidade – CME nº 1/2016 e nº 1/2024, aprovadas pelas Resoluções do

Conselho Federal de Medicina – CFM nº 2.148/2016 e nº 2.380/2024; nas Resoluções da Comissão Nacional de Residência Médica – CNRM nº 2/2006 e nº 48/2018; na Normativa de Regulamentação do Exame de Suficiência para Titulação de Especialista ou Certificação de Área de Atuação da AMB (2016) e seu adendo (Portaria AMB nº 002/2020); na Resolução AMB nº 1/2021; e na Orientação Interna da AMB para formulação de Edital para Exame de Suficiência visando à obtenção do Título de Especialista e Certificado de Área de Atuação – 2024.

**DAS DISPOSIÇÕES PRELIMINARES**

**A aprovação em exame de suficiência é requisito para a obtenção de Títulos de Especialista e Certificados de Área de Atuação, concedidos pela AMB e credenciados pelo CFM, nos termos das Portarias da Comissão Mista de Especialidade – CME nº 1/2016 e nº 1/2024, aprovadas pelas Resoluções do CFM nº 2.148/2016 e nº 2.380/2024.**

1. O exame de suficiência **"Concurso de Título de Especialista em Cirurgia Geral do CBC" – COTECIG** será regido por este Edital e executado pelo **CBC**, responsável pela sua organização e controle, em parceria com a Educat Tecnologia Ltda. – eduCAT, pessoa jurídica de direito privado, inscrita no CNPJ nº 10.781.330/0001-15, com sede na cidade de Belo Horizonte, Estado de Minas Gerais, na Rua Polos, nº 60, bairro Santa Lúcia, CEP 30360-530, empresa especializada e responsável pela plataforma de aplicação da prova on-line.

**O Exame de Suficiência seguirá o cronograma constante do item 2 e será dividido em duas fases:**

1. **Primeira fase: Prova Teórica**, de caráter eliminatório, a ser aplicada no dia **02 de agosto de 2026, das 14 às 18h**, com tempo total de quatro horas para realização; e
2. **Segunda fase: Provas Teórico-Prática,** a serem aplicadas presencialmente no dia **28 de Novembro de 2026**, em horário e local a serem definidos, também de caráter eliminatório.

**O Concurso de Título de Especialista em Cirurgia Geral do CBC incluirá a verificação do cumprimento das etapas de inscrição previstas neste Edital.**

1. É de responsabilidade exclusiva do candidato acompanhar todas as publicações, editais e comunicados referentes a este processo, disponibilizados no site https://www.cbc.com.br/.

**Todos os horários mencionados neste Edital seguirão o horário oficial de Brasília/DF.**

**2. Cronograma geral:**

| Atividade | Data | Horário | Forma/ Local |
|---|---|---|---|
| Encerramento das inscrições | 26/06/26 | 23:59 | https://inscricoes-cbc.educat.net.br |
| Data de divulgação de documentos pendentes/faltantes | 09/07/26 | 18:00 | https://inscricoes-cbc.educat.net.br |
| Confirmação da inscrição deferida | 09/07/26 | 18:00 | https://inscricoes-cbc.educat.net.br |
| Data de limite do reenvio/atualização dos documentos obrigatórios | 13/07/26 | 23:59 | https://inscricoes-cbc.educat.net.br |

| Atividade | Data | Horário | Forma/ Local |
|---|---|---|---|
| Data de Divulgação da Lista definitiva de candidatos aptos | 15/07/26 | 18:00 | https://inscricoes-cbc.educat.net.br |
| Data de início de realização pré-teste | 16/07/26 | 10:00 | https://agendamento.educat.net.br |
| Data limite de realização pré-teste | 30/07/26 | 16:00 | https://agendamento.educat.net.br |
| Aplicação da prova teórica | 02/08/26 | 14:00 | Ambiente on-line de prova - enviado por e-mail |
| Data de divulgação do gabarito da prova teórica | 03/08/26 | 18:00 | Ambiente on-line de prova |
| Data limite do envio de recurso do gabarito da prova teórica | 05/08/26 | 18:00 | Ambiente on-line de prova |
| Data do resultado do envio de recurso sobre prova teórica | 31/08/26 | 18:00 | Ambiente on-line de prova |
| Lista dos Aprovados na Prova teórica | 31/08/26 | 18:00 | Ambiente on-line de prova |
| Prazo de início de Inscrição para prova Teórica Prática | 08/09/26 | 12:00 | https://inscricoes-cbc.educat.net.br |
| Prazo Limite de Inscrição para prova Teórica Prática | 07/10/26 | 23:59 | https://inscricoes-cbc.educat.net.br |
| Confirmação da inscrição deferida | 21/10/26 | 18:00 | https://inscricoes-cbc.educat.net.br |
| Aplicação da prova teórica-prática | 28/11/26 | 08:00 | Presencialmente na cidade do Rio de Janeiro - RJ. |
| Data de divulgação do gabarito da teórica-prática | 30/11/26 | 18:00 | Ambiente on-line de provas |
| Data limite do envio de recurso do gabarito da teórica-prática | 02/12/26 | 18:00 | Ambiente on-line de provas |
| Data do resultado do envio de recurso sobre prova teórica-prática | 16/12/26 | 18:00 | Ambiente on-line de provas |
| Resultado Final - Aprovados | 16/12/26 | 18:00 | Ambiente on-line de provas |

**3. Dos documentos obrigatórios para inscrição e participação no exame**

3.1. Da ciência do Edital e seus Anexos.

3.1.1. Antes de efetuar a inscrição e o pagamento da taxa de inscrição, o candidato deverá tomar conhecimento do disposto neste Edital, e em seus Anexos, e certificar se de que preenche todos os requisitos neles exigidos.

3.1.2. A inscrição do candidato no presente processo implicará o seu conhecimento e a sua aceitação irrestrita das normas e condições estabelecidas neste Edital e em seus Anexos.

3.2 Dos documentos obrigatórios:

a) Cópia do diploma de graduação em Medicina;

b) Cópia da carteira do CRM, com inscrição definitiva na Unidade da Federação;

c) Currículo vitae;

d) Pedido de solicitação de condições especiais para realização das provas; se for o caso;

e) Certidão ético profissional de nada consta emitida pelo CRM;

- e.1 Essa Certidão Ético profissional de nada-consta, deve ser enviada dentro do prazo de validade que consta no próprio teor do documento emitido pelo Conselho Regional de Medicina no qual o(a) candidato(a) esteja inscrito(a). Caso a certidão não consta expressamente seu prazo de validade, o documento precisará ter sido emitido pelo CRM há 3(três) meses antes da efetivação da inscrição.

f) Cumprimento de uma das três condições abaixo:

- f.1. Cópia da comprovação (declaração ou certificado) de conclusão da Residência Médica em Cirurgia Geral, emitida por programa de residência médica aprovado pela Comissão Nacional de Residência Médica – CNRM/MEC;
  - f.1.1. Serão aceito cópia da comprovação (declaração ou certificado) de conclusão da Residência Médica em Pré-Requisito em Área Cirúrgica Básica, emitida por programa de residência médica aprovado pela Comissão Nacional de Residência Médica – CNRM/MEC;
  - f.1.2 Certificado de conclusão do programa de residência médica em Cirurgia Geral expedido por estabelecimento estrangeiro, desde que declarado equivalente aos que são concedidos no Brasil, mediante a devida revalidação por instituições públicas e registrados pela Comissão Nacional de Residência Médica - CNRM, na forma da Resolução CNRM nº 08/2005.
  - f.1.3. A documentação apresentada pelo candidato no item f.1. será recebida para fins de comprovação de Residência Médica em Cirurgia Geral. A critério da Sociedade, poderá ser realizada consulta à base de dados pública da Comissão Nacional de Residência Médica (CNRM), disponível no sistema oficial do Ministério da Educação, no endereço eletrônico http://siscnrm.mec.gov.br/certificados, devendo o nome do médico constar na consulta pública como médico residente concluinte, regularmente certificado e registrado junto à CNRM.

Ou, alternativamente:

- f.2. Cópia da comprovação (declaração ou certificado) de conclusão em programas de formação em Cirurgia Geral credenciados pela Colégio Brasileiro de Cirurgiões, desde que tenha similaridade com a matriz de competência aprovada igual do respectivo programa de residência médica da CNRM;
  - f.2.1 Só serão aceitos os programas de formação em Cirurgia Geral credenciados pela Colégio Brasileiro de Cirurgiões.
  - f.2.2. Na hipótese do item f.2, o candidato deverá ter ocupado uma das vagas oficiais credenciadas pela Colégio Brasileiro de Cirurgiões.
  - f.2.3 Os programas de formação que possuem carga horária inferior a 2.880 horas anuais não atendem às exigências mínimas estabelecidas como pré-requisito para a realização do Exame de Suficiência. Dessa forma, a conclusão de cursos nessas

condições não confere ao médico a habilitação necessária para inscrição na referida prova, não sendo reconhecidos como formação válida para fins de titulação na especialidade de Cirurgia Geral

Ou, alternativamente:

- f.3. Comprovação de capacitação por atuação prático profissional na Área da Cirurgia Geral em período mínimo equivalente ao dobro do tempo de formação, ou seja, 6 anos.
  - f.3.1. A capacitação por atuação prático profissional deverá ter seu início após a conclusão da graduação em Medicina, e ser finalizado até o último dia de inscrição na Prova para obtenção do Titulo de Especialista em Cirurgia Geral, conforme data que consta no Cronograma.
  - f.3.2. Não serão aceitos documentos que comprovem atuação profissional realizada fora do território nacional.
  - f.3.3. Para comprovação de atuação profissional serão aceitos apenas os documentos abaixo:
    - Conforme Anexo I - Declaração emitida por instituição hospitalar pública ou privada, devidamente cadastrada no CNES, em papel timbrado, atestando o efetivo exercício profissional do candidato por no mínimo 6 (seis) anos, subscrita pelo Diretor da Instituição e pelo Chefe do Serviço de Cirurgia Geral em RQE na especialidade, contendo a relação dos procedimentos cirúrgicos realizados pelo candidato como Cirurgião Responsável nos itens 27 do R1, 14 do R2 e 14 do R3, da Matriz de Competência da Residência Médica em Cirurgia Geral contida na Resolução CNRM 48/2018, eletivos e urgência;

      Não serão aceitos comprovantes de atuação profissional emitidos pelo próprio interessado, nem declarações emitidas por pessoas físicas ou instituições não credenciadas no CNES.

3.3. Toda a documentação enviada pelo candidato passa a ser considerada propriedade da Colégio Brasileiro de Cirurgiões, não cabendo a devolução

3.4. Não serão aceitos trabalhos voluntários para a capacitação por atuação prático profissional em Cirurgia Geral

3.5. Caso seja identificada alguma pendência na documentação do candidato, ele poderá ser informado pela Colégio Brasileiro de Cirurgiões, através do e-mail do candidato, não havendo compromisso da Colégio Brasileiro de Cirurgiões em cobrar possíveis documentos pendentes, conforme subitem 14.7 do presente Edital.

3.6. É de total responsabilidade do candidato o acompanhamento de comunicações feitas pela Colégio Brasileiro de Cirurgiões.

3.7. Somente será aceita a certificação internacional que atenda integralmente ao disposto no item f.1.2, ou seja, o Certificado de Conclusão do Programa de Residência Médica em Cirurgia Geral expedido por estabelecimento estrangeiro , desde que declarado equivalente às concessões no Brasil , mediante uma devida revalidação por instituições públicas e registradas pela Comissão Nacional de Residência Médica (CNRM), em conformidade com a Resolução CNRM nº 08/2005 . Nenhuma outra forma de certificação internacional será aceita.

3.8. A AMB e CBC se reserva ao direito de solicitar a qualquer momento a entrega do documento original para fins de verificação, sempre que julgar necessário.

3.9. As cópias autenticadas poderão ser substituídas por documentos nato-digitais, desde que contenham assinatura digital realizada por meio de certificado no padrão ICP-Brasil ou pelo Portal de Assinatura Eletrônica da plataforma Gov.br, em nível Ouro. Nesses casos, deverão ser passíveis de verificação quanto à validade das assinaturas e à cadeia de certificação por meio do Sistema Validar, do Instituto Nacional de Tecnologia da Informação do Governo Federal.

## 4. Forma de inscrição

**É de responsabilidade exclusiva do candidato, antes de efetuar a inscrição, verificar se atende aos critérios de elegibilidade estabelecidos neste Edital, bem como se possui a documentação comprobatória exigida, nos termos previstos.**

**Candidatos com formação em Medicina no exterior, deverão apresentar diploma revalidado na plataforma de Inscrições. Além de inserir CRM definitivo no cadastro de inscrição.**

A Comissão Especial Permanente do Concurso para Concessão do Título de Especialista em Cirurgia Geral do CBC – COTECIG não realizará análise prévia de documentos ou situações individuais. Portanto, não serão aceitos pedidos de esclarecimento ou parecer sobre elegibilidade encaminhados por e-mail, telefone ou aplicativos de mensagens instantâneas.

A inscrição no presente Exame implica o conhecimento e a tácita aceitação das condições estabelecidas neste Edital, não podendo o candidato alegar desconhecimento.

- As inscrições serão realizadas exclusivamente pela internet, por meio da Plataforma de Inscrições da eduCAT através do link https://inscricoes-cbc.educat.net.br.
- Para realizar a inscrição, o candidato deverá utilizar um dos seguintes navegadores, em versão igual ou superior: Google Chrome 64.0, Firefox 60.0, Microsoft Edge 88.0 ou Safari 5.
- A Plataforma de Inscrição não é compatível com o navegador Internet Explorer.
- A inscrição deverá ser realizada no ambiente online de inscrição em computador (IP) localizado em território nacional.
- Todos os documentos exigidos deverão ser anexados à Plataforma de Inscrições, impreterivelmente.
- O candidato deverá autorizar a captura e armazenamento de sua imagem em áudio e vídeo para prosseguir com a inscrição, sob pena de não poder concluí-la.
- O candidato é responsável pela correta indicação do critério de elegibilidade em que se enquadra, bem como pela correta classificação dos documentos.
- Será aceita apenas a inscrição que estiver em conformidade com as disposições deste Edital.

**A inscrição será confirmada somente após a análise da documentação pela Comissão Especial Permanente do Concurso para Concessão do Título de Especialista em Cirurgia Geral do CBC – COTECIG, que verificará se o candidato preenche os requisitos estabelecidos neste Edital, e após o recebimento do valor correspondente à taxa de inscrição.**

O deferimento da inscrição ou a comunicação de eventuais pendências será disponibilizado ao candidato na Plataforma de Inscrições, acessível por meio do portal do CBC.

As inscrições que não preencherem integralmente os requisitos e/ou não estiverem acompanhadas de toda a documentação exigida, corretamente apresentada, serão registradas

como pendentes, devendo a pendência ser sanada também por meio da Plataforma de Inscrições.

A confirmação ou o indeferimento da inscrição após a análise das respostas às pendências serão informados na Plataforma de Inscrições.

**Serão indeferidas as inscrições não concluídas, consideradas insuficientes, ou que não tiverem a taxa de inscrição recolhida de forma adequada e tempestiva.**

Caso seja identificada mais de uma inscrição realizada por um mesmo candidato, será considerada válida e homologada apenas a última inscrição enviada, identificada pela data e hora do envio eletrônico. As demais serão automaticamente canceladas, sem possibilidade de contestação.

O CBC e a eduCAT não se responsabilizam por inscrições não recebidas por falhas técnicas de qualquer natureza, como problemas de conexão, falta de energia elétrica ou congestionamento da rede. Recomenda-se que o candidato efetue sua inscrição e envie os documentos com a devida antecedência.

O candidato é responsável por qualquer erro, omissão ou informação falsa ou tendenciosa prestada no requerimento de inscrição. O candidato que fizer qualquer declaração falsa ou inexata ao se inscrever terá cancelada a sua inscrição, com a consequente anulação de todos os atos dela decorrentes, mesmo que tenha sido aprovado nas provas. E não serão aceitos comprovantes de atuação profissional emitidos pelo próprio interessado, nem declarações emitidas por pessoas físicas ou instituições não credenciadas no CNES.

Após o deferimento da inscrição, seja preliminarmente ou após a análise das pendências, serão disponibilizadas ao candidato as orientações para acesso à Plataforma de Provas da eduCAT, utilizada para a realização das provas e demais procedimentos.

O login e a senha de acesso à Plataforma de Provas da eduCAT são pessoais e intransferíveis, sendo vedado o compartilhamento de contas, sob pena de eliminação do candidato do exame.

## 5. Da participação de pessoas com deficiência e/ou necessidades especiais

5.1. Serão considerados candidatos com necessidades especiais aqueles que se enquadrarem como pessoa com deficiência, conforme definido na Lei nº 13.146/2015 (Estatuto da Pessoa com Deficiência), no Decreto Federal nº 9.508/2018 e no Decreto Federal nº 5.296/2004. Serão também contemplados os candidatos com necessidades temporárias, como nos casos de acidentes, gravidez, amamentação, entre outros não previstos expressamente, mas que poderão ser analisados e deliberados pela Comissão Organizadora.

5.2. O candidato que necessitar de condições especiais deverá manifestar essa necessidade no ato da inscrição. Além disso, deverá apresentar a devida justificativa e documentação comprobatória, respeitando o prazo estabelecido no Cronograma.

5.3. Casos específicos deverão observar as diretrizes abaixo:

**a) Candidatos com deficiência auditiva, visual ou física:**

Poderão requerer recursos de acessibilidade, como tecnologias assistivas previstas no Art. 1º do Anexo do Decreto nº 9.508/2018, mediante apresentação de laudo médico emitido por profissional especializado conforme item 5.8 deste edital e que contenha, no mínimo:

Identificação da instituição (pública ou privada) emitente;

Nome completo do candidato;

Especificação do tipo e grau da deficiência e as limitações que impõe para realização da prova;

Indicação das prováveis causas;

Código da Classificação Internacional de Doenças (CID);

Local e data da emissão;

Assinatura e carimbo do médico com número do CRM.

**b) Candidatos com deficiência que necessitarem de tempo adicional:**
Deverão apresentar parecer técnico emitido por equipe multiprofissional ou profissional especializado, justificando a necessidade e especificando o tempo adicional recomendado. O parecer deve conter:

Nome completo do candidato;

Local e data de emissão;

Assinatura e número de registro do(s) profissional(is) responsável(is) no respectivo conselho.

A solicitação será analisada pela Comissão quanto à legalidade, razoabilidade e viabilidade, sendo o resultado comunicado.

**c) Candidata lactante:**

A candidata lactante que necessitar amamentar durante a realização das provas poderá requerer esse direito no ato da inscrição, por meio da ficha específica disponível no sistema de inscrição. Será assegurado o direito à amamentação, desde que observadas as condições descritas abaixo.

Será disponibilizada **uma sala isolada e reservada** para **amamentação ou extração de leite materno**, próxima ao local de aplicação da prova.

Para Prova Presencial:

A candidata deverá indicar, no dia da prova, **um(a) acompanhante ADULTO de sua confiança**, responsável pela guarda da criança, que:

**Não terá acesso ao local das provas**;

Permanecerá com a criança na sala designada para essa finalidade.

Sempre que necessário, a candidata será acompanhada por **fiscal do sexo feminino** até a sala de amamentação.

A amamentação poderá ocorrer a cada 2 horas, por até 30 minutos, com **compensação integral do tempo utilizado** ao final da prova.

Para Prova Online:

A criança deverá permanecer sob os cuidados de um(a) acompanhante indicado pela candidata, **fora do ambiente de realização da prova**, sem qualquer acesso à plataforma.

A pausa deverá ser solicitada por meio de **ícone específico na plataforma de provas**, e **somente será autorizada após a candidata finalizar a questão em tela**.

**Importante:** Por razões de segurança e integridade do exame, **uma vez pausada a prova, a candidata não poderá retornar à questão anterior**, devendo prosseguir diretamente da próxima questão após o retorno da pausa.

O retorno à prova deverá ocorrer em até 30 minutos, sob pena de encerramento automático da sessão de prova, conforme as regras da plataforma.

DOCUMENTAÇÃO OBRIGATÓRIA:

**Certidão de nascimento digitalizada** da criança, comprovando idade de até **24 (vinte e quatro) meses** no dia da prova;

Caso a criança ainda não tenha nascido, será aceita **declaração médica emitida por obstetra**, com previsão do parto e número do CRM.

A **não apresentação da documentação exigida**, ainda que a criança tenha idade inferior a 24 meses, implicará a **perda do direito às condições especiais previstas em Lei**.

As solicitações serão analisadas quanto à viabilidade e razoabilidade.

**d) Candidata gestante:**

A candidata gestante deverá informar tempo de gestação e, se necessário, apresentar prescrição médica com indicação de acomodação especial. Será exigido atestado médico confirmando aptidão para realização da prova tanto da gestante quanto do bebê.

A candidata gestante que necessitar de condição especial para realização da prova deverá informar sua condição no ato da inscrição, indicando, quando necessário, o tempo de gestação e a acomodação especial pretendida. Nessa hipótese, deverá apresentar documentação médica que justifique a condição solicitada, contendo, quando aplicável, a indicação das restrições, adaptações ou cuidados necessários durante a realização da prova.

Caso a gravidez seja diagnosticada após o encerramento do período de inscrição, a candidata deverá comunicar imediatamente a Comissão Organizadora, por meio do e-mail oficial previsto neste Edital, encaminhando a documentação médica pertinente, para análise da viabilidade, razoabilidade e legalidade do atendimento solicitado.

A ausência de solicitação de condição especial ou de documentação médica pertinente implicará a realização da prova nas mesmas condições dos demais candidatos, ressalvadas situações supervenientes devidamente justificadas e analisadas pela Comissão Organizadora.

5.4. A concessão de condições especiais está condicionada à solicitação expressa e envio completo da documentação exigida no prazo previsto no Cronograma. O não cumprimento desses requisitos implicará a realização da prova nas mesmas condições dos demais candidatos, sem possibilidade de recurso posterior.

5.5. As solicitações serão analisadas com base em critérios de viabilidade técnica e razoabilidade e legalidade. O resultado do atendimento será informado ao candidato na Confirmação da

Inscrição.

5.6. O laudo médico não será devolvido em hipótese alguma.

5.7. Não serão aceitos atestados médicos simples em substituição ao laudo técnico exigido neste edital. A ausência ou inadequação da documentação implicará o indeferimento do pedido de condição especial.

5.8. Laudos médicos ilegíveis não serão aceitos, com base na vedação expressa contida no artigo 11 da Resolução CFM n° 2.217/18 (Código de Ética Médica), modificada pelas Resoluções CFM nº 2.222/2018 e 2.226/2019. A não legibilidade do laudo médico implicará o indeferimento do pedido de condição especial.

**6. Da taxa de inscrição**

O valor da taxa de inscrição para a 1ª Fase será de:

**R$ 930,00 (oitocentos e noventa reais)** para membros **CBC** quites com a anuidade **2026**;

**R$ 1830,00 (mil setecentos e cinquenta reais)** para não membros.

**O valor da taxa de inscrição para a 2ª Fase será divulgado no ato de convocação e deverá ser quitado também via PIX, e o comprovante anexado na Plataforma de Inscrição até o último dia e horário estipulado de inscrição.**

**7. Formas de pagamento**

O pagamento da taxa de inscrição deverá ser realizado exclusivamente via **PIX** para conta bancária do **CBC**, **chave CNPJ 33.658.204/0001-73**, devendo o respectivo comprovante ser anexado à Plataforma de Inscrição antes da conclusão e envio da inscrição.

**A inscrição somente será confirmada após a comprovação do pagamento pela instituição bancária e a confirmação do pagamento será realizado no dia de divulgação das inscrições deferidas.**

**Não serão aceitos agendamentos de pagamento, tampouco pagamentos realizados por outros meios que não os indicados.**

Em caso de feriado ou evento que acarrete o fechamento de agências bancárias na localidade do candidato, o pagamento deverá ser antecipado, respeitando-se o prazo limite estabelecido neste Edital.

**8. Critérios para devolução do pagamento de inscrição**

**O valor da taxa de inscrição não será devolvido sob qualquer hipótese, tampouco será aceito pedido de isenção ou transferência do crédito a terceiros.**

**9. Critérios e etapas da prova para obtenção do títulos de especialista**

**PROVA TEÓRICA DA 1ª FASE**

A Prova Teórica, de caráter eliminatório, será aplicada exclusivamente on-line, no dia **02 de Agosto, das 14h às 18h**, com duração total de quatro horas.

A prova constará de **100 (cem) questões de múltipla escolha, com quatro alternativas e apenas uma correta**, baseada nas referências bibliográficas indicadas no Anexo II deste edital.

As questões abordarão o conteúdo programático e serão exibidas aos candidatos de forma aleatória, sem ordem sequencial por temática, seguindo a predefinição do sistema.

O candidato deverá responder a cada questão antes de avançar para a seguinte. Não será permitido prosseguir sem confirmar a resposta, mesmo que em branco, nem retornar para rever ou modificar questões anteriores.

A questão salva pelo(a) candidato(a) será considerada concluída, ainda que o fechamento ou marcação tenha sido feito de forma equivocada.

Em hipótese alguma haverá possibilidade de revisão da resposta salva ou fechada.

O candidato deverá atentar-se ao tempo total estabelecido para a realização da prova, que será encerrada automaticamente ao final do tempo.

O tempo restante de prova será indicado em cronômetro localizado na Plataforma de Provas.

Questões não respondidas dentro do tempo total da prova receberão nota zero.

**A nota da Prova Teórica da 1ª fase será calculada com base no número de acertos em relação ao número de questões.**

**Considerar-se-á habilitado na 1ª fase o candidato que obtiver nota igual ou superior a 70% da maior nota obtida, desde que a nota do candidato seja igual ou maior que 50 pontos.**

**Somente serão convocados para as Provas da 2ª fase os candidatos habilitados na 1ª fase do ano vigente.**

**O candidato reprovado na 2ª fase do exame anterior poderá participar diretamente da 2ª fase do exame vigente. Já os candidatos ausentes na 2ª fase do concurso anterior não terão esse direito.**

**Prova Teórico-Prática - 2ª Fase**

A **Prova Teórico-Prática** será aplicada na modalidade de arguição **Oral** e as questões serão distribuídas entre bancas examinadoras distintas, sobre o conteúdo programático indicado neste edital, na forma de descrição de procedimentos, análise de casos, exames, imagens e/ou vídeos. Além da **Prova Prática** consistirá na realização de **Procedimentos Simulados. As avaliações serão baseadas nos seguintes critérios: Técnica, Precisão, Firmeza, Escolha dos materiais e Tempo.**

**Prova Teórico-Prática** na modalidade de arguição **Oral** será avaliada pela adequação e completude das respostas do candidato que serão registradas pelos avaliadores em formulário de checagem, a partir de um padrão de resposta pré-estabelecido, baseado nas referências sugeridas. O candidato terá 25 minutos para responder às questões de cada banca. As avaliações realizadas por cada examinador são soberanas, não sendo passíveis de revisão

posterior. Nos casos em que for detectado impedimento ou incompatibilidade entre avaliador e candidato, haverá troca do avaliador.

Em caso de necessidade, o candidato somente poderá ausentar-se da sala mediante consentimento prévio, acompanhado de um fiscal e/ou sob a fiscalização da equipe de organização da prova.

Não haverá prorrogação do tempo previsto para a realização das provas em virtude do afastamento do candidato da sala, por qualquer motivo.

Não será permitido fazer qualquer tipo de anotação, filmar ou fotografar durante a prova.

A nota da Prova Teórico-Prática Oral da 2ª fase será composta pela soma das notas obtidas na Prova de Procedimentos Simulados, com valor máximo de 20 (vinte) pontos, e na Prova de Arguição Oral, com valor máximo de 80 (oitenta) pontos.

**O candidato na 2ª Fase que estiver com Nota Final inferior a 70 (setenta) será REPROVADO.**

**Em caso de reprovação nas provas da 2ª Fase, o candidato poderá prestá-las no exame no próximo ano, com dispensa da realização da Prova Teórica. Se reprovado novamente, será necessário reiniciar todo o processo de avaliação.**

## 10. Da aplicação da prova

10.1 Para a realização da prova on-line, o candidato deverá utilizar um computador portátil ( *notebook*), do qual seja administrador, a fim de permitir a instalação do navegador seguro exigido para o exame. O equipamento deve contar com câmera e microfone funcionando adequadamente e atender aos seguintes requisitos mínimos:

10.1.1 Sistema operacional: Windows 10 ou superior e MacOS Catalina 10.15.5 ou superior **(ATENÇÃO: Equipamentos com sistema operacional Linux ou Chromebook, por incompatibilidade técnica com a plataforma, não serão permitidos.)**;

10.1.2 Processador Core i3 de 5ª geração, ou superior **(ATENÇÃO: Processadores Snapdragon, Pentium, Celeron e Athlon, por incompatibilidade técnica com a plataforma, não serão permitidos)**;

10.1.3 Memória RAM 4GB ou superior;

10.1.4 Apenas uma câmera frontal de 0.9 Megapixel ou superior;

10.1.5 Apenas um microfone;

10.1.6 Apenas um dispositivo de Mouse ou Trackpad (além do touchpad integrado);

10.1.7 Apenas um teclado;

10.1.8 Amplificador ou caixa de som integrada ou externa;

10.1.9 Fonte de energia com capacidade para o dobro de tempo de duração total da prova, de preferência conectado à rede elétrica;

10.1.10 Espaço de armazenamento mínimo em disco de 500 MB;

10.1.11 Internet com velocidade mínima de 20 (vinte) Mbps (megabits por segundo), tanto para download quanto para upload, e latência máxima de 700 ms (milissegundos), facultado ao candidato, se desejar, providenciar rede reserva de internet com as mesmas condições. **(ATENÇÃO: Para garantir a estabilidade e a integridade da prova eletrônica remota, recomenda-se o uso de conexões cabeadas ou redes Wi-Fi de alta qualidade, evitando-se redes móveis ou compartilhadas. É responsabilidade do candidato testar previamente sua conexão e assegurar a conformidade com os requisitos mínimos exigidos.)**

10.2 Não será permitido o uso de computadores de mesa (*desktops*), máquinas virtuais, emuladores ou qualquer tipo de ambiente virtualizado, assim como de dispositivos móveis, como smartphones, tablets e celulares. Também é vedado o uso de mais de um exemplar de qualquer acessório essencial à realização da prova (câmera, microfone, teclado, mouse etc.), estejam esses dispositivos integrados ou não. O candidato deverá realizar a prova exclusivamente em um notebook que atenda aos requisitos especificados neste edital.

10.3 Não será permitida a utilização da câmera de aparelhos celulares, smartphones ou tablets como webcam frontal.

10.4 A prova objetiva, PRIMEIRA FASE, poderá ser realizada em computador (IP) localizado fora do território nacional com informação prévia na plataforma. O notebook utilizado, assim como a rede de internet, precisam ser as mesmas do dia da realização da prova, sendo de responsabilidade do candidato seu funcionamento e atendimento às solicitações do edital.

10.5 É obrigatória a realização de pré-teste pelo candidato, para a validação pela equipe técnica da correta instalação do browser seguro da Plataforma de Provas no equipamento que será utilizado para realização da prova, validação das credenciais de acesso no programa instalado, funcionamento e posicionamento das câmeras e para o candidato se familiarizar com o ambiente do exame e interagir com o fiscal humano.

10.5.1 O pré-teste deverá ser realizado pelo candidato, exclusivamente em dias úteis, no horário comercial, mediante agendamento pelo link https://agendamento.educat.net.br, e terá duração máxima de 30 minutos.

10.5.2 Antes do horário agendado para o pré-teste, o candidato deverá fazer a instalação do browser seguro da Plataforma de Provas, de acordo com o manual a ser enviado juntamente com a confirmação da Inscrição.

10.5.3 A não realização do pré-teste no prazo determinado implicará na eliminação do candidato, que será impedido de acessar o ambiente on-line de provas.

10.5.4 O dispositivo eletrônico utilizado e configurado, assim como o ambiente físico a partir do qual for realizado o pré-teste, deverão ser os mesmos utilizados na execução das provas on-line.

10.6 *Softwares* como antivírus e *firewall* que impeçam o acesso exclusivo do navegador seguro ao computador deverão ser desativados no período de realização do pré-teste e da prova, a fim de evitar problemas de compatibilidade entre o navegador seguro e o *software* do equipamento do candidato.

10.7 *Softwares* de reconhecimento facial auxiliarão na confirmação de identidade do candidato, que deve autorizar e disponibilizar o uso da câmera e do microfone no pré-teste e durante todo o período de execução da prova.

10.8 No momento da inscrição, o candidato deverá enviar foto nítida e recente do seu rosto para comparação com a imagem capturada no pré-teste e durante as provas.

10.9 Será realizada a captura da imagem do rosto e gravação do áudio da voz do candidato no pré-teste e durante as provas.

10.10 É de responsabilidade exclusiva do candidato realizar a instalação do *browser* seguro da Plataforma de Provas, garantir sua participação nos pré-testes e atender integralmente aos requisitos mínimos de *software*, *hardware* e conexão de internet previstos neste Edital.

10.11 Independentemente da aprovação no pré-teste, é obrigação do candidato garantir, no dia da prova, que todas as condições mínimas exigidas para seu equipamento e conexão de internet estejam plenamente atendidas.

10.12 O candidato autoriza o **CBC** e a eduCAT a manterem, por prazo indeterminado, em seus bancos de dados, as informações pessoais e sensíveis fornecidas no processo de inscrição e na execução das provas, incluindo nome, imagem, voz, endereço, CPF, entre outras.

10.13 É vedada a venda, transferência, modificação, engenharia reversa, distribuição ou cópia de textos, imagens ou qualquer conteúdo da Plataforma de Provas.

**DA APLICAÇÃO DA PROVA ON-LINE**

A prova será protegida por níveis de segurança baseados em Inteligência Artificial, com monitoramento em tempo real por vídeo (câmera) e áudio (microfone), sendo que cada candidato será acompanhado por um fiscal e por membros da comissão organizadora, responsáveis por garantir o pleno cumprimento deste Edital.

A imagem e o áudio do candidato serão gravados durante todo o período de realização da prova, e todas as ações na plataforma serão registradas.

O candidato deverá manter habilitados, durante todo o período de realização da prova, a captura de imagem e áudio pela câmera e microfone, e somente poderá deixar o campo de visão da câmera mediante autorização prévia do fiscal.

A câmera e o microfone devem estar descobertos e captando claramente, de forma frontal, a imagem do candidato e o som ambiente durante a realização da prova.

A webcam do computador do candidato deve ser ajustada de forma que seu rosto esteja plenamente visível para o fiscal durante toda a prova.

O fiscal poderá, a qualquer momento, solicitar que o candidato ajuste o posicionamento da câmera para melhor visualização.

Não será permitida a realização da prova por candidato cuja imagem não seja visualizada pelo fiscal.

Se for constatado que o candidato, deliberadamente, interrompeu a captura de áudio e/ou vídeo, a prova será finalizada automaticamente e o candidato eliminado.

Durante o período de realização da prova on-line, o navegador utilizado desabilitará a utilização de outras funções e softwares no computador do candidato, não permitindo a consulta à internet

ou acesso a softwares ou aplicativos.

A prova deverá ser realizada em ambiente fechado, calmo e silencioso, bem iluminado, sem a presença de terceiros, de forma que seja possível a captação de áudio e vídeo do candidato e do ambiente.

É vedada a realização da prova em ambiente aberto, espelhado, dentro de veículo, local com pouca luminosidade ou que interfiram na visibilidade ou captação de áudio do candidato e do ambiente.

O candidato deverá assegurar que está sozinho, adequadamente vestido, acomodado em assento confortável, com o computador apoiado em mesa de tamanho adequado, e posicionado de forma que sua face esteja totalmente visível à câmera.

É estritamente proibida a realização simultânea da prova por dois ou mais candidatos no mesmo endereço físico ou com o mesmo IP ou login. Cada candidato deve garantir que o ambiente e a conexão utilizados sejam exclusivos.

A não observância das diretrizes implicará no bloqueio dos acessos e na eliminação dos candidatos no exame, uma vez que compromete a validade do exame e a igualdade de condições entre os concorrentes, além de ocasionar conflitos de identificação.

O candidato deverá acessar a Plataforma de Provas, com antecedência mínima de 1h30 (uma hora e meia) do horário previsto para o início da prova, munido de documento de identificação com foto.

O candidato deverá manter-se logado na plataforma até o início da aplicação.

Será permitido ao candidato ausentar-se da frente da tela após as confirmações de regularidade técnica e autorização do fiscal, sendo necessário, entretanto, que o candidato permaneça atento e acompanhe quaisquer comunicações posteriores, responsabilizando-se pelo atraso na solução de eventuais problemas técnicos supervenientes no caso de demora na resposta.

O candidato deverá se reposicionar definitivamente em frente à câmera impreterivelmente 15 (quinze) minutos antes do horário de início determinado, sendo desclassificado o candidato que se posicionar posteriormente.

O tempo de tolerância para o início das provas será de 15 (quinze) minutos. Após esse período, o candidato que não tiver iniciado a prova e/ou não tiver feito contato com o suporte técnico será automaticamente eliminado.

A identificação do candidato será atestada por qualquer dos seguintes documentos, com foto: Cédula Oficial de Identidade, Carteira expedida por Órgão ou Conselho de Classe, Carteira de Trabalho e Previdência Social, Certificado de Reservista, Carteira Nacional de Habilitação ou Passaporte.

O documento de identificação deverá estar em perfeita condição a fim de permitir, com clareza, a identificação do candidato, e deverá conter, obrigatoriamente, filiação, fotografia, data de nascimento e assinatura.

Não serão aceitos documentos sem fotos, sem valor de identidade, documentos ilegíveis, não identificáveis e/ou danificados; tampouco cópia de documento, ainda que autenticada.

O(a) fiscal poderá solicitar, a qualquer momento, a reapresentação da identidade do(a) candidato(a), que deverá apresentá-la, quando solicitada para verificação.

Durante o período de execução das provas, inclusive durante todo o período de sigilo, é expressamente vedado ao candidato:

Portar ou utilizar máscaras, óculos escuros e artigos de chapelaria, como boné, chapéu, viseira, lenços, máscara, gorro ou similares, que impeçam a visualização do rosto pela câmera, bem como qualquer dispositivo que impeça a visualização do ambiente local onde o candidato está executando a prova;

Cobrir o rosto com as mãos, ainda que parcialmente;

Consultar, utilizar ou manter no ambiente de prova anotações, cadernos, folhas avulsas, blocos, livros, códigos, manuais, dicionários, notas, impressos, réguas de cálculo, protetor auricular, relógio de qualquer tipo, quaisquer dispositivos eletrônicos, como telefones celulares e smartphones (além daquele utilizado no monitoramento), tablets, wearable tech, máquinas calculadoras, agendas eletrônicas e/ou similares, ipods®, gravadores, pen drive, mp3 e/ou similar, alarmes, chaves com alarme ou com qualquer outro componente eletrônico, fones de ouvido e/ou qualquer transmissor, gravador e/ou receptor de dados, imagens, vídeos e mensagens e quaisquer outros materiais ou aparelhos, ainda que desligados, estranhos à realização da prova;

Realizar leitura com movimento labial, em voz alta ou emitir sons durante a execução da prova;

Olhar para quaisquer dos lados, para baixo e/ou para cima, por mais do que 20 segundos, olhar repetidamente para o mesmo local, ou sair do campo de visão da câmera sem autorização prévia do fiscal;

Estabelecer ou tentar qualquer tipo de comunicação, interna ou externa, ou receber informações e qualquer tipo de material, por qualquer meio, durante a execução das provas, referentes ou não ao conteúdo apresentado;

Conectar o computador a mais de um monitor, ou projetor, ou qualquer outro aparelho não previsto neste Edital;

Utilizar dispositivos ou programas que efetuem transmissão, gravação ou compartilhamento de tela durante a execução da prova, que será detectado pelo programa de monitoramento do computador do candidato, e sujeitará o candidato ao bloqueio do acesso à prova e a sua eliminação deste exame;

Registrar ou divulgar imagem ou som referentes à realização da prova ou qualquer material deste Exame;

Ativar softwares como antivírus ou firewall que impeçam o acesso exclusivo do navegador seguro ao computador, o que poderá causar problemas de compatibilidade com a plataforma;

Conectar simultaneamente dois ou mais candidatos com o mesmo login. Caso isso ocorra, haverá o bloqueio dos acessos à Plataforma de Provas e a eliminação dos candidatos no exame;

Fumar ou fazer uso de bebidas alcoólicas ou qualquer tipo de droga, lícita ou ilícita.

Durante a realização das Provas on-line, o fiscal ou membro da Comissão poderá solicitar a rotação da câmera em 360°, com o objetivo de fiscalizar o ambiente de prova, ou solicitar ajustes

ou correções do vídeo e do áudio.

Caso o candidato não atenda à determinação do fiscal no prazo de 2 (dois) minutos, a prova será automaticamente pausada e somente será liberada após as exigências serem atendidas.

O candidato deverá permanecer conectado à Plataforma de Provas e no campo de visão da câmera, nas mesmas condições de incomunicabilidade, no período de sigilo de 2 (duas) horas, mesmo que tenha concluído a resolução das questões.

**Será eliminado da prova o candidato que não respeitar o período de sigilo estabelecido neste edital.**

O candidato poderá fazer o consumo de alimentos ou bebidas, desde que estejam acondicionados em recipientes fabricados em material transparente e sem rótulos que impeçam a visualização de seu conteúdo.

Em caso de necessidades fisiológicas, o candidato deverá solicitar ao fiscal, por meio da plataforma, que sua prova seja pausada, devendo deixar o ambiente monitorado apenas quando autorizado e após encerrar a questão em análise.

O candidato deverá retomar a sua prova no prazo de até 3 minutos.

O tempo utilizado para necessidades fisiológicas não será compensado.

Se a prova atrasar ou necessitar de interrupção em decorrência de problemas na Plataforma de Provas, será concedido aos candidatos um prazo adicional, mediante autorização da Comissão de Prova, de modo a assegurar o tempo de duração determinado neste Edital.

O CBC e a eduCAT não se responsabilizam por intercorrências técnicas nos equipamentos do candidato, falhas elétricas ou de comunicação, sobrecarga de rede, procedimentos indevidos ou qualquer outro fator que prejudique a realização da prova.

É de responsabilidade exclusiva do candidato garantir os requisitos técnicos e de internet necessários, durante todo o período de realização das provas.

Caso a interrupção da conexão com a internet seja por período inferior a 2 (dois) minutos, o candidato poderá retomar a realização da prova a partir da questão seguinte em que ocorreu a interrupção.

Caso a conexão com a internet do candidato ou a captura de vídeo sejam interrompidos por período superior a 2 (dois) minutos, a prova será pausada e o caso será analisado pelo fiscal e pela Comissão, que deliberarão acerca da eliminação ou não do candidato.

Não será dado nenhum tempo adicional ao candidato devido aos problemas de ordem técnica de sua responsabilidade, queda de conexão com a internet, tempo demandado para comunicação com o fiscal ou para atendimento pelo suporte técnico.

Em casos análogos, caberá à Comissão Especial Permanente do Concurso para Concessão do Título de Especialista em Cirurgia Geral do CBC – COTECIG deliberar sobre a continuidade ou não da participação do candidato no Exame.

Não haverá segunda chamada, seja qual for o motivo alegado para justificar o atraso ou ausência do candidato, nem será permitida a realização da prova fora das datas e horários previstos neste Edital.

Durante a realização da prova on-line o CBC poderá coletar e usar dados técnicos dos dispositivos eletrônicos utilizados pelo candidato, tais como especificações, configurações, versões de sistema operacional, tipo de conexão à internet e afins.

Caso algum comportamento considerado suspeito ou irregular seja identificado pelo fiscal, caberá ao mesmo alertar, pausar e finalizar a prova do candidato.

Se for constatado, mesmo após a aplicação das provas, por meio eletrônico, estatístico, visual ou grafológico, que o candidato utilizou meios ilícitos, sua prova será anulada e ele será automaticamente eliminado do processo seletivo.

**DAS CONDIÇÕES PARA REALIZAÇÃO DAS PROVAS PRESENCIAIS**

**As provas presenciais da 2ª fase serão realizadas no dia 28 de novembro, na cidade do Rio de Janeiro (RJ), em local a ser divulgado no momento da convocação. O período total de aplicação será das 08h às 19h. No entanto, os candidatos serão organizados em dois turnos: manhã e tarde. Dentro de cada turno, os candidatos serão distribuídos em grupos, conforme a ordem de chegada no local de prova. O horário de comparecimento de cada candidato (manhã ou tarde) será informado após o encerramento das inscrições para a 2ª fase.**

Caso o número de inscritos seja maior que a capacidade de atendimento, a aplicação das provas presenciais poderá ser estendida com data a ser definida.

Para ter acesso aos locais e às etapas do exame, o candidato deverá identificar-se na recepção do estabelecimento com, no mínimo, uma hora de antecedência, obedecendo às orientações de sua agenda. Deverá portar, todos os dias de exame, um documento original com foto, válido em todo o território nacional (carteira de identidade, carteira nacional de habilitação, carteira do CRM, passaporte, cartão de identidade militar ou carteira de trabalho), o qual poderá ser solicitado em qualquer momento.

Não haverá tolerância para o candidato que se apresentar após o horário de apresentação, em nenhuma hipótese e sob qualquer pretexto, não sendo permitido o ingresso no local de realização da avaliação após este horário, ou sem o documento de identificação oficial com foto.

Após identificado e instalado, o candidato somente poderá deixar a sala, dentro do prédio, mediante consentimento prévio, acompanhado de um fiscal ou sob a fiscalização da equipe de aplicação de prova.

Não haverá segunda chamada para as provas, ou seja, não será permitido ao candidato prestar a prova em data, horário ou local diverso daquele previsto neste edital, pelo que será eliminado o candidato ausente por qualquer motivo.

Para a realização das provas da 2ª fase, o candidato deverá:

Permitir o uso de detector de metais em seu corpo e/ou a identificação especial, que compreende a coleta de assinatura, fotografia e/ou impressão digital, em formulário próprio;

Permitir que seus pertences sejam recolhidos e mantidos sob segurança durante os períodos das provas e de espera, prévias e posteriores;

Atender às instruções que forem apresentadas no ato de realização das provas, pois complementam este Edital e deverão ser rigorosamente observadas e seguidas pelo candidato.

Durante os períodos de espera e execução das provas, é expressamente vedado ao candidato:

Utilizar ou portar óculos escuros, boné, chapéu, gorro, lenço ou similares;

Utilizar ou portar, ainda que desligado, qualquer equipamento eletrônico, incluindo telefones celulares, durante os períodos de espera, antes, durante e após a prova;

Utilizar jaleco, camiseta, vestuário, acessório ou qualquer instrumento ou adorno que permita a identificação de sua instituição de origem;

Se ausentar das salas, de espera ou de prova, sem autorização prévia do fiscal ou da Comissão, saindo apenas na companhia de um fiscal e/ou sob a fiscalização da equipe de aplicação da prova;

Realizar qualquer espécie de consulta ou comunicação com outros candidatos ou pessoas estranhas, oralmente ou por escrito;

Consultar livros, códigos, manuais, impressos, anotações ou quaisquer outros meios;

Aguardar por outros candidatos próximo às salas de Exame;

Portar arma, mesmo que detenha a licença oficial para tanto.

Caso o candidato necessite fazer uso ou portar dispositivo eletrônico para a saúde pessoal (marcapasso, bomba de insulina e similares), deverá informar o fiscal no momento de execução das provas.

Os pertences pessoais, inclusive aqueles de uso proibido, durante a realização da prova, serão deixados em local indicado pelos aplicadores durante todo o período de permanência dos candidatos no local da prova, não se responsabilizando o CBC por perdas, extravios, furto, roubo ou danos que eventualmente ocorrerem. No caso de celulares e outros equipamentos eletrônicos, eles deverão ser desligados.

Não será permitida, durante a realização das provas, a entrada e/ou permanência de pessoas não autorizadas pelo CBC nos locais da realização das provas.

Não haverá prorrogação do tempo previsto para realização das provas Teórico-Prática ou Prática em virtude do afastamento do candidato da sala, seja por qualquer motivo.

## 11. Do gabarito e do resultado da(s) prova(s)

**O caderno de questões, o gabarito preliminar e o espelho de respostas do candidato da Prova Teórica da 1ª fas**e serão disponibilizados para consulta na Plataforma de Provas da eduCAT a partir das 17h, conforme cronograma, permanecendo disponíveis para visualização até o fim do prazo recursal.

**O caderno de questões, a expectativa preliminar de respostas, a atribuição de notas das Provas Teórico-Prática Oral e da Prova de Procedimentos Simulado**s, bem como a habilitação ou eliminação na 2ª fase, serão divulgados na Plataforma de Provas da eduCAT, permanecendo disponíveis para visualização até o fim do prazo recursal.

Na hipótese de alteração do gabarito preliminar, de ofício ou por provimento de recurso, as provas serão corrigidas conforme o gabarito definitivo.

Em caso de anulação de questões, os pontos serão atribuídos a todos os candidatos que não tenham obtido pontuação na questão correspondente, independentemente de recurso. Candidatos que já tenham recebido pontuação manterão essa pontuação.

## 12. Do(s) recursos(s)

Contra as questões e o gabarito preliminar da Prova Teórica da 1ª fase caberá recurso, exclusivamente via plataforma, a partir da divulgação até as 17h do prazo final recursal, mediante pagamento **ÚNICO** de taxa recursal no valor de **R$ 265,0**0 (duzentos e sessenta e cinco reais) realizada via PIX. O candidato poderá interpor recurso de quantas questões desejar, desde que efetuado o pagamento da taxa correspondente e **insira o comprovante na plataforma de recursos**.

O resultado do julgamento dos recursos, o gabarito definitivo, a nota do candidato, bem como a habilitação e convocação para a 2ª fase ou eliminação do certame serão divulgados por meio da Plataforma de Provas da eduCAT.

Contra as questões, a expectativa preliminar de respostas, a atribuição de notas das Provas da 2ª fase e o somatório da Nota Final caberá recurso, exclusivamente via plataforma, a partir da divulgação até o término do prazo recursal, mediante pagamento **ÚNICO** de taxa recursal de R$ 265,00 (duzentos e sessenta e cinco reais) via PIX. O candidato poderá interpor recurso de quantas questões desejar, desde que efetuado o pagamento da taxa correspondente e **insira o comprovante na plataforma de recursos**.

O resultado do julgamento dos recursos, a expectativa definitiva de respostas, a atribuição definitiva de notas das Provas da 2ª fase, o boletim individual, a Nota Final e a aprovação ou reprovação no exame serão divulgados na Plataforma de Provas da eduCAT, permanecendo disponíveis para consulta até o fim do prazo estabelecido.

Os recursos interpostos contra questões, gabarito preliminar da Prova Teórica, expectativa preliminar de respostas e atribuição de notas das provas deverão ser elaborados sem identificação do candidato, com argumentação lógica e consistente, fundamentados nas razões recursais, com indicação expressa da bibliografia prevista no edital, incluindo página da obra utilizada como referência.

Os recursos serão julgados pela Comissão Especial Permanente do Concurso para Concessão do Título de Especialista em Cirurgia Geral do CBC – COTECIG, cujas decisões são soberanas, não cabendo revisão ou novo recurso.

## 13. Da confecção do título

13.1 Todos candidatos aprovados, com nota igual ou superior ao exigido nos critérios de aprovação, serão inseridos no sistema de títulos da AMB para realização do processo de confecção do Título de Especialista em Cirurgia Geral.

13.2. Para a confecção do Título de Especialista em Cirurgia Geral, o candidato deverá efetuar o pagamento da taxa cobrada pela AMB, pelos valores vigentes por ocasião da solicitação.

13.3 A título informativo, a taxa para emissão do Título de Especialista pela AMB atualmente vigente é de R$ 930,00 (novecentos e trinta reais) para associado efetivo adimplente AMB e R$ 1.400,00 (mil e quatrocentos reais) para não associado.

13.4. O prazo de confecção e entrega do Título de Especialista pela AMB é de até 30 a 45 dias a contar após 24 horas da realização do pagamento da taxa de emissão do certificado à AMB.

13.5 O candidato que não preencher os requisitos deste edital, tendo, portanto, sua inscrição indeferida e, apesar disso, conseguir prestar as provas sob ordem judicial, se for aprovado a emissão do Certificado pela AMB fica condicionada ao trânsito em julgado de decisão de procedência da ação. Com o trânsito em julgado da procedência da ação o candidato também deverá adotar o procedimento disposto nos itens 13.2 e 13.3.

**14. Das disposições finais**

14.1 Todos os dados dos candidatos participantes deste edital, serão inseridos no sistema da AMB.

14.2. A Colégio Brasileiro de Cirurgiões não se responsabilizará por inscrições não recebidas em virtude de falhas de comunicação, congestionamento de linhas, possíveis falhas de impressão, problemas de ordem técnica nos computadores utilizados pelos candidatos bem como por outros meios, sendo o envio de responsabilidade do candidato.

14.3. A Colégio Brasileiro de Cirurgiões não se responsabilizará por possíveis falhas na prestação do serviço de entrega e/ou envio de documentos, seja digital ou físico, bem como os demais fatores alheios.

14.4. Serão de responsabilidade dos candidatos qualquer erro ou omissão e informações falsas ou tendenciosas prestadas no ato da inscrição.

14.5. Constatado, a qualquer momento, o recebimento de inscrição que não atenda aos requisitos de habilitação neste Edital e/ou que contenha documentos e/ou declarações falsas ou inexatas, a mesma será cancelada para todos os fins. Consequentemente, serão anulados todos os atos posteriores à inscrição, mesmo que o candidato tenha obtido aprovação nas provas, sem prejuízo do ajuizamento das ações cabíveis.

14.6. Não serão realizados quaisquer tipos de análise ou de avaliação de documentos pessoalmente ou por telefone.

14.7. Não há compromisso da Colégio Brasileiro de Cirurgiões em cobrar possíveis documentos pendentes.

14.8. As dúvidas relacionadas à Prova para obtenção do Titulo de Especialista em Cirurgia Geral deverão ser encaminhadas aos canais oficiais que constam neste edital.

14.9. As declarações de aprovação serão disponibilizadas a partir da data prevista no Cronograma oficial.

14.10. As declarações de aprovação na prova terão o prazo de até 2 (dois) dias úteis para serem confeccionadas ao candidato após resultado final.

- A declaração não equivale ao Titulo de Especialista. Para a solicitação do RQE junto ao Conselho Regional de Medicina, somente será aceito o Titulo de Especialista emitido pela AMB/

Colégio Brasileiro de Cirurgiões.

14.11. A Comissão Organizadora poderá solicitar, caso julgue necessário, documentos adicionais comprobatórios para o processo de habilitação do candidato.

14.12. A Colégio Brasileiro de Cirurgiões, a Associação Médica Brasileira e a empresa contratada para a execução da prova não se responsabilizam de quaisquer despesas decorrentes da realização da prova em formato presencial/on-line, incluindo custos com deslocamento e hospedagem para a prova presencial, equipamentos, internet e eventuais intercorrências técnicas que impeçam o candidato de participar da Prova na data e horário previstos neste Edital.

14.13. Todas as cópias autenticadas dos documentos apresentados pelo candidato poderão ser auditadas e qualquer inconsistência poderá incorrer na anulação da inscrição do candidato.

14.14 O candidato deverá manter seu endereço e e-mail atualizados na plataforma de inscrições enquanto estiver participando do exame e, posteriormente, se habilitado, na Colégio Brasileiro de Cirurgiões.

14.15. As provas de Titulo de Especialista da AMB são organizadas e regidas pelas Resoluções do CFM 2.148/2016 e 2.380/2024 e seus anexos, seguindo os critérios estabelecidos na Normativa da Associação Médica Brasileira – AMB, responsável pelas condições e regras exigidas nos Editais das Sociedades de Especialidade.

14.16. São de inteira responsabilidade do candidato os prejuízos advindos da não atualização do seu endereço.

14.17. A Colégio Brasileiro de Cirurgiões, a Associação Médica Brasileira e a empresa contratada para a execução da prova não se responsabilizam por quaisquer cursos, textos, apostilas e outros materiais impressos ou digitais referentes às matérias deste exame ou por quaisquer informações que estejam em desacordo com o disposto neste Edital.

14.18. Os prazos estabelecidos neste edital são preclusivos, contínuos e comuns a todos os candidatos, não havendo justificativa para o não cumprimento e apresentação de documentos após as datas estabelecidas.

14.19. A Colégio Brasileiro de Cirurgiões poderá, a qualquer tempo, eliminar deste exame o candidato que porventura descumprir as normas ou o regulamento do presente edital, o qual estará sujeito às medidas legais cabíveis.

14.20. Os itens deste Edital poderão sofrer eventuais alterações, atualizações ou acréscimos, enquanto não consumada a providência ou evento que lhes disser respeito.

14.21. A Colégio Brasileiro de Cirurgiões e AMB soberana no julgamento dos casos não previstos neste Edital.

## 15. Conteúdo programático

**PRIMEIRA PARTE:**

1. **Correlações anatômicas, fisiológicas e técnico-cirúrgicas;**
2. **Resposta Endócrina-Metabólica ao Trauma;**
3. **Equilíbrio Hidroeletrolítico e Ácido-Base;**
4. **Nutrição em Cirurgia;**

5. **Cicatrização e Cuidados com a Ferida Cirúrgica;**
6. **Infecções e Antibioticoterapia em Cirurgia;**
7. **Cuidados Pré, Trans e Pós-Operatórios;**
8. **Choque circulatório - diversas causas;**
9. **Falência de Múltiplos Órgãos;**
10. **Medicina Intensiva em Cirurgia;**
11. **Hemostasia - Terapia Transfusional;**
12. **Avaliação do Risco Cirúrgico;**
13. **Reconhecimento e manuseio de instrumentais, e demais materiais cirúrgicos;**
14. **Princípios Gerais de Cancerologia Cirúrgica;**
15. **Anestesia local e loco regional;**
16. **Bases da Anestesia Geral;**
17. **Transplantes - Aspectos Gerais;**
18. **Ética e profissionalismo em Cirurgia;**
19. **Segurança do paciente;**
20. **Bioética, Medicina Legal e legislação.**

**SEGUNDA PARTE:**

1. **Atendimento inicial ao traumatizado no ambiente pré e intra-hospitalar;**
2. **Classificação e triagem de gravidade dos pacientes;**
3. **Papel da Central de Regulação de Urgência e do Complexo Regulador;**
4. **Métodos diagnósticos e terapêuticos no atendimento ao traumatizado;**
5. **Abordagem inicial do Trauma Cranioencefálico e Raquimedular;**
6. **Abordagem inicial do trauma musculoesquelético;**
7. **Princípios gerais de trauma da face;**
8. **Trauma Cervical;**
9. **Trauma Torácico;**
10. **Trauma Abdominal;**
11. **Trauma Pelve-Perineal;**
12. **Trauma Vascular;**
13. **Trauma de rim e Vias Urinárias;**
14. **Trauma gênito-urinário;**
15. **Trauma na Criança, na Gestante e no Idoso;**
16. **Atendimento ao paciente queimado;**
17. **Cirurgia e manobras críticas em trauma;**
18. **Índices prognósticos de gravidade;**
19. **Controle de qualidade no atendimento ao trauma.**

**TERCEIRA PARTE:**

1. **Clínica Cirúrgica em geral**
2. **Métodos diagnósticos e terapêuticos em Clínica Cirúrgica;**
3. **Cirurgia da Tireoide e Paratireoide;**
4. **Cirurgia da Adrenal;**
5. **Bases da Cirurgia Torácica;**
6. **Bases da Oncologia clínica e cirúrgica;**
7. **Cirurgia das Hérnias;**
8. **Abdome Agudo - Diversas causas;**
9. **Hemorragia Digestiva;**

10. **Hipertensão Porta;**
11. **Cirurgia do Esôfago;**
12. **Cirurgia do Fígado e Vias Biliares;**
13. **Cirurgia do Estômago e Duodeno;**
14. **Cirurgia do Intestino Delgado;**
15. **Cirurgia do Cólon, Reto e Ânus;**
16. **Cirurgia do Pâncreas;**
17. **Bases da Cirurgia Plástica**
18. **Cirurgia do Baço;**
19. **Cirurgia Ambulatorial;**
20. **Cirurgia Minimamente Invasiva;**
21. **Cirurgia Bariátrica e Metabólica;**
22. **Cirurgia dos Tumores da Pele.**
23. **Cirurgia robótica**
24. **Complicações cirúrgicas**

## 16. Bibliografia


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# Anexo I

## Documentação para Comprovação de Atuação Profissional

Declaração emitida por instituição hospitalar pública ou privada, devidamente cadastrada no CNES, em papel timbrado, atestando o efetivo exercício profissional do candidato por no mínimo 6 (seis) anos, subscrita pelo Diretor da Instituição e pelo Chefe do Serviço de Cirurgia Geral com RQE na especialidade, contendo a relação dos procedimentos cirúrgicos realizados pelo candidato como **Cirurgião Responsável** nos últimos **24 meses**, englobando os procedimentos indicados nos itens 27 do R1, 14 do R2 e 14 do R3, da Matriz de Competência da Residência Médica em Cirurgia Geral contida na Resolução CNRM 48/2018, eletivos e de urgência;

### Modelo Ilustrativo Declaração



INSIRA A LOGO DO HOSPITAL

**NOME DO HOSPITAL**
CNPJ: 00.000.000/0001-00
CNES: 0000000
Endereço completo do Hospital, nº – Bairro – Cidade/UF – CEP: 00000-000
Telefone: (00) 0000-0000 | E-mail: contato@hospital.com.br

**DECLARAÇÃO DE ATUAÇÃO PROFISSIONAL**

Declaramos, para os devidos fins, que o(a) Dr(a). _____,
CRM nº _____ /UF ____, exerce atividades profissionais nesta instituição hospitalar como Cirurgião(ã) Responsável na especialidade de Cirurgia Geral, desde ____/____/_____, perfazendo, até a presente data, mais de 6 (seis) anos de efetivo exercício profissional.

Informamos, ainda, que o(a) referido(a) profissional desempenha suas atividades cirúrgicas com autonomia, responsabilidade e competência, realizando procedimentos eletivos e de urgência, estando plenamente integrado(a) à equipe de cirurgia desta instituição.

Por ser expressão da verdade, firmamos a presente declaração.

Cidade/UF, ____ de _____ de 20____.

DIRETOR(A) DA INSTITUIÇÃO
Nome: _____
Cargo: _____
CPF: _____
Assinatura e carimbo

CHEFE DO SERVIÇO DE CIRURGIA GERAL
Nome: _____
CRM: _____
RQE: _____
Assinatura e carimbo

Declaração emitida por instituição hospitalar pública ou privada, devidamente cadastrada no CNES, em papel timbrado e com assinatura e carimbo dos responsáveis. Este documento possui validade apenas para fins de comprovação de atuação profissional.

**Modelo Lista de Procedimentos Cirúrgicos**

INSIRA A LOGO DO HOSPITAL

**NOME DO HOSPITAL**

CNPJ: 00.000.000/0001-00

CNES: 0000000

Endereço completo: Rua _____, nº ___ – Bairro – Cidade/UF – CEP: 00000-000

Telefone: (00) 0000-0000 | E-mail: contato@hospital.com.br

## RELAÇÃO DE PROCEDIMENTOS CIRÚRGICOS

### CIRURGIÃO RESPONSÁVEL

NOME DO(A) MÉDICO(A): _____ CRM: _____ UF: _____

PERÍODO AVALIADO: ____/____/_____ a ____/____/_____ (últimos 24 meses)

| DATA | PROCEDIMENTO CIRÚRGICO | CARÁTER (ELETIVO/URGÊNCIA) | PACIENTE (INICIAIS) | CIRURGIÃO RESPONSÁVEL |
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Declaramos que os procedimentos cirúrgicos acima relacionados foram realizados pelo(a) profissional identificado(a) como Cirurgião(a) Responsável, nesta instituição hospitalar devidamente cadastrada no CNES.

Informamos, ainda, que o(a) referido(a) profissional desempenha suas atividades com autonomia, responsabilidade e competência, realizando procedimentos eletivos e de urgência, estando plenamente integrado(a) à equipe de cirurgia desta instituição.

Cidade/UF, _____ de _____ de 20____.

**DIRETOR(A) DA INSTITUIÇÃO**

Nome: _____

Cargo: _____

CPF: _____

_____

Assinatura e carimbo

**CHEFE DO SERVIÇO DE CIRURGIA GERAL**

Nome: _____

CRM: _____

RQE: _____

_____

Assinatura e carimbo

Este documento deve ser emitido em papel timbrado da instituição hospitalar, devidamente cadastrado no CNES, com assinatura e carimbo dos responsáveis. Este documento possui validade apenas para fins de comprovação de atuação profissional.

# Anexo II

**O candidato será eliminado a qualquer momento se:**
a. Descumprir este Edital;
b. Prestar informação falsa ou inexata na inscrição, ou não satisfizer as condições exigidas;
c. Não atender solicitações do fiscal ou membro da COTECIG durante as provas;
d. Desrespeitar a equipe de aplicação, autoridades ou outros candidatos; ou
e. Perturbar a ordem dos trabalhos com comportamento indevido.

f. Em caso de eliminação, fiscais e COTECIG lavrarão ocorrência para análise e providências do CBC. A ocorrência deve conter: qualificação do candidato, horário, motivo e ciência (ou não) da eliminação.

**DAS INFORMAÇÕES COMPLEMENTARES**

Não serão fornecidas, por qualquer membro da equipe de aplicação, fiscalização, **Comissão Especial Permanente do Concurso para Concessão do Título de Especialista em Cirurgia Geral do CBC – COTECIG** ou funcionária do **CBC**, informações referentes ao conteúdo das provas, critérios de avaliação ou classificação. Também não serão discutidos quaisquer aspectos do conteúdo ou formato das provas antes, durante ou após a sua realização.

Durante o período de execução das provas, o candidato, ao autorizar a captura de sua imagem e voz, declara estar ciente e de acordo com os seguintes termos:

| Dados pessoais / dados pessoais sensíveis | Finalidades |
|---|---|
| Nome completo; número de inscrição; RG; CPF; CRM; endereço residencial; endereço comercial; endereço de e-mail; telefone para contato; dados de formação acadêmica e residência médica. | Possibilitar o preenchimento da solicitação de inscrição pelo sistema de cadastro on-line.<br>Gerenciar as comunicações com o candidato; |
| Dados do cartão de crédito. | Possibilitar que o sistema forneça meios de pagamento da taxa de inscrição, quando houver. |
| Documentos digitalizados: CRM definitivo e válido; certidão ético profissional de nada-consta emitido pelo CRM; comprovante de pagamento da anuidade de 2025 ao **CBC** ou à AMB; comprovante do pagamento da taxa de inscrição; certificado de conclusão da Residência Médica, declaração de conclusão ou comprovante de residência médica na área; comprovante de exercício de atividade profissional na área; fotografia do rosto. | Possibilitar que o candidato faça o upload dos documentos necessários para inscrição no portal **CBC**;<br>Conferir os documentos do candidato que comprovam o preenchimento dos pré-requisitos;<br>Atender o disposto nas resoluções do Conselho Federal de Medicina (CFM);<br>Assegurar a conformidade com as demais exigências legais e regulatórias aplicáveis. |
| Data de nascimento e idade | Atender o disposto nas Leis n° 10.048/200 (Prioridade de atendimento) e 10.741/2003 (Estatuto da Pessoa Idosa) e garantir a preferência na realização das provas presenciais. |
| Tipo de deficiência; condições especiais necessárias para realização das provas; parecer emitido por profissional habilitado que justifique a necessidade de tempo adicional para realização das provas. | Atender o disposto nas Leis n° 10.048/200 (Prioridade de atendimento) e 13.146/15 (Estatuto da Pessoa com Deficiência). |

| | |
|---|---|
| Informação sobre a condição de gestante. | Atender o disposto na Lei n° 10.048/200 (Prioridade de atendimento) |
| Opção na ficha de inscrição por amamentar durante a realização das provas. | Atender o disposto nas Leis n° 10.048/200 (Prioridade de atendimento) e 13.872/2019 (Direito de as mães amamentarem seus filhos durante concursos). |
| Biometria facial; gravação de vídeo e voz do candidato; gravação de vídeo da rotação de câmera por 360°. | Possibilitar a realização de provas on-line e assegurar a lisura do certame; Confirmar a identidade do candidato por softwares de reconhecimento facial; Monitorar o candidato em tempo real durante e após a realização das provas, inclusive no pré-teste; Realizar auditorias no certame e, se constatada irregularidade ao Edital, eliminar o candidato. |
| Especificações e dados técnicos dos dispositivos eletrônicos utilizados pelo candidato, tais como: configurações; versões de sistema operacional; tipo de conexão à internet; IP (Internet Protocol); e afins. | Assegurar que o dispositivo eletrônico do candidato atende aos requisitos mínimos para realização da prova on-line. |
| Login e senha do programa de provas on-line. | Possibilitar o acesso do candidato ao programa de provas on-line; Monitorar conexões simultâneas com o mesmo login e bloquear os acessos, o que levará à eliminação dos candidatos do exame. |
| Nome completo; pontuação obtida nas provas; conteúdo e fundação dos recursos, se houver. | Avaliar elegibilidade e aptidão do candidato; Disponibilizar o boletim de desempenho do candidato no site do **CBC**; Possibilitar que o candidato interponha recursos. |
| Nome completo. | Divulgar a relação dos candidatos aprovados e as declarações de aprovação no site do **CBC**. |
| Nome completo; CRM; CPF; data de nascimento; endereço com CEP; telefone de contato. | Compartilhar os dados pessoais com a Associação Médica Brasileira (AMB) para confecção do Título de Especialista ou Certificado de Área de Atuação aos candidatos aprovados. |

OBS: **Os candidatos autorizam a captura de imagem e voz para provas, isentando CBC e EduCAT de reclamações. Imagens e áudios serão armazenados por 5 anos pelo CBC em ambiente seguro, para reconhecimento facial, monitoramento e auditoria. Dados pessoais são tratados conforme a Lei Geral de Proteção de Dados (LGPD) nº 13.709/2018, podendo ser compartilhados com terceiros (eduCAT, plataforma de provas, AMB, CFM, examinadores, monitores e auditores) para as finalidades do certame. Os dados serão protegidos, não serão vendidos ou divulgados para outras finalidades, e armazenados conforme prazos legais para análises, auditorias e, se autorizado, uso em outros certames. Os titulares podem exercer seus direitos via e-mail (concurso@cbc.org.br) ou site do CBC.**

**Obs.2: Será desclassificado do processo seletivo o candidato que adotar conduta inadequada durante a realização das etapas de avaliação, incluindo, mas não se limitando a: comportamento ofensivo, uso de linguagem desrespeitosa, ameaças, tentativa de intimidação, desobediência às orientações dos aplicadores ou qualquer ato que comprometa a ordem, a segurança ou a lisura do processo. A eventual desclassificação deverá ser fundamentada, mediante registro da ocorrência, assegurando-se ao candidato o direito de manifestação, observados os princípios da razoabilidade e da proporcionalidade.**

*Para esclarecimentos exclusivamente sobre o uso das plataformas de inscrição ou de provas, e pré-testes, o candidato deverá entrar em contato com a eduCAT via WhatsApp ou e-mail, de segunda a sexta-feira, das 09h às 17h, exceto em feriados nacionais e regionais:*

E-mail: suporte@educat.net.br

WhatsApp: (31) 99991-7595.

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CBC
Brazilian College of Surgeons

# Bylaws of the Brazilian College of Surgeons

Approved at **an Extraordinary General Assembly on May 31, 2025**

# INSTITUTIONAL PHILOSOPHY

## Purpose: **Lead Brazilian Surgery**

| VALUES | PRINCIPLES |
| --- | --- |
| Ethics | We fulfill our responsibilities with transparency, ensuring the credibility of the Institution. |
| Knowledge | We develop and disseminate knowledge for professional qualification and promote research. |
| Representativeness | We operate nationally in defense of the professional practice of surgeons, valuing our members. |
| Excellence in Services | We serve our members promptly and with quality. |
| Humanism | We act with social responsibility, valuing our collaborators. |
| Pioneering | We are an institution rooted in the tradition and development of Brazilian surgery. |

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## Chapter I - Name, Headquarters, Objectives, and Duration

Article 1 – The BRAZILIAN COLLEGE OF SURGEONS (CBC), founded on July 30, 1929, is a non-governmental, non-profit scientific association, headquartered at Rua Visconde de Silva, No. 52 - 1st, 2nd, and 3rd floors, and Garage Floor, in the Botafogo neighborhood, ZIP code 22271-092, district and municipality of Rio de Janeiro, State of Rio de Janeiro.

Sole Paragraph – The CBC has legal personality, registrated on September 3, 1948, under order No. 1,569 in Book A at the Registry Office for Legal Entities of Rio de Janeiro.

Article 2 – The objectives of the CBC include, in addition to the study and dissemination of Surgery:

a) to bring together the largest number of physicians practicing any surgical specialties and/or their respective areas of expertise recognized by the Joint Commission on Specialties - CME (comprising the Federal Council of Medicine – CFM, the Brazilian Medical Association – AMB, and the National Medical Residency Commission – CNRM), of residents and trainees in Surgical Training Programs, students in Medical School undergraduate courses, and other physicians who collaborate with the work of the surgeon;

b) foster the constant development and evolution of Surgery;

c) advocate for the improvement of hospital institutions and other places where Surgery is practiced, aiming for the consideration of achievements resulting from scientific and technological progress;

d) establish rules for the continuous improvement of the surgeon, as well as promote the constant elevation of their professional standards;

e) encourage scientific production through awards for the best works on Surgery and related specialties;

f) maintain close ties with other medical associations, societies, and cultural entities, both national and foreign, as well as with governmental bodies, to address matters of real interest to physicians and the practice of Medicine and Surgery;

g) support and encourage, through all means, the members of the CBC, so that they can improve their personal, professional, cultural, and social activities;

h) contribute, using all possible means, to the teaching of Surgery, both at the undergraduate and postgraduate levels;

i) contribute to the training of Specialized Surgeons.

## Chapter II - Members and Other Participants

### Title I - Social categories and their qualifications

Article 3 – The CBC has the following categories of members: Emeritus (ECBC), Retired Adjuncts (AjCBC), Titulars (TCBC), Collaborating Titulars (TcCBC), Adjuncts (ACBC), International Adjuncts (AiCBC), Aspirants (AsCBC), Academics (AcCBC), National Honorary (HnCBC) and International Honorary (HiCBC).

Sole Paragraph – Members of the CBC include:

a) Meritorious Members;

b) Benefactor Members.

Article 4 – The following are the basic requirements for membership admission to the CBC:

**TITULAR (TCBC):** Practice any surgical specialties, as per Article 2, letter a, for a minimum of 6 (six) years, and reside in Brazil.

**COLLABORATING TITULAR (TcCBC):** Be a non-practicing physician in surgical specialties (Article 2, letter a) for a minimum of 6 (six) years and reside in Brazil.

**INTERNATIONAL ADJUNCT (AiCBC):** Practice any surgical specialties and not reside in Brazil.

**ADJUNCT (ACBC):** Practice any surgical specialties, as per Article 2, letter a, for a minimum of 3 (three) years, and reside in Brazil.

**ASPIRANT (AsCBC):** Be enrolled in a Medical Residency Program in any surgical specialties recognized by the Joint Commission on Specialties or be in a General Surgery Training Program accredited by the CBC.

**ACADEMICS (AcCBC):** Be enrolled in a Medical School recognized by MEC (Ministry of Education).

**NATIONAL HONORARY (HnCBC):** Be or have been a Brazilian physician of exceptional merit, demonstrated through productive professional, scientific, or teaching activities, and also possess impeccable moral and professional integrity, exempt from contributions.

**EMERITUS (ECBC):** Having been a Titular Member or Collaborating Titular Member, with effective financial contributions for 25 (twenty-five) years in one of the respective categories, and having reached the age of 65 (sixty-five), always participating in CBC activities, retaining all rights, but exempt from contributions.

**RETIRED ADJUNCT (AjCBC):** Having been an Adjunct Member, with effective financial contributions for 30 (thirty) years and having reached the age of 65 (sixty five),

always participating in CBC activities, retaining all rights, but exempt from contributions.

**INTERNATIONAL HONORARY (HiCBC):** Being a physician of recognized merit and having achieved notable prominence in the global medical-scientific community through personal contribution, exempt from contributions.

Sole Paragraph – The Titular and Emeritus Members form the core of the Organizational Structure of the CBC, with no limit on the number of such members.

Article 5 – In the admission of the members outlined in these Bylaws, the following basic conditions must be observed:

**MERITORIOUS MEMBER:** Be an individual of unquestionable moral integrity, non physician, with significant services rendered to the CBC or the country;

**BENEFACTOR MEMBER:** Be a natural or legal person who has contributed to the development of the CBC by offering a value at least 100 (one hundred) times higher than the current annual fee charged by the Entity.

## Title II - Admission Processes

Article 6 – The proposals for the admission of members in any categories mentioned in Article 3 of these Bylaws shall be made on official CBC forms, subject to the preliminary requirements of Articles 4 and 5 of these Bylaws, and the rules specified in the Internal Regulations.

Article 7 – The proposal for Meritorious Members and Benefactors may be initiated by the Statutory Bodies outlined in these Bylaws, observing the requirements of Article 5th, however, their respective admissions will only occur after approval by the National Directorate.

## Title III - Rights and Duties of Members

Article 8 – The general rights of all CBC members who are up to date with their contributions are:

a) participate in all scientific, cultural, and social activities, observing the respective regulations;

b) resign as a Member of the CBC, with the possibility of requesting reinstatement without the procedures mentioned in Article 6 of these Bylaws;

c) transfer to another Chapter or Regional when a proven change of residence occurs;

d) be exempt from financial commitments due to duly proven illness that hinders professional activities;

e) be exempt from financial commitments when in a training program abroad during the duly proven training period;

f) be exempt from financial commitments, provided they are up to date with the annual fees, upon reaching the age of 70 and having at least 20 (twenty) years as a CBC Member.

Article 9 – The rights of ECBC and TCBC are:

a) vote and be eligible for election in the elections for the Statutory Bodies outlined in these Bylaws;

b) propose to the National Directorate or the Superior Advisory Council, with the support of more than 1/5 (one-fifth) of eligible and up-to-date Members, the convocation of an Extraordinary General Assembly, provided that a document expressing the proposed subjects for discussion is presented.

Article 10 – TCBC, AjCBC, and ACBC have the right to be eligible for election to Chapter directorates.

## Title IV - Penalties

Article 11 - All Members, regardless of category, who violate any of the obligations set forth in these Bylaws, the Internal Regulations, or the CBC Compliance Manual, may receive the following penalties:

a) Censure: Applied to those committing offenses considered of medium severity, as defined in the CBC Internal Regulations. The Member will be notified of the punishment through documented communication, and the event will be recorded in the minutes of the National Directorate and in the respective individual record of the author.

b) Exclusion: The maximum penalty to be imposed on repeat offenders or those committing serious offenses against ethics and personal and professional decorum, and/or disrespect to the Bylaws, Internal Regulations, or CBC Compliance Manual.

Article 12 - The penalties outlined here will be imposed by the National Directorate, with the consultation of the Ethics Committee, following the necessary investigation, during which the member will be given ample opportunity for defense.

Sole Paragraph - Once the above-mentioned penalties are defined, the member has

the right to appeal to the General Assembly within a period of 30 (thirty) days,which will delay the enforcement of the penalty until the final decision of the General Assembly.

Article 13 - An investigation will be initiated in cases of evidence of ethical violation in the practice of the specialty, violation of the Bylaws, Internal Regulations, or the CBC Compliance Manual:

a) ex officio, by decision of the National Directorate, upon becoming aware of a complaint made by members of the CBC;

b)upon a written complaint, with the identification of the complainant and a report of the facts, by the Chapter Master or the Sector Director;

c) upon request of the member concerned.

## Chapter III - Scientific Activities

Article 14 - The official publications of the CBC and the promotion of scientific events of various modalities are the instruments for achieving the scientific objectives mentioned in Article 2.

Article 15- The Internal Regulations will define the events, their characteristics, the responsibilities of the statutory bodies responsible with their execution, and the participation of CBC members in their agendas.

Article 16- Medical professionals individuals from other fields with recognized and notable expertise may be invited to collaborate on the official agendas of events promoted by the CBC.

## Chapter IV - Organizational structure

### Title I - Organization of the CBC

Article 17 - The CBC headquarters is located in the city of Rio de Janeiro, and in each of the States and the Federal District, there are activity centers called Chapters, all with the name of the corresponding federative unit and headquarters in the respective State Capital and the Federal District.

Article 18 - The Chapters of the federative units, listed here in alphabetical order, are grouped into Sectors according to the distribution below:

NORTH SECTOR – Acre, Amapá, Amazonas, Pará, Rondônia, Roraima, and Tocantins.

NORTHEAST SECTOR – Alagoas, Bahia, Ceará, Maranhão, Paraíba, Pernambuco, Piauí, Rio Grande do Norte, and Sergipe.

CENTRAL-WEST SECTOR – Federal District, Goiás, Mato Grosso, and Mato Grosso do Sul
SOUTHEAST SECTOR – Espírito Santo, Minas Gerais, Rio de Janeiro, and São Paulo
SOUTH SECTOR – Paraná, Santa Catarina, and Rio Grande do Sul

Article 19 - The Chapters are responsible for planning and executing activities aimed at fulfilling the objectives stated in Article 2.

Sole Paragraph - The Chapters are autonomous in their scientific and cultural initiatives; however, they must comply with the statutory and regulatory provisions, as well as all decisions of the statutory bodies.

Article 20 - The Chapters are composed of Members defined in Article 4 who reside in their respective geographic areas.

Sole Paragraph - Specialized Sections may be established within the Chapters, provided that they represent surgical specialties or areas of practice recognized by the Joint Specialties Commission (CME).

Article 21 - Chapters may only be created in the federative units of the country where the CBC has a minimum of 15 (fifteen) members.

Paragraph 1 - Once the mentioned number of members is reached, the National Directorate, with the aim of establishing a Chapter "under organization," will appoint one (1) TCBC member as its delegate to promote the entry of new members and will appoint two (2) other TCBC or ACBC members (Treasurer and Secretary) who, together with the delegate, will constitute the Chapter's provisional Board;

Paragraph 2 - Upon reaching the minimum number of 10 (ten) TCBC or TcCBC, the Chapter may be permanently installed by the National Directorate.

Article 22- The Chapters may create "Regionals" provided that in the region, there are AsCBC, ACBC, TCBC, TcCBC, AjCBC, or ECBC residing or practicing professional activities. The consolidation of this Regional must be previously approved by the National Directorate.

## Title II - Administrative Bodies

Article 23- The Administrative Bodies of the CBC are:

a) General Assembly;

b) Superior Advisory Council;

c) Fiscal Council;

d) National Directorate;

e) Chapters

Sole Paragraph - The auxiliary bodies of the administration are:

a) Executive Directorate;

b) Executive Superintendence;

a) Specialized Sections, Committees, Special Commissions, Electoral and Ethics.

## Section I – The General Assembly

Article 24 - The General Assembly is the highest authority of the CBC, representing the will of the members. Its decisions are sovereign and can be Ordinary or Extraordinary.

Sole Paragraph - The General Assembly consists of Emeritus Members (ECBC) and Titular Members (TCBC), the latter must be up to date with their obligations to the CBC, and representations and/or proxies are not allowed.

Article 25 - The General Assembly may be convened by the President of the National Directorate or their legal substitute, in accordance with these Bylaws.

Article 26 - The notice of convocation for the General Assemblies shall be published 60 (sixty) days in advance in the Official Gazette, in the official publications, both printed and electronic media, of the CBC, and widely disseminated to the Boards of the Chapters and Regionals.

Article 27- The Ordinary General Assembly (AGO) shall be held annually, either in person or virtually, in the month of March, with the following responsibilities:

a) consider the agenda previously established for the Order of the Day in the notice of convocation for the AGO;

b) deliberate on acts and decisions taken subject to approval by the National Directorate, during the AGO.

c) deliberate on financial operations related to the assets of the CBC, both at the Headquarters and in the States;

d) review the financial statements of the National Directorate annually, previously evaluated by the Fiscal Council and the Superior Advisory Council, and analyze its opinion;

e) review the budget estimate proposed by the National Directorate for the fiscal year.

Article 28 - The Ordinary General Assemblies (AGO) provided for in these Bylaws may be convened, in the first call, with the in person or virtual presence of a simple majority of the voting members, and in the second call, with the physical or virtual presence of any number, deciding in any case by the majority vote of those present.

Article 29 - The Extraordinary General Assembly (AGE) will meet whenever the interests of the CBC require and will have the following powers:

a) elect the National Directorate and the Chapter Boards during election years, at which time it shall be designated as the Extraordinary Electoral General Assembly;.

Paragraph 1 - In the convocation for the election, in addition to the Order of the Day, the deadline for receiving requests for the registration of slates will be set.

Paragraph 2 - The vote of ECBC and TCBC members will be secret, following the rules of the Electoral Regulations stated in the Internal Regulations.

b) decide on changes to the Bylaws of the CBC and other matters not covered by these Bylaws or the Internal Regulations;

c) remove the leaders of the CBC;

d) deliberate on decisions made by the National Directorate subject to approval of the AGE;

e) decide on the dissolution of the CBC, if specifically convened for this purpose, according to these Bylaws.

Article 30 - In Extraordinary General Assemblies provided for in Article 29 to deliberate on matters listed in item c, the concurring votes of 2/3 (two-thirds) of the members are required, with in-person or virtual presence.

Article 31 - Extraordinary General Assemblies can also be convened by members representing a minimum of 1/5 (one-fifth), provided that this convocation is made 60 (sixty) days in advance, with a defined and justified agenda.

Article 32 - For the consideration of the matters provided in item e of Article 29, the Assembly specially convened for this purpose must be attended by at least 4/5 (four-fifths) of the TCBC and ECBC members and will only be valid if the decision is made by 2/3 (two-thirds) of the members present, in person or virtual presence.

**Section II – Superior Advisory Council**

Article 33 - The Superior Advisory Council is a consultative and supervisory body composed of:

a) LIFETIME COUNSELORS: They are former Presidents and former Vice-Presidents who, after being elected, have duly fulfilled their terms.

Paragraph 1 - Lifetime Members, whether present in person or virtually, will be responsible for choosing, by secret ballot or open vote, the President of the Superior Advisory Council, who must be selected from among the lifetime counselors and will have a term of 2 (two) years, with the possibility of reelection.

Paragraph 2 - Among the Lifetime Members, the longest-serving President of the CBC shall be designated as the DEAN, and it shall be the Dean's responsibility to replace the President of the Superior Advisory Council when the latter is unable to perform his or her duties, including presiding over meetings.

Paragraph 3 - In the event of the resignation or permanent incapacity of the President of the Superior Advisory Council, the DEAN, acting as Chair in accordance with the preceding paragraph, shall convene a meeting—either in person or virtually—within a maximum of 30 (thirty) days to elect a new President, in accordance with the first paragraph.

b)EXTERNAL COUNCILORS: Non-medical members, of unblemished professional reputation, numbering up to 3 (three), with a minimum of 2 (two), serving a term of 2 (two) years and eligible for re-election. The National Directorate will appoint these members for approval by the Superior Advisory Council.

Paragraph 4 - The Superior Advisory Council will elect one of its members to be responsible for reporting on its minutes.

Article 34 - The Superior Advisory Council will meet, in person or virtually, regularly in May of each year and, extraordinarily, when convened by its President or by 5 (five) of its members, or at the request of the CBC President, having the following responsibilities:

Paragraph 1 - The notice of convocation for extraordinary meetings of the Superior Advisory Council must be issued at least 5 (five) business days prior to the intended date of the meeting and must have a single agenda item.

a) evaluate and provide an opinion on the Statutory Reform project, submitted by the National Directorate, prior to the Extraordinary General Assembly (AGE);

b) issue an opinion, at the request of the National Directorate, on the convenience of linking or not linking the CBC with national or foreign medical associations or federations, provided that such act does not affect the autonomy of the CBC or diminish the rights of its members;

c) consider complaints regarding non-compliance with these Bylaws, provided that they are presented in accordance with the provisions of Article 13, and forward them to the National Directorate for statutory measures.

d) act as the guardian of the CBC's Bylaws, Internal Regulations, and other Regulatory Documents, and to report any non-compliance with them to the National Directorate.

e) propose strategic policies for the institution's governance.

Paragraph 2 - The Superior Advisory Council can only make decisions in meetings with the in person or virtual presence of a minimum of 5 (five) of its members.

Article 35 - The travel and accommodation expenses of the members of the Superior Advisory Council, necessary for their meetings and participation in the Brazilian Congresses of Surgery, will be covered by the National Directorate.

Article 36 - The members of the Superior Advisory Council must meet together, either in person or virtually, with those of the National Directorate, in the month of May each year, to choose the recipient of the Brazilian College of Surgeons Award.

**Section III - Fiscal Council**

Article 37 - The Fiscal Council is a supervisory instance with the function of financial and accounting audit, composed of 3 (three) effective members ECBC or TCBC and 1 (one) substitute member ECBC or TCBC, these members being appointed by the Superior Advisory Council, for a term of 2 (two) years, and one-third of the effective members may be reappointed for a maximum of one (1) additional term.

Sole Paragraph - These members cannot belong to the Superior Advisory Council or the National Directorate.

**Section IV - National Directorate**

Article 38 - The National Directorate of the CBC, elected at the Extraordinary General Assembly during election years, is a consultative and deliberative body for the CBC's activities in the country and abroad, except for the responsibilities of other bodies as provided in these Bylaws.

Article 39 - The National Directorate has the following responsibilities:

a) fulfill the resolutions of the General Assembly;

b) establish CBC's policies and plan the activities necessary to achieve the objectives outlined in Article 2;

c) administer CBC's assets;

d) present to the Ordinary General Assembly the balance sheet and financial statements of the previous fiscal year, following the analysis and opinion of the Fiscal Council and the review by the Superior Advisory Council;

e) approve the budget forecast for the following fiscal year;

f) apply the penalties provided in the Bylaws;

g) approve the members of the Permanent and Temporary Special Committees appointed by the President of the CBC;

h) deliberate on the CBC's affiliation with research and/or training centers nationally or internationally;

i) edit the official publications of the Entity and activate other necessary instruments to meet the purposes of the CBC;

j) decide on the definitive or temporary filling of vacant positions in the National Directorate and in other auxiliary bodies of the Administration;

k) appoint a TCBC to perform the functions of Chapter Master and join the respective Board when the election and installation of new leaders have not taken place as stipulated in these Bylaws, or to definitively organize a new Chapter;

l) deliberate in a joint meeting, in person or virtually, with the Superior Advisory Council, on the choice of the recipient of the Brazilian College of Surgeons Award;

m) approve the nominations of HnCBC and HiCBC, as well as the Meritorious Members and Benefactors;

n) create or dissolve Permanent and Temporary Special Committees;

o) organize the Brazilian Congress of Surgery and promote other scientific events in the field of surgery;

p) propose to the General Assembly, in a joint meeting, either in person or virtually, with the Superior Advisory Council, amendments to the Bylaws and Internal Regulations, following the statutory norms;

q) set the annual fee and other fees to be paid by CBC members;

r) decide on urgent matters or on the interpretation of omissions in these Bylaws or Internal Regulations subject to approval by the General Assembly, if necessary;

s) appoint 5 (five) Lifetime Counselors from the Superior Advisory Council to form the Electoral Commission, with 3 (three) titulars and 2 (two) alternates.

Sole Paragraph - The services and departments of the Administrative Superintendence are the tools that the National Directorate and its Support Bodies will rely on to meet what is specified in the Bylaws and Internal Regulations.

Article 40- The National Directorate, with a term of 2 (two) years, will take office in the 1st (first) fortnight of December of the year of the Extraordinary General Assembly that elected it and will be composed of:

President
Vice-President
North Sector Director
Northeast Sector Director
Central-West Sector Director
Southeast Sector Director
South Sector Director
Secretary-General Director
Director of Member Relations
Scientific Director
Deputy Scientific Director
Director of Education and Training
Director of Certifications
Financial Director
Assistant Financial Director
Director of Publications
Director of Communications
Director of International Relations
Director of Committees
Director of Professional Defense

Paragraph 1 - The Secretary-General Director, the Financial Director, and the Assistant Financial Director are required to reside in the State of Rio de Janeiro.

Paragraph 2 - The Sectorial Directors must be TCBC members in good standing or ECBC members at the opening of the electoral process, chosen from among the members of the Chapters that make up the respective Sectors.

Article 41- The National President, who may be elected a maximum of 2 (two) times, consecutively or alternately, has the following responsibilities:

a) in accordance with the National Directorate, the direction of activities, and the defense of the CBC;

b) represent the Entity actively and passively, in court or out of it;

c) sign contracts, payment orders, and other documents on behalf of CBC;

d) call or order the convocation and preside over the General Assemblies, meetings of the National Directorate, and events promoted by it;

e) install the new members or delegate substitutes for it, according to the rules of the Internal Regulations;

f) decide on urgent matters subject to approval by the National Directorate;

g) speak on behalf of CBC and represent it, being able to delegate these responsibilities, as appropriate, to any other member of CBC;

h) present to the Ordinary General Assembly a management report and financial statements of CBC;

i) appoint members to committees or designate them to fulfill CBC's purposes;

j) fill vacant positions on the National Directorate in case of impediment or resignation of any of its members, deciding ad referendum of the same;

k) act as a moderator in controversial and unforeseen cases in these Bylaws involving the interests of CBC, members of the National Directorate, and associates in general;

l) engage in relations with public authorities and other similar institutions on matters of interest to the CBC and its members;

m) authorize expenses, admissions, and dismissals of employees, as well as safeguard the assets and patrimony of the CBC;

n) acquire assets for the CBC or dispose of them, within the limits and in the manner provided in these Bylaws and in the Internal Regulations;

o) comply with and enforce these Bylaws, the decisions of the General Assemblies, and the other statutory bodies of the CBC.

p) act as President of the Brazilian Congresses of Surgery.

Article 42 - The Vice-President is responsible for accompanying and assisting the President in their duties and replacing them in their absences or impediments, with the authority to sign contracts, payment orders, and other documents on behalf of the CBC.

Paragraph 1 - The Vice-President will also be responsible for coordinating the activities of the Sectoral Boards and their respective Chapters.

Article 43 - The Sector Directors, under the coordination of the Vice-President, are responsible for planning, supervising, and collaboratively developing the scientific and administrative programs with the Boards of the Chapters in their respective sectors.

Article 44 - The Secretary-General Director is responsible for:

a) preparing, together with the President, the agenda for in person or virtual meetings of the National Directorate and General Assemblies;

b) drafting the respective minutes of in person or virtual meetings of the National Directorate and General Assemblies;

c) replacing the President when the Vice-President is unable to perform their duties.

Article 45 - The Director of Member Relations is responsible for:

a) analyzing proposals for the admission of new members and approving them in accordance with the provisions of these Bylaws and the Internal Regulations of the CBC, and maintaining an up-to-date membership registry for all categories of CBC members.

b) replacing the President if the Vice-President and the Secretary-General Director are unable to perform their duties.

Article 46 - The Scientific Director is responsible for:

a) organizing the CBC's program of cultural and scientific activities;

b) providing an opinion on the works of authors who are candidates for the awards established by the College;

c) advising the Vice-President on determining topics and selecting guests for the scientific program of the scientific events organized by the Sectors and their respective Chapters.

Article 47 - The Deputy Scientific Director is responsible for assisting the Scientific Director in their activities and for acting as their substitute when the Scientific Director is unable to perform their duties.

Article 48 - The Director of Education and Training, who is responsible for promoting a culture of continuous learning, is responsible for:

a) Organize and administer the CBC's surgical training program;

b) Identify other training opportunities;

Article 49 - The Director of Certifications is responsible for:

a) Coordinating the certification processes issued by the CBC;

b) Identifying new certification opportunities;

c) Ensuring that certificates are issued in accordance with established processes and standards.

The Financial Director is responsible for:

a) representing the CBC, jointly with the National President or their substitute, both actively and passively, in or out of court;

b) sign contracts, payment orders, and other documents on behalf of the CBC.

Article 51 - The Assistant Financial Director is responsible for assisting and replacing the Financial Director in their absence, including the authority to sign contracts, payment orders, and other documents on behalf of the CBC.

Article 52 - The Director of Publications is responsible for overseeing the Journal and other CBC publications.

Article 53 - The Director of Communications is responsible for:

a) Managing and proposing communications policy;

b) Encouraging, in conjunction with the Superintendence, the use of information

technology in its fullest scope, social media, and distance learning tools.

Article 54 - The Director of International Relations, in accordance with the decisions of the National Directorate and its President, is responsible for:

a) promoting the CBC's relationships with similar international surgical societies;

b) promoting and participating in negotiations for agreements and partnerships regarding exchange programs and educational, scientific, and technological cooperation;

Article 55 - The Director of Committees is responsible for:

a) planning, administratively supervising, and controlling the activities of the CBC Committees in coordination with the relevant Directorates;

b) ensuring the standardization of techniques and operating procedures for the CBC's committees;

c) preparing consolidated and management reports for presentation to the National Directorate at its meetings

Article 56 - The Director of Professional Defense is responsible for ensuring the safe conditions for the practice of surgeons' activities and their fair remuneration, preserving their professional dignity.

Article 57 - The Internal Regulations will define in more detail the responsibilities of the members of the National Directorate.

**Section V – Chapter and Regional Boards**

Article 58- The Chapters, each bearing the name of the corresponding federal unit in which they are located and having their headquarters in the respective state capital and in the Federal District, are centers of activity and representation for the CBC within the national territory.

Article 59- The Boards of the Chapter, elected on the same date as the National Directorate by the ECBC and TCBC of their respective Chapters, will be inaugurated together with the National Directorate, represented by their Masters, with a term of 2 (two) years. Coinciding with the National Directorate, they consist of: Master, Vice-Master, Secretary, Treasurer, and DEPRO Representative.

Paragraph 1 - The Master and Vice-Master will always be ECBC or TCBC residing in the Federative Unit where the Chapter is located.

Paragraph 2 - The Master, representing the Board of the respective Chapter, will be sworn in during the inauguration ceremony of the new National Directorate in the first half of December of the year of the Extraordinary Electoral General Assembly that elected them.

Paragraph 3 - The Board of the Chapter must consist of ECBC or TCBC, but exceptionally, TcCBC, ACBC, or AjCBC Members may be included.

Article 60 - The Board of the Chapter is responsible for:

a) managing the activities of the Chapter in their respective geographical unit, except those under the jurisdiction of the National Directorate;

b) collaborating with the National Directorate in the preparation and promotion of events held in the Chapter's area;

c) maintain permanent contact with the National Directorate through the Sector Director or a Member of the National Directorate representing it in administrative, financial, and promotional matters;

d) submit to the National Directorate all financial transactions of the Chapter for proper accounting entry, a competence also mandatory for the Boards of the Regionals.

Article 61 - The Boards of the Regionals will be appointed by the Board of the respective Chapters, endorsed by the National Directorate.

Sole Paragraph - Their leaders will have the title of Regional Director and will be part of the Board of the respective Chapters.

Article 62 - The Regionals of the Chapters will develop scientific activities in their regions, always with the knowledge of the Board.

Article 63 - The Internal Regulations will specify the duties of the members of the Boards of the Chapters and their Regionals, as well as the relationship that will exist between these two Bodies.

## Title III - Auxiliary Bodies

Art. 64- The National Directorate, to fulfill the objectives of the CBC, in addition to the assistance provided by its members and Statutory Bodies defined in Title II of Chapter IV, will have the direct collaboration of the following Auxiliary Bodies:

a) Executive Board - an executive body designated by the President, composed and chaired by them, with the Vice President, the Finance Director, and the Assistant Finance Director as its other members, responsible for implementing the decisions of the National Directorate and the General Assembly.

Paragraph 1 - The Executive Superintendent will assist in the work of this Board.

b) Specialized Sections, Executive Superintendence, and Special, Electoral, and Ethics Committees.

Paragraph 2 - The Internal Regulations will define the attributions of each auxiliary bodies.

## Chapter V - Financial Resources

Article 65-The financial resources of the CBC are:

a) grants and donations;

b) annual fees, registration fees, and other contributions received from members;

c) revenues from activities;

d) property revenues;

e) financial revenues;

f) other unspecified revenues.

Sole Paragraph - Financial resources will be primarily allocated to activities that constitute the objectives of CBC, as defined in Article 2 of these Bylaws.

Article 66 - The funds received by the CBC at its Headquarters and in the State Chapters will be invested in maintaining and improving administrative services, covering the costs of scientific activities outlined in Chapter III, and managing the Statutory Bodies mentioned in Chapter IV, Titles II and III of these Bylaws.

Paragraph 1 - The expenses related to the travel and accommodation of members of the Statutory Bodies, who meet at the CBC Headquarters or elsewhere in the country, depend on the available funds of the National Directorate.

Paragraph 2 - The free transfer of premises at the Headquarters is prohibited without the express authorization of the National Directorate.

Article 67 - Up to 50% (fifty percent) of the annual fees received by the Treasury, corresponding to the payment made by the respective Members, may be allocated to the Chapters, provided that a project for the destination of these funds is approved by the National Directorate.

Sole Paragraph - The right to this resource expires within 2 (two) consecutive fiscal years.

Article 68 - The Internal Regulations will specify the action of the revenue collecting bodies and the criteria to be observed in controlling the expenses incurred by the Statutory and Support Bodies of the CBC.

## Chapter VI - Assets

Article 69 - The CBC's assets consist of its movable and immovable property at its headquarters and those of the State Chapters, under the responsibility of the National Directorate, through its members.

Paragraph 1 - All assets must be inventoried and registered at the CBC headquarters in Rio de Janeiro.

Paragraph 2 - In the event of CBC's dissolution, its remaining assets will be allocated to another similar entity or one with similar objectives, as decided by the General Assembly addressing the matter.

Article 70 - For all acts involving the alienation, exchange of real estate, commitment, or subrogation of CBC's patrimonial assets, the National Directorate requires authorization from the Superior Advisory Council.

Sole Paragraph - The National Directorate will also seek approval from the Superior Advisory Council for the acquisition of permanent assets not estimated in the budget forecast for the current fiscal year whenever the value exceeds the equivalent of 100 (one hundred) annual fees.

## Chapter VII – General and Transitional Provisions

Article 71 - The status of being a CBC Member in any category, as well as holding any position in the Superior Advisory Council, the Fiscal Council, the National Directorate, the Boards and Provisional Boards of the Chapters, the Boards of the Chapter Regionals, and the Special Committees of the CBC, is unpaid, and the distribution of profits or dividends of any kind is also prohibited.

Sole Paragraph - Any surpluses observed in the operational results of the CBC will be fully used within the Society itself to fulfill its objectives.

Article 71 - A - The assets and revenues of the Brazilian College of Surgeons shall be applied entirely to the maintenance and advancement of its institutional objectives; the distribution of profits, bonuses, dividends, or any portion of said assets or revenues, under any pretext, to its officers, members, or third parties is prohibited.

Paragraph 1 – In the event that an operating surplus is generated, it must be reinvested in the entity's core activities, in accordance with the principle of non-profit purpose.

Paragraph 2 – Any form of indirect distribution of operating results is prohibited, in accordance with the case law of the Supreme Federal Court.

Article 72 - CBC members are not jointly or severally liable for the commitments

assumed by the National Directorate or the Boards of Chapters and Regionals.

Article 73 - The impossibility of changing the CBC's headquarters from the city of Rio de Janeiro is established under any pretext.

Article 73-A – The Brazilian College of Surgeons is committed to complying, in all its activities, with the principles and standards of the General Personal Data Protection Law (LGPD) (Law No. 13,709/2018), by adopting internal policies on governance, information security, and the proper handling of the personal data of its members, employees, partners, and third parties.

Article 73-B – The CBC will adopt best institutional governance practices, emphasizing transparency, integrity, accountability, and fairness in the management of the association, and may establish internal manuals and codes regarding ethics, integrity, conduct, governance, and compliance.

Sole Paragraph – The documents mentioned in this article, once approved by the National Directorate, shall have a supplementary normative nature, binding all CBC bodies, members, and sectors, and must be published on the institutional portal.

Article 74 - The activities of the CBC, in their various modalities, may be conducted in person or virtually, depending on temporal possibilities, with their format defined by the Executive Board.

Article 75 - The Internal Regulations of the CBC will regulate the administration and functioning of its various bodies and define the duties of its members—being subject to review by the National Directorate when necessary, always in accordance with the provisions of these Bylaws.

Article 76 - The National Directorate shall make every effort and take the necessary steps to ensure the CBC qualifies for Public Utility status at the federal, state, and municipal levels, as well as to secure funds derived from tax waivers within those jurisdictions.

Article 77 - The cases not covered in these Bylaws will be considered by the National Directorate and/or an Extraordinary General Assembly.

Article 78 - The current positions in the National Directorate, as well as their current occupants, will remain the same until the end of the term for which they were elected, namely, December 2025.

• CBC Consolidated Bylaws (2025)—Final version approved by the Ordinary and Extraordinary General Assembly held on 05/31/2025, with incorporated amendments regarding the modernization of governance, legal compliance, institutional integrity, the General Data Protection Law (LGPD), and tax immunity (Art. 150, VI, "c," of the Federal Constitution, in conjunction with Art. 14 of the National Tax Code). The meeting was presided over, in accordance with the bylaws, by the President of the CBC, Dr. Pedro Eder Portari Filho, a Brazilian citizen, physician, domiciled at the same institutional address, holder of identity card No. 0630096-9 issued by the IFP, registered with the CRM/RJ under No. 52.5220-56 and with the CPF/MF under No. 901.981.747-72, with the email address presidente@cbc.org.br. To record the proceedings, Dr. Hélio Machado Vieira Júnior, Brazilian, physician, born on 06/03/1972, holder of CRM/RJ No. 52-95.286-9 and CPF No. 012.657.807-90, residing at Rua Bogari, No. 126, apartment 804, Lagoa neighborhood, Rio de Janeiro/RJ, ZIP Code 22471-340, was designated as ad hoc secretary.

• All of the above was reviewed and certified by attorney Bruno Resque, registered with the OABMG under No. 129.336 and the OABRJ under No. 265.952, with offices in the cities of Rio de Janeiro, RJ, and Belo Horizonte, MG, located, respectively, at Avenida Ataulfo de Paiva, No. 1,235, Suite 303, Leblon, ZIP Code: 22.440-034, and at Rua Espírito Santo, No. 2,727, Suite 1102, Lourdes, ZIP Code: 30.160.032, with the email address advoga-dobrunoresque@gmail.com.

Rio de Janeiro, RJ, May 31, 2025.

*Dr. Pedro Eder Portari Filho*
*President*

*Hélio Machado Vieira Júnior*
*Ad hoc Secretary*

*Bruno Resque*
*OAB/RJ No. 265.952*
*OAB/MG No. 129.336*
*CNPJ OAB No. 00561/516*




towards 100

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: August 11, 2026**

CBC
Colégio Brasileiro de Cirurgiões

# Estatuto do Colégio Brasileiro de Cirurgiões

Aprovado em Assembleia Geral Extraordinária em 31 de maio de 2025

# FILOSOFIA INSTITUCIONAL

## Propósito: **liderar a cirurgia brasileira**

| VALORES | PRINCÍPIOS |
| --- | --- |
| Ética | Cumprimos nossas responsabilidades com transparência, assegurando e credibilidade da Intituição. |
| Conhecimento | Desenvolvimento e disseminamos conhecimento para qualificação profissional e fomento à pesquisa. |
| Representatividade | Atuamos nacionalmente na defesa do exercício profissional do cirurgião, valorizando os associados. |
| Excelência em serviços | Atendemos os associados com prestreza e qualidade. |
| Humanismo | Agimos com responsabilidade social valorizando nossos colaboradores. |
| Pioneirismo | Somos uma instituição com raízes na tradição e no desenvolvimento da cirurgia brasileira. |

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## Capítulo I - Da denominação, sede, objetivos e duração

Art. 1º - O COLÉGIO BRASILEIRO DE CIRURGIÕES (CBC), fundado em 30 de julho de 1929, é uma associação de caráter científico, não governamental, sem fins lucrativos, com sede e foro na Rua Visconde de Silva, nº 52 - 1º, 2º e 3º andares e Pavimento Garagem, no bairro Botafogo, CEP 22271-092, comarca e município do Rio de Janeiro, Estado do Rio de Janeiro.

§ único - O CBC é dotado de personalidade jurídica, conforme registro de 3 de setembro de 1948, sob o número de ordem 1.569, no Livro A, do Cartório de Registro Civil das Pessoas Jurídicas do Rio de Janeiro.

Art. 2º - Constituem objetivos do CBC, além do estudo e divulgação da Cirurgia:

a) congregar o maior número de médicos que pratiquem quaisquer especialidades cirúrgicas e/ou suas respectivas áreas de atuação reconhecidas pela Comissão Mista de Especialidades – CME (composta pelo Conselho Federal de Medicina – CFM, pela Associação Médica Brasileira –AMB e pela Comissão Nacional de Residência Médica – CNRM), de residentes e treinandos de Programas de Formação Cirúrgica, de alunos de Cursos de Graduação em Medicina e de outros médicos que colaborem com o trabalho do cirurgião;

b) fomentar o constante desenvolvimento e a evolução da Cirurgia;

c) pugnar pela melhora das instituições hospitalares e dos outros locais onde se pratique a Cirurgia, visando a que sejam sempre consideradas as conquistas resultantes do progresso científico-tecnológico;

d) estabelecer normas para o aperfeiçoamento continuado do cirurgião, assim como promover a elevação constante do seu padrão profissional;

e) estimular a produção científica por meio de prêmios para os melhores trabalhos sobre a Cirurgia e especialidades afins;

f) manter estreitos vínculos com as demais associações e sociedades médicas e outras entidades culturais, nacionais e estrangeiras, assim como com órgãos governamentais, para trato de assuntos de real interesse para os médicos e para o desempenho da Medicina e da Cirurgia;

g) amparar e estimular, por todos os meios, os integrantes do CBC, para que possam melhorar suas atividades pessoais, profissionais, culturais e sociais;

h) contribuir, com todos os meios possíveis para o ensino da Cirurgia, quer no nível de graduação ou pós-graduação;

i) contribuir para a formação de Cirurgiões Especializados.

## Capítulo II - Dos membros e outros integrantes

### Título I - Das categorias sociais e suas qualificações

Art. 3º - O CBC tem as seguintes categorias de membros: Eméritos (ECBC), Adjuntos Jubilados (AjCBC), Titulares (TCBC), Titulares-Colaboradores (TcCBC), Adjuntos (ACBC), Adjuntos Internacionais (AiCBC), Aspirantes (AsCBC), Acadêmicos (AcCBC), Honorários Nacionais (HnCBC) e Honorários Internacionais (HiCBC).

§ único - São integrantes do CBC:

a) beneméritos;

b) benfeitores.

Art. 4º - São as seguintes exigências básicas para ingresso de membros no CBC:

**TITULAR (TCBC):** Exercer quaisquer especialidades cirúrgicas, conforme o Art. 2º, letra a, há no mínimo 6 (seis) anos, e residir no Brasil.

**TITULAR-COLABORADOR (TcCBC):** Ser médico não praticante de especialidades cirúrgicas (Art. 2º, letra a) há no mínimo 6 (seis) anos e residir no Brasil.

**ADJUNTO INTERNACIONAL (AiCBC):** Exercer quaisquer especialidades cirúrgicas e não residir no Brasil.

**ADJUNTO (ACBC):** Exercer quaisquer especialidades cirúrgicas, conforme o Art. 2º, letra a, há no mínimo 3 (três) anos, e residir no Brasil.

**ASPIRANTE (AsCBC):** Estar cumprindo Programa de Residência Médica em quaisquer especialidades cirúrgicas reconhecidas pela Comissão Mista de Especialidades ou Programa de Treinamento em Cirurgia Geral credenciado pelo CBC.

**ACADÊMICOS (AcCBC):** Estar cursando Medicina em Escola Médica reconhecida pelo MEC.

**HONORÁRIO NACIONAL (HnCBC):** Ser ou ter sido médico brasileiro de excepcional mérito, revelado por profícua atividade profissional, científica ou didática, e ainda, possuir ilibada idoneidade moral e profissional, porém isento de contribuições.

**EMÉRITO (ECBC):** Ter sido Membro Titular, com contribuições financeiras efetivas durante 25 (vinte e cinco) anos e haver completado 65 (sessenta e cinco) anos de idade, sempre participando das atividades do CBC, conservando todos os seus direitos, porém isento de contribuições.

**ADJUNTO JUBILADO (AjCBC):** Ter sido Membro Adjunto, com contribuições financeiras efetivas durante 30 (trinta) anos e haver completado 65 (sessenta e

cinco) anos de idade, sempre participando das atividades do CBC, conservando todos os seus direitos, porém isento de contribuições.

**HONORÁRIO INTERNACIONAL (HiCBC):** ser médico de reconhecido mérito e haver alcançado, por sua contribuição pessoal, notável relevo no meio médico científico mundial, isento de contribuições.

§ único- Os Membros Titulares e Eméritos constituem a essência da Estrutura Organizacional do CBC, em número ilimitado.

Art. 5º - Na admissão dos integrantes previstos neste Estatuto devem ser observadas as seguintes condições básicas:

**BENEMÉRITO:** Ser pessoa de indiscutível idoneidade moral, não médico, com relevantes serviços prestados ao CBC ou ao país;

**BENFEITOR:** Ser pessoa física ou jurídica que tenha colaborado para o desenvolvimento do CBC oferecendo de valor pelo menos 100 (cem) vezes superior à anuidade vigente cobrada pela Entidade.

## Título II - Dos processos de admissão

Art. 6º - As propostas de admissão dos membros de quaisquer categorias mencionadas no artigo 3º deste Estatuto serão feitas em modelos oficiais do CBC, observados os requisitos preliminares dos artigos 4º e 5º deste Estatuto e as normas explicitadas no Regimento Interno.

Art. 7 º - A proposição de Beneméritos e Benfeitores poderá ser de iniciativa dos Órgãos Estatutários constantes deste Estatuto, observadas a exigências do artigo 5º, porém as suas respectivas admissões só se darão após aprovação do Diretório Nacional.

## Título III - Dos direitos e deveres dos membros

Art. 8º - São direitos gerais de todos os membros do CBC que estejam quites com suas contribuições:

a) participar de todas as atividades científicas, culturais e sociais, observadas as respectivas regulamentações;

b) demitir-se como Membro do CBC, podendo solicitar sua reintegração sem os procedimentos mencionados no artigo 6º deste Estatuto;

c) transferir-se de Capítulo ou Regional quando ocorrer mudança comprovada de domicílio;

d) ficar liberado dos compromissos financeiros por motivo de doença devidamente comprovada que impeça suas atividades profissionais;
e) ficar liberado dos compromissos financeiros quando em estágio de aprimoramento fora do país durante o período de treinamento devidamente comprovado;
f) ficar liberado dos compromissos financeiros, desde que quites com as anuidades, quando completar 70 anos de idade e tiver no mínimo 20 (vinte) anos como Membro do CBC.
Art. 9º - São direitos dos ECBC e TCBC:
a) votar e ser votado nas eleições para os Órgãos Estatutários previstos neste Estatuto;
b) propor ao Diretório Nacional ou ao Conselho Superior, com adesão de mais de 1/5 (um quinto) dos Membros eleitores e quites, a convocação de Assembleia Geral Extraordinária, desde que apresente documento expressando os assuntos propostos à discussão.
Art. 10 - São direitos dos TcCBC, AjCBC e ACBC serem votados em eleições para diretorias de Capítulos.

## Título IV - Das penalidades

Art. 11 - Todos os Membros, de qualquer categoria, que venham a infringir quaisquer das obrigações consignadas neste Estatuto, no Regimento Interno ou no Manual de Compliance do CBC poderão receber as seguintes penalidades:
a) Censura: Aplicável aos autores de faltas consideradas de média gravidade, definidas no Regimento Interno do CBC. Será dada ciência da punição ao Membro, por expediente documentado, assim como registrado o evento em ata do Diretório Nacional e na respectiva ficha individual do autor.
b) Exclusão: Pena máxima que será imposta aos reincidentes ou autores de faltas graves contra a ética e o decoro pessoal, profissional e/ou desrespeito ao Estatuto, ao Regimento Interno ou ao Manual de Compliance do CBC.
Art. 12 - As penalidades aqui previstas serão impostas pelo Diretório Nacional, ouvida a Comissão de Ética, após a devida sindicância, quando será dado ao membro amplo direito de defesa.
§ único - Definidas as penalidades acima descritas, caberá ao membro recurso

à Assembleia Geral, no prazo de 30 (trinta) dias, o que adiará a execução da penalidade até a manifestação final da Assembleia Geral.

Art. 13 - A sindicância será instaurada nos casos de indícios de infração ética ao exercício da especialidade, ao Estatuto, ao Regimento Interno ou ao Manual de Compliance do CBC:

a) ex oficio, por deliberação do Diretório Nacional, ao tomar conhecimento de denúncia formulada por membros do CBC;

b) mediante denúncia por escrito, com identificação do denunciante e relato dos fatos, pelo Mestre do Capítulo ou pelo Diretor Setorial;

c) por solicitação do membro interessado.

## Capítulo III - Das atividades científicas

Art. 14 - As publicações oficiais do CBC e a promoção dos eventos científicos de diversas modalidades são os instrumentos para a consecução dos objetivos científicos citados no artigo 2º.

Art. 15- O Regimento Interno definirá os eventos, as suas características, as incumbênciuas dos órgãos estatutários responsáveis pela sua execução e a participação dos membros do CBC nos seus temários.

Art. 16- Profissionais médicos ou de outras áreas do conhecimento, de reconhecido e notório saber, poderão ser convidados a colaborar com os temários oficiais dos eventos promovidos pelo CBC.

## Capítulo IV - Da estrutura organizacional

### Título I - Da organização do CBC

Art. 17- A sede do CBC localiza-se na cidade do Rio de Janeiro e em cada um dos Estados e no Distrito Federal localizam-se os centros de atividades intitulados Capítulos, todos com a denominação da correspondente unidade federativa e sede na respectiva Capital Estadual e no Distrito Federal.

Artigo 18- Os Capítulos das unidades federativas, aqui nominados em ordem alfabética, são agrupados em Setores, conforme distribuição abaixo:

SETOR NORTE - Acre, Amapá, Amazonas, Pará, Rondônia, Roraima e Tocantins.

SETOR NORDESTE – Alagoas, Bahia, Ceará, Maranhão, Paraíba, Pernambuco, Piauí, Rio Grande do Norte, Sergipe

SETOR CENTRO OESTE- Distrito Federal, Goiás, Mato Grosso e Mato Grosso do Sul
SETOR SUDESTE - Espírito Santo, Minas Gerais, Rio de Janeiro e São Paulo
SETOR SUL- Paraná, Santa Catarina e Rio Grande do Sul

Art. 19 - Os Capítulos são responsáveis pelo planejamento e pela execução das atividades que visam cumprir os objetivos enunciados no artigo 2º.

§ único - Os Capítulos são autônomos em suas iniciativas científicas e culturais, devendo, entretanto, atender aos dispositivos estatutários e regimentais, assim como todas as deliberações dos órgãos estatutários.

Art. 20 - Os Capítulos são integrados por Membros definidos no Art. 4º, residentes em suas respectivas áreas geográficas.

§ único - Nos Capítulos poderão ser criadas Seções Especializadas, desde que sejam especialidades ou áreas de atuação cirúrgicas reconhecidas pela Comissão Mista de Especialidades – CME

Art. 21 - Poderão ser criados Capítulos somente nas unidades federativas do país nas quais o CBC possua no mínimo 15 (quinze) membros.

§ 1º - Completado o número de membros acima mencionado, o Diretório Nacional, visando à instalação de um Capítulo "em organização", designará por 1 (um) TCBC como seu delegado para promover o ingresso de novos membros e indicará outros 2 (dois) membros TCBC ou ACBC (Tesoureiro e Secretário), que constituirão com ele a Diretoria provisória do Capítulo;

§ 2º Ao ser completado o número mínimo de 10 (dez) TCBC ou TcCBC, poderá ser instalado, definitivamente, o Capítulo pelo Diretório Nacional.

Art. 22- Os Capítulos poderão propor a criação de "Regionais", desde que na região existam AsCBC, ACBC, TCBC, TcCBC, AjCBC ou ECBC nela residindo ou exercendo atividades profissionais. A consolidação dessas Regionais deverá ser previamente aprovada pelo Diretório Nacional.

## Título II - Dos órgãos da administração

Art. 23- São Órgãos de Administração do CBC:

a) Assembleia Geral;
b) Conselho Consultivo Superior;
c) Conselho Fiscal;
d) Diretório Nacional;
e) Capítulos

§ único - São órgãos auxiliares da administração:

a) Diretoria Executiva;
b) Superintendência Executiva;
a) Seções Especializadas, Comitês, Comissões Especiais, Eleitoral e de Ética.

**Seção I - Da assembleia geral**

Art. 24 - A Assembleia Geral é a mais alta instância de poder do CBC, representativa da vontade dos membros. Suas deliberações deliberações são soberanas, podendo ser Ordinárias ou Extraordinárias.
§ único - A Assembleia Geral é constituída pelos membros Eméritos (ECBC) e Titulares (TCBC), estes devendo estar quites com suas obrigações com o CBC, não sendo permitidas representações e/ou procurações.
Art. 25 - A Assembleia Geral poderá ser convocada pelo Presidente do Diretório Nacional ou seu substituto legal, na forma deste Estatuto.
Art. 26 - O edital de convocação para as Assembleias Gerais será publicado com 60 (sessenta) dias de antecedência no Diário Oficial da União, nas publicações oficiais, tanto impressas quanto mídias eletrônicas, do CBC e divulgado amplamente para as Diretorias dos Capítulos e Regionais.
Art. 27- A Assembleia Geral Ordinária (AGO) será realizada anualmente, de forma presencial ou virtual, no mês de março, com as seguintes atribuições:
a) apreciar a pauta previamente determinada para a Ordem do Dia, no edital de convocação da AGO;
b) deliberar sobre atos e decisões tomados ad referendum da AGO pelo Diretório Nacional;
c) deliberar sobre operações financeiras, relacionadas ao patrimônio do CBC, na Sede e nos Estados;
d) apreciar a prestação de contas do Diretório Nacional, anualmente, previamente avaliadas pelo Conselho Fiscal e pelo Conselho Consultivo Superior, além de analisar seus pareceres;
e) Apreciar a previsão orçamentária proposta pelo Diretório Nacional para o exercício
Art. 28 - As Assembleias Gerais Ordinárias (AGO) previstas neste Estatuto poderão ser instaladas, em primeira convocação, com a presença física ou virtual da maioria simples dos membros eleitores, e, em segunda convocação, com a presença física ou virtual de qualquer número, deliberando em qualquer caso pelo voto da maioria dos presentes.

Art. 29 - A Assembleia Geral Extraordinária (AGE) reunir-se-á sempre que os interesses do CBC exigirem e terá as seguintes competências:

a) eleger o Diretório Nacional e as Diretorias de Capítulos, nos anos Eleitorais, quando receberá a denominação de Assembleia Geral Extraordinária Eleitoral

§ 1º - Na convocação para eleição, além da Ordem do Dia, será fixado o prazo para recebimento das solicitações para registro de chapas.

§2º - O voto dos ECBC e TCBC será secreto, de acordo com as normas do Regimento Eleitoral constantes do Regimento Interno.

b) resolver sobre alterações do Estatuto do CBC e decidir sobre a interpretação de casos omissos deste Estatuto e do Regimento Interno;

c) destituir os dirigentes do CBC;

d) apreciar decisões tomadas pelo Diretório Nacional ad referendum da AGE;

e) deliberar sobre a extinção do CBC, se especialmente convocada para tal fim, nos termos deste Estatuto.

Art. 30- Nas Assembleias Gerais Extraordinárias previstas no art. 29 para deliberar sobre matéria prevista no item "c", são necessários os votos concordes de 2/3 (dois terços) dos membros, com a presença física ou virtual.

Art. 31 - As Assembleias Gerais Extraordinárias também poderão ser convocadas por membros que representem no mínimo 1/5 (um quinto) dos membros do CBC com direito a voto, desde que esta convocação seja feita com 60 (sessenta) dias de antecedência, com pauta definida e justificada.

Art. 32 - Para apreciação da matéria prevista no item "e" do artigo 29º, a Assembleia especialmente convocada para tal fim deverá instalar-se com pelo menos 4/5 (quatro quintos) dos membros TCBC e ECBC e só terá validade se a decisão for tomada por 2/3 (dois terços) dos membros presentes física ou virtualmente.

**Seção II - Do conselho consultivo superior**

Art. 33 - O Conselho Consultivo Superior é instância consultiva e supervisora composta por:

a) CONSELHEIROS VITALÍCIOS: São os ex-Presidentes e os ex-Vice-Presidentes que, após terem sido eleitos, tenham cumprido integralmente seus mandatos.

§ 1º - Os Membros Vitalícios, com presença física ou virtual, serão responsáveis pela escolha, por escrutínio secreto ou votação aberta, do Presidente do Conselho Consultivo Superior, que deverá ser escolhido dentre os conselheiros vitalícios e terá mandato de 2 (dois) anos, com direito a uma reeleição.

§ 2º- Dentre os Membros Vitalícios, o Presidente mais antigo do CBC será denominado DECANO e a este caberá substituir o Presidente do Conselho Superior nos seus impedimentos, inclusive na presidência.

§ 3º- Em caso de renuncia ou impedimento definitivo do Presidente do Conselho Consultivo Superior, o DECANO, no exercício da Presidência, conforme o parágrafo anterior, deverá convocar reunião, presencial ou virtual, no prazo máximo de 30 (trinta) dias, para eleição de novo Presidente, na conformidade do parágrafo primeiro.

b)CONSELHEIROS EXTERNOS: Membros não médicos, de ilibado conceito profissional, em número de até 3 (três), com no mínimo 2 (dois), com mandato de 2 (dois) anos e direito à reeleição. Esses membros serão indicados pelo Diretório Nacional para aprovação pelo Conselho Consultivo Superior.

§ 4º - O Conselho Consultivo Superior elegerá um de seus membros para ser o responsável pela relatoria das suas atas.

Art. 34 - O Conselho Consultivo Superior reunir-se-á, presencial ou virtualmente, de forma ordinária no mês de maio de cada ano e, extraordinariamente, quando convocado pelo seu Presidente ou por 5 (cinco) de seus membros ou por solicitação do Presidente do CBC, competindo-lhe:

§1º - As convocações de reuniões extraordinárias do Conselho Consultivo Superior deverão ocorrer com no mínimo 5 (cinco) dias úteis da data pretendida para sua realização e deverão ter pauta única.

a) avaliar e opinar sobre projeto de Reforma Estatutária, encaminhado pelo Diretório Nacional, previamente à Assembleia Geral Extraordinária (AGE);

b) emitir parecer, a pedido do Diretório Nacional, sobre a conveniência ou não da vinculação do CBC com associações ou federações médicas, nacionais ou estrangeiras, desde que tal ato não atinja a autonomia do CBC nem diminua os direitos de seus membros;

c) conhecer denúncias a respeito do não cumprimento deste Estatuto, desde que as mesmas sejam apresentadas em conformidade com o disposto no artigo 13º, e encaminhá-las ao Diretório Nacional para as providências estatutárias.

d) atuar como guardião do Estatuto, Regimento Interno e outros Documentos Regulatórios do CBC, informando o Diretório Nacional sobre eventuais descumprimento destes.

e) Sugerir politicas estratégicas para governança da instituição.

§2º - O Conselho Consultivo Superior só poderá deliberar em reuniões com a presença, física ou virtual, de no mínimo 5 (cinco) de seus membros.

Art. 35 - As despesas de viagens e estada dos membros do Conselho Consultivo Superior, necessárias para as suas reuniões e participação nos Congressos Brasileiros de Cirurgia, serão custeadas pelo Diretório Nacional.
Art. 36 - Os membros do Conselho Consultivo Superior deverão se reunir conjuntamente, de forma física ou virtual, com os do Diretório Nacional no mês de maio de cada ano, para a escolha do agraciado com o Prêmio Colégio Brasileiro de Cirurgiões.

**Seção III - Do conselho fiscal**

Art. 37 - O Conselho Fiscal é instância fiscalizadora, com função de auditoria contábil- financeira, composta por 3 (três) membros efetivos, ECBC ou TCBC, e 1 (um) membro suplente, ECBC ou TCBC, sendo esses membros indicados pelo Conselho Consultivo Superior, para um mandato de 2 (dois) anos, podendo 1/3 dos membros efetivos, ser reconduzido por no máximo mais 1 (um) mandato.
§ único - Esses membros não poderão pertencer ao Conselho Consultivo Superior ou ao Diretório Nacional.

**Seção IV - Do diretório nacional**

Art. 38 - O Diretório Nacional do CBC, eleito em Assembleia Geral Extraordinária nos anos eleitorais, é instância consultiva e deliberativa das atividades do CBC no país e no exterior, ressalvadas as atribuições de outros órgãos como previsto neste Estatuto.
Art. 39 - Ao Diretório Nacional compete:
a) cumprir as deliberações da Assembleia Geral;
b) estabelecer as políticas do CBC e o planejamento das atividades necessárias à consecução dos objetivos enunciados no artigo 2º;
c) administrar o patrimônio do CBC;
d) apresentar à Assembleia Geral Ordinária o balanço e a prestação de contas do exercício fiscal anterior, após análise e parecer do Conselho Fiscal e apreciação do Conselho Consultivo Superior;
e) aprovar a previsão orçamentária do exercício seguinte;
f) aplicar as penalidades previstas no Estatuto;
g) homologar os integrantes das Comissões Especiais Permanentes e Temporárias indicados pelo Presidente do CBC;

h) deliberar sobre a vinculação do CBC a centros de pesquisa e/ou de treinamento no âmbito nacional ou internacional;

i) editar as publicações oficiais da Entidade e acionar outros instrumentos necessários ao atendimento das finalidades do CBC;

j) decidir sobre o preenchimento definitivo ou temporário de cargos vagos no Diretório Nacional e nos demais órgãos auxiliares da Administração;

k) designar um TCBC para exercer as funções de Mestre de Capítulo e compor a respectiva Diretoria, quando a eleição e a posse dos novos dirigentes não se tenham efetuado, na forma prevista neste Estatuto, ou para organizar, definitivamente, um novo Capítulo;

l) deliberar em reunião conjunta, presencial ou virtual, com o Conselho Consultivo Superior, sobre a escolha do agraciado com o Prêmio Colégio Brasileiro de Cirurgiões;

m) aprovar as indicações dos HnCBC e HiCBC e, ainda, os Beneméritos e Benfeitores;

n) criar ou extinguir as Comissões Especiais Permanentes e Temporárias;

o) realizar o Congresso Brasileiro de Cirurgia e promover outros eventos científicos de Cirurgia;

p) propor à Assembleia Geral, em reunião conjunta, presencial ou virtual, com o Conselho Consultivo Superior, reformas do Estatuto e do Regimento Interno, de acordo com as normas estatutárias;

q) fixar os valores da anuidade e das demais taxas a serem pagas pelos membros do CBC;

r) deliberar sobre assuntos de caráter urgente ou sobre a interpretação de casos omissos neste Estatuto ou Regimento Interno ad referendum da Assembleia Geral, se for o caso;

s) indicar 5 (cinco) Conselheiros Vitalícios do Conselho Consultivo Superior para constituírem a Comissão Eleitoral, sendo 3 (três) titulares e 2 (dois) suplentes.

§ único - Os serviços e setores da Superintendência Administrativa são os instrumentos com que o Diretório Nacional e seus Órgãos de Apoio contarão para atender ao que lhes é especificado no Estatuto e no Regimento Interno.

Art. 40- O Diretório Nacional, com mandato de 2 (dois) anos, será empossado na 1ª (primeira) quinzena do mês de dezembro do ano da Assembleia Geral Extraordinária que o elegeu e será composto por:

Presidente

Vice-Presidente

Diretor do Setor Norte

Diretor do Setor Nordeste

Diretor do Setor Centro-Oeste

Diretor do Setor Sudeste

Diretor do Setor Sul

Diretor Secretário Geral

Diretor de Relacionamento com os Membros

Diretor Científico

Diretor Científico Adjunto

Diretor de Capacitação e Desenvolvimento

Diretor de Certificações

Diretor Financeiro

Diretor Financeiro Adjunto

Diretor de Publicações

Diretor de Comunicação

Diretor de Relações Internacionais

Diretor de Comissões

Diretor de Defesa Profissional

§ 1º- O Diretor Secretário Geral, o Diretor Financeiro e o Diretor Financeiro Adjunto deverão residir, obrigatoriamente, no Estado do Rio de Janeiro.

§ 2º - Os Diretores Setoriais deverão ser membros TCBC quites ou Membros ECBC, por ocasião da abertura do processo eleitoral, e escolhidos dentre os membros dos Capítulos que compõem os respectivos Setores.

Art. 41- Ao Presidente Nacional, que poderá ser eleito no máximo 2 (duas) vezes, consecutivas ou alternadas, para esse cargo, compete:

a) em consonância com o Diretório Nacional, a direção das atividades e a defesa do CBC;

b) representar a Entidade ativa e passivamente, em juízo ou fora dele;

c) assinar contratos, ordens de pagamento e outros documentos em nome do CBC;

d) convocar ou determinar a convocação e presidir as Assembleias Gerais, as reuniões do Diretório Nacional e os eventos promovidos por este;

e) empossar os novos membros ou delegar substitutos para tal, segundo as regras do Regimento Interno;

f) decidir sobre assuntos urgentes ad referendum do Diretório Nacional;
g) falar em nome do CBC e representá-lo, podendo delegar essas atribuições, referentemente, a qualquer outro membro do CBC;
h) apresentar à Assembleia Geral Ordinária relatório da gestão e prestação contas do CBC;
i) indicar membros para Comissões ou designá-los para atender às finalidades do CBC;
j) preencher cargos vagos do Diretório Nacional, em caso de impedimento ou renúncia de algum dos seus membros, decidindo ad referendum do mesmo;
k) agir como moderador em casos polêmicos e não previstos neste Estatuto envolvendo os interesses do CBC, membros do Diretório Nacional e associados em geral;
l) fazer relacionamento com os poderes públicos e com outras instituições congêneres sobre assuntos de interesse do CBC e de seus membros;
m) autorizar despesas, admissões e demissões de funcionários, assim como zelar pelos bens e pelo patrimônio do CBC;
n) adquirir bens para o CBC ou aliená-los, nos limites e na forma previstos neste Estatuto e no Regimento Interno;
o) cumprir e fazer cumprir este Estatuto as decisões das Assembleias Gerais e dos outros Órgãos Estatutários do CBC;
p) atuar como Presidente dos Congressos Brasileiros de Cirurgia.

Art. 42- Ao Vice-Presidente, compete acompanhar e auxiliar o Presidente em suas funções e substituí-lo em suas ausências ou impedimentos,
podendo inclusive assinar contratos, ordens de pagamento e outros documentos em nome do CBC.

§1º- Caberá também ao Vice-Presidente coordenar as atividades das Diretorias Setoriais e respectivos Capítulos.

Art. 43- Aos Diretores Setoriais, sob a coordenação do Vice-Presidente, compete planejar, supervisionar e elaborar, em conjunto com as Diretorias dos Capítulos do respectivo setor, os programas científicos e administrativos.

Art. 44- Ao Diretor Secretário Geral compete:
a) elaborar, junto com o Presidente, a pauta das reuniões presenciais ou virtuais do Diretório Nacional e das Assembleias Gerais;
b) lavrar as respectivas atas das reuniões presenciais ou virtuais do Diretório Nacional e das Assembleias Gerais;
c) substituir o Presidente nos impedimentos do Vice-Presidente.

Art. 45- Ao Diretor de Relacionamento com os Membros compete:

a) analisar as propostas de admissão de novos membros e aprová-las conforme disposto neste Estatuto e no Regimento Interno do CBC e manter atualizado o cadastro de associados de todas as categorias de Membros do CBC.

b) substituir o Presidente nos impedimentos do Vice-Presidente e do Diretor Secretário Geral.

Art. 46- Ao Diretor Científico compete:

a) organizar o programa de atividades culturais e científicas do CBC;

b) dar o seu parecer sobre os trabalhos de autores que forem candidatos aos prêmios instituídos pelo Colégio;

c) assessorar o Vice-Presidente na determinação de temas e na escolha de convidados da programação científica dos eventos científicos dos Setores e respectivos Capítulos.

Art. 47- Ao Diretor Científico Adjunto compete auxiliar o Diretor Científico em suas atividades e substituí-lo nos seus impedimentos.

Art. 48- Ao Diretor de Capacitação e Treinamento responsável em promover uma cultura de aprendizado contínuo compete:

a) Organizar e administrar o programa de treinamento em Cirurgia do CBC

b) Identificar outras possibilidade de capacitação;

Art. 49- Ao Diretor de Certificações compete:

a) Coordenar os processos de certificações emitidas pelo CBC;

b) Identificar novas outras possibilidades de certificação;

c) Assegurar que os certificados sejam emitidos de acordo com os processos e normas estabelecidos.

Art. 50- Ao Diretor Financeiro compete:

a) representar o CBC, juntamente com o Presidente Nacional ou seu substituto, ativa e passivamente, em juízo ou fora dele;

b) assinar contratos, ordens de pagamento e outros documentos em nome do CBC.

Art. 51- Ao Diretor Financeiro Adjunto compete auxiliar e substituir o Diretor Financeiro em seus impedimentos, podendo inclusive assinar contratos, ordens de pagamento e outros documentos em nome do CBC.

Art. 52- Ao Diretor de Publicações compete supervisionar a Revista, o e outras publicações do CBC.

Art. 53- Ao Diretor de Comunicação compete:

a) Gerenciar e propor a política de comunicação;

b) Incentivar, em conjunto com a Superintendência, a utilização de Tecnologia da

Informação em toda sua amplitude, mídias sociais e ferramentas de educação a distância.

Art. 54- Ao Diretor de Relações Internacionais, em consonância com as deliberações do Diretório Nacional e o seu Presidente, compete:

a) promover o relacionamento do CBC com Sociedades Cirúrgicas internacionais congêneres;

b) promover e participar de negociações de acordos e convênios de intercâmbio e de cooperação educacional, científica e tecnológica;

Art. 55- Ao Diretor de Comissões compete:

a) planejar, supervisionar administrativamente e controlar as atividades das Comissões do CBC em articulação com as Diretorias afins;

b) assegurar a padronização de técnicas e procedimentos de funcionamento das Comissões do CBC;

c) elaborar relatórios consolidados e gerenciais, para apresentação ao Diretório Nacional em suas reuniões

Art. 56- Ao Diretor de Defesa Profissional compete zelar pelas condições seguras do exercício das atividades do cirurgião e sua justa remuneração, preservando-lhes a dignidade profissional.

Art. 57- O Regimento Interno definirá mais detalhadamente as atribuições dos componentes do Diretório Nacional.

**Seção V - Das diretorias de capítulo e das regionais**

Art. 58- Os Capítulos, todos com a denominação da correspondente unidade federativa onde se situam e sede na respectiva Capital Estadual e no Distrito Federal, são centros de atividades e representação do CBC no território Nacional.

Art. 59- As Diretorias dos Capítulos, eleitas na mesma data do Diretório Nacional pelos ECBC e TCBC dos próprios Capítulos, serão empossadas junto com o DN, representadas pelos seus Mestres, com mandato de 2 (dois) anos. Coincidentes com o do Diretório Nacional, são constituídas por: Mestre, Vice-Mestre, Secretário, Tesoureiro, e Representante do DEPRO.

§ 1º - O Mestre e o Vice-Mestre serão sempre um ECBC ou um TCBC residentes na Unidade Federativa sede do Capítulo.

§ 2º - O Mestre, representando a Diretoria do respectivo Capítulo, será empossado durante a solenidade de posse do novo Diretório Nacional na primeira quinzena do mês de dezembro do ano da Assembleia Geral Extraordinária Eleitoral que a elegeu.

§ 3º - A Diretoria de um Capítulo deverá ser constituída por ECBC ou TCBC, porém, em caráter excepcional, poderão ser incluídos Membros ACBC ou AjCBC.

Art. 60- Compete à Diretoria do Capítulo:

a) dirigir as atividades do Capítulo na respectiva unidade geográfica, exceto aquelas de competência do Diretório Nacional;

b) colaborar com o Diretório Nacional no preparo e na promoção de eventos realizados na área do Capítulo;

c) manter permanente contato com o Diretório Nacional por meio do Diretor Setorial ou de Membro do Diretório Nacional que o represente em assuntos administrativos, financeiros e de divulgação;

d) encaminhar ao Diretório Nacional toda a movimentação financeira do Capítulo para o devido lançamento contábil, competência esta de obrigatoriedade também das Diretorias das Regionais.

Art. 61- As Juntas Diretoras das Regionais serão indicadas pela Diretoria dos respectivos Capítulos homologadas pelo Diretório Nacional.

§ único - Seus dirigentes terão o título de Diretor Regional e integrarão a Diretoria dos respectivos Capítulos.

Art. 62- As Regionais dos Capítulos desenvolverão atividades científicas em suas regiões, sempre com conhecimento da Diretoria.

Art. 63- O Regimento Interno especificará as atribuições dos membros integrantes das Diretorias dos Capítulos e de suas Regionais, assim como o relacionamento que existirá entre esses dois Órgãos.

## Título III - Dos órgãos auxiliares

Art. 64- O Diretório Nacional, para atender aos objetivos do CBC, além do auxílio proporcionado pelos seus membros e Órgãos Estatutários definidos no Título II do Capítulo IV, contará com a colaboração direta dos seguintes Órgãos Auxiliares:

a) Diretoria Executiva- instância executiva, designada pelo Presidente, que a comporá e presidirá, sendo seus demais membros o Vice-Presidente, o Diretor Financeiro e o Diretor Financeiro Adjunto, à qual caberá a execução das decisões do Diretório Nacional e da Assembleia Geral.

§ 1º - O Superintendente Executivo auxiliará os trabalhos desta Diretoria.

b) Seções Especializadas, Superintendência Executiva, Comitês, Comissões Especiais, Eleitoral e de Ética.

§ 2º - O Regimento Interno definirá as atribuições de cada um deste órgãos auxiliares.

## Capítulo V - Dos recursos financeiros

Art. 65- São recursos financeiros do CBC:

a) auxílios e doações;

b) anuidades, taxas de inscrição e outras contribuições recebidas dos membros;

c) receitas decorrentes de atividades;

d) receitas patrimoniais;

e) receitas financeiras;

f) outras receitas não especificadas.

§ único - Os recursos financeiros serão aplicados prioritariamente nas atividades que constituem os objetivos do CBC, definidos no artigo 2º deste Estatuto.

Art. 66- Os valores recebidos pelo CBC na sua Sede e nos Capítulos Estaduais serão investidos na manutenção e melhoria dos serviços administrativos e no custeio das atividades científicas enunciadas no Capítulo III e na administração dos Órgãos Estatutários referidos no Capítulo IV, Títulos II e III deste Estatuto.

§ 1º - As despesas com viagens e estadas dos membros dos Órgãos Estatutários, que se reúnem na Sede do CBC ou em outro ponto do país, ficam dependentes da disponibilidade de caixa do Diretório Nacional.

§ 2º - É vedada a cessão gratuita de dependências da Sede sem a expressa autorização do Diretório Nacional.

Art. 67- Das anuidades recebidas pela Tesouraria, o valor de até 50% (cinquenta por cento) do pagamento efetuado pelos respectivos Membros poderá ser disponibilizado aos Capítulos, mediante projeto para destinação desse recurso aprovado pelo Diretório Nacional.

§ único - O direito a esse recurso expira no prazo de 2 (dois) anos fiscais consecutivos.

Art. 68- O Regimento Interno especificará a ação dos órgãos arrecadadores da receita e os critérios a serem observados no controle das despesas efetuadas pelos Órgãos Estatutários e de Apoio do CBC.

## Capítulo VI - Do patrimônio

Art. 69- O Patrimônio do CBC é representado por seus bens móveis e imóveis em sua Sede e nas dos Capítulos Estaduais, sob a responsabilidade do Diretório Nacional, através de seus integrantes.

§ 1º - Todos os bens deverão ser tombados e registrados na Sede do CBC, no Rio de Janeiro.
§ 2º - Em caso de dissolução do CBC, seu patrimônio remanescente será destinado a outra entidade congênere ou que tenha os mesmos ou semelhantes objetivos, conforme decisão a ser tomada pela Assembleia Geral que decidir sobre o assunto.
Art. 70- Para todos os atos que impliquem em alienação, troca de bens imobiliários, empenho ou sub-rogação de bens patrimoniais do CBC, o Diretório Nacional necessita da autorização do Conselho Consultivo Superior.
§ único - O Diretório Nacional também solicitará a aprovação do Conselho Consultivo Superior para a aquisição de bens permanentes, não estimados na previsão orçamentária do exercício vigente, sempre que o valor destes seja superior ao valor equivalente a 100 (cem) anuidades.

## Capítulo VII - Das disposições gerais e transitórias

Art. 71- A condição de Membro do CBC em qualquer categoria, bem como o desempenho de qualquer função no Conselho Consultivo Superior, no Conselho Fiscal, no Diretório Nacional, nas Diretorias e Juntas Provisórias dos Capítulos, nas Juntas Diretoras das Regionais de Capítulo e nas Comissões Especiais do CBC, é não remunerada, sendo, também, vedada a distribuição de lucros ou dividendos de qualquer natureza.
§ único - Os eventuais excedentes verificados no resultado operacional do CBC serão integralmente utilizados na própria Sociedade, no cumprimento de seus objetivos.
Art. 71-A – O patrimônio e as receitas do Colégio Brasileiro de Cirurgiões serão integralmente aplicados na manutenção e no desenvolvimento de seus objetivos institucionais, sendo vedada a distribuição de lucros, bonificações, dividendos ou qualquer parcela do patrimônio ou das receitas, a qualquer título, aos seus dirigentes, associados ou terceiros.
§1º – Na hipótese de geração de superávit operacional, este deverá ser obrigatoriamente reinvestido nas atividades essenciais da entidade, respeitando-se o princípio da finalidade não lucrativa.
§2º – É vedada qualquer forma de distribuição indireta de resultado operacional, nos termos da jurisprudência do Supremo Tribunal Federal.
Art. 72- Os membros do CBC não respondem solidária ou subsidiariamente pelos

compromissos assumidos pelo Diretório Nacional ou pelas Diretorias de Capítulos e Regionais.

Art. 73- Fica estabelecida a impossibilidade, sob qualquer pretexto, da mudança da Sede do CBC da cidade do Rio de Janeiro.

Art. 73-A – O Colégio Brasileiro de Cirurgiões compromete-se a observar, em todas as suas atividades, os princípios e as normas da Lei Geral de Proteção de Dados Pessoais – LGPD (Lei nº 13.709/2018), adotando políticas internas de governança, segurança da informação e tratamento adequado dos dados pessoais de seus associados, colaboradores, parceiros e terceiros.

Art. 73-B – O CBC adotará boas práticas de governança institucional, com ênfase em transparência, integridade, responsabilidade e equidade na gestão associativa, podendo instituir manuais e códigos internos sobre ética, integridade, conduta, governança e compliance.

Parágrafo único – Os documentos mencionados neste artigo, quando aprovados pela Diretoria Nacional, terão natureza normativa complementar, vinculando todos os órgãos, membros e setores do CBC, devendo ser publicados no portal institucional.

Art. 74- As atividades do CBC, em suas várias modalidades, terão caráter presencial ou virtual, na dependência das possibilidades temporais, tendo seu formato definido pela Diretoria Executiva.

Art. 75- O Regimento Interno do CBC regulará a administração e o funcionamento dos seus diversos órgãos e definirá as atribuições de seus integrantes podendo, quando necessário, ser revisto pelo Diretório Nacional, obedecidas sempre, as disposições deste Estatuto.

Art. 76- O Diretório Nacional envidará esforços e diligenciará para que o CBC se habilite para a obtenção de Título de Utilidade Pública nas áreas Federal, Estadual e Municipal, assim como para a recepção de recursos oriundos de renúncia fiscal das citadas esferas de poder.

Art. 77- Os casos omissos no presente Estatuto serão apreciados pelo Diretório Nacional e/ou por Assembleia Geral Extraordinária

Art. 78- Os atuais cargos do Diretório Nacional, bem como seus atuais ocupantes, permanecerão os mesmos até o final do mandato para o qual foram eleitos, ou seja, dezembro de 2025.

• Estatuto Social Consolidado do CBC (2025)- Versão final aprovada pela Assembleia Geral Ordinária e Extraordinária realizada em 31/05/2025, com as alterações incorporadas relativas à modernização da governança, conformidade legal, integridade institucional, LGPD e imunidade tributária (art. 150, VI, "c", CF c/c art. 14, CTN). A reunião foi presidida, nos termos estatutários, pelo Presidente do CBC, Dr. Pedro Eder Portari Filho, brasileiro, médico, domiciliado no mesmo endereço institucional, portador da cédula de identidade nº 0630096-9 expedida pelo IFP, inscrito no CRM/RJ sob o nº 52.5220-56 e no CPF/MF sob o nº 901.981.747-72, com endereço eletrônico presidente@cbc.org.br. Para secretariar os trabalhos, foi designado como secretário ad hoc o Dr. Hélio Machado Vieira Júnior, brasileiro, médico, nascido em 03/06/1972, portador do CRM/RJ nº 52-95.286-9 e CPF nº 012.657.807-90, residente na Rua Bogari, nº 126, apartamento 804, bairro Lagoa, Rio de Janeiro/RJ, CEP 22471-340.

• Tudo fora acompanhado e chancelado pelo advogado: Bruno Resque, inscrito na OABMG sob o nº 129.336 e OABRJ sob o nº 265.952, com escritório nas cidades do Rio de Janeiro/ RJ e de Belo Horizonte/ MG, localizados, respectivamente, na Avenida Ataulfo de Paiva, nº 1.235, sala nº 303, Leblon, CEP.: 22.440-034 e na Rua Espírito Santo, nº 2.727, sala 1102, Lourdes, CEP.: 30.160.032, com endereço eletrônico sendo advogadobrunoresque@gmail.com.

Rio de Janeiro/ RJ, 31 de maio de 2025.

*Dr. Pedro Eder Portari Filho*
*President*

*Hélio Machado Vieira Júnior*
*Secretário ad hoc*

*Bruno Resque*
*OAB/RJ nº 265.952*
*OAB/MG nº 129.336*
*CNPJ OAB nº 00561/516*


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BRASÍLIA – DF
2025

# MEDICAL DEMOGRAPHICS IN BRAZIL 2025




BRASÍLIA – DF
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***Researchers and collaborating faculty members:***
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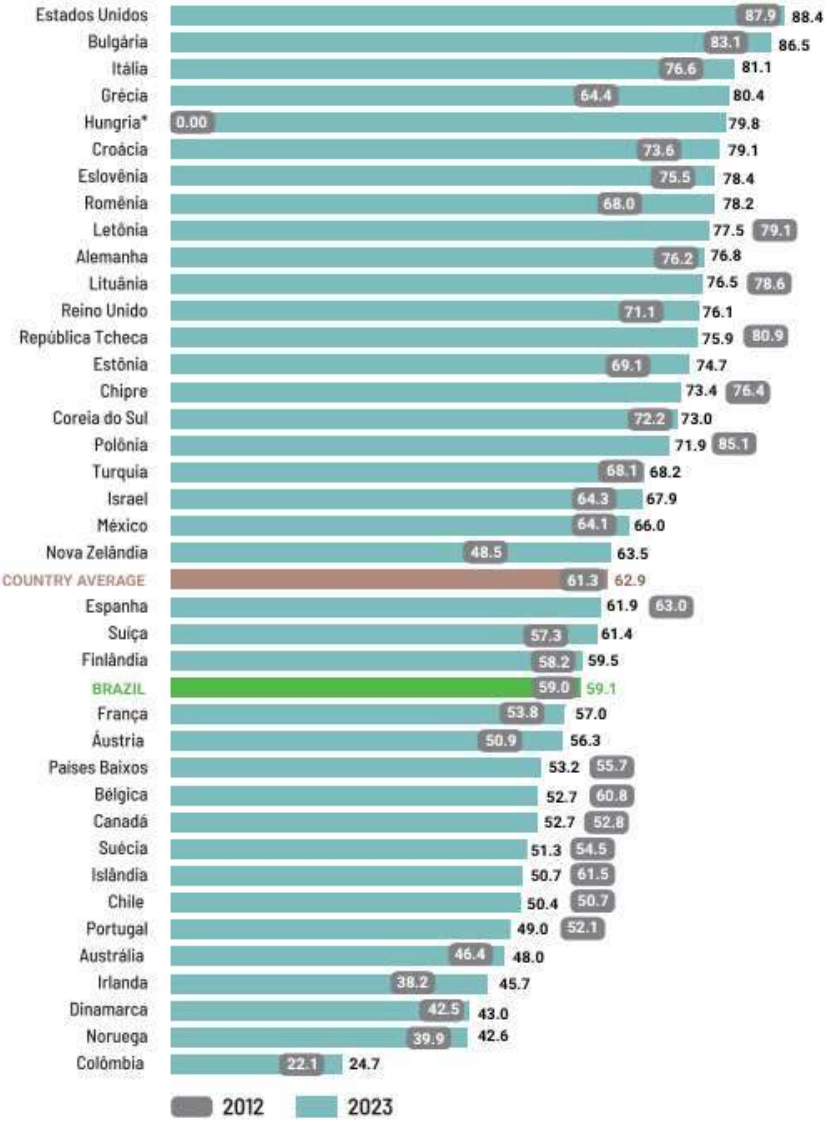
## Percentage of specialist physicians

Specialist physicians represent around 77% of the total number of active professionals in OECD[8] countries.

In Brazil, on the other hand, the share of specialist physicians stands at 59.1%, which is below the average of the countries evaluated in this study (62.9%), as demonstrated in Figure 5.

Figure 5

**Percentage of specialist physicians in relation to the total number of active physicians, by selected countries, in 2012 and 2023** | Brazil, 2025




**Source:** Elaborated by the authors; OECD. **Note:** 2023 data or the latest year declared by each country, according to the OECD. As for Brazil, the information represents the most recent data available and verified by the DMB. *No data available for 2012. Country average includes all 39 nations listed. **Remark:** For citation, attribute to (Scheffer, 2025), see the cataloging-in-publication data of this publication.

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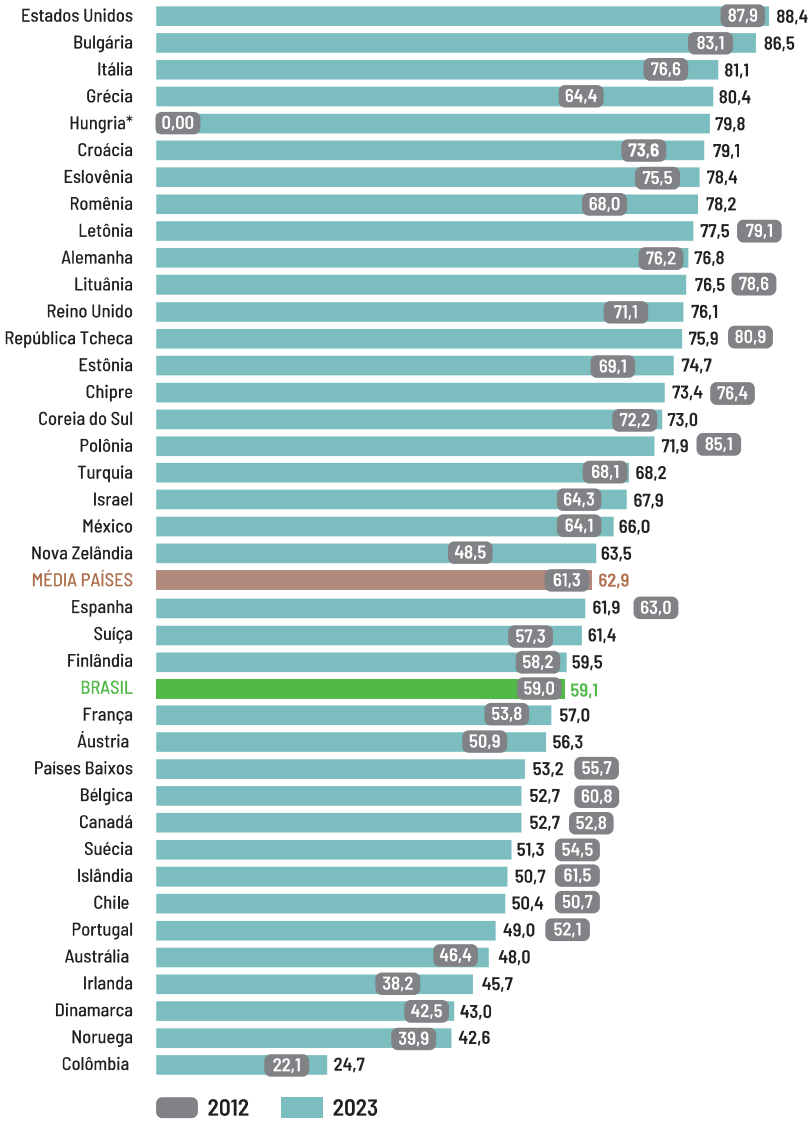
## Porcentagem de médicos especialistas

Médicos especialistas representam cerca de 77% do total de profissionais em atividade nos países da OCDE[8].

Já no Brasil, a parcela de médicos especialistas é de 59,1%, abaixo da média dos países avaliados neste estudo (62,9%), conforme demonstra a Figura 5.

Figura 5

**Percentual de médicos especialistas em relação ao total de médicos em atividade, segundo países selecionados, em 2012 e 2023** | Brasil, 2025




▶ **Fonte:** Elaboração dos autores; OCDE. **Nota:** Dado de 2023 ou último ano declarado por cada país, segundo OCDE. Já as informações para o Brasil são as mais recentes disponíveis e apuradas pela DMB. *Não há dado disponível para 2012. Média países inclui todas as 39 nações listadas. **Obs.:** Para citação, atribuir a (Scheffer, 2025), vide ficha catalográfica desta publicação.

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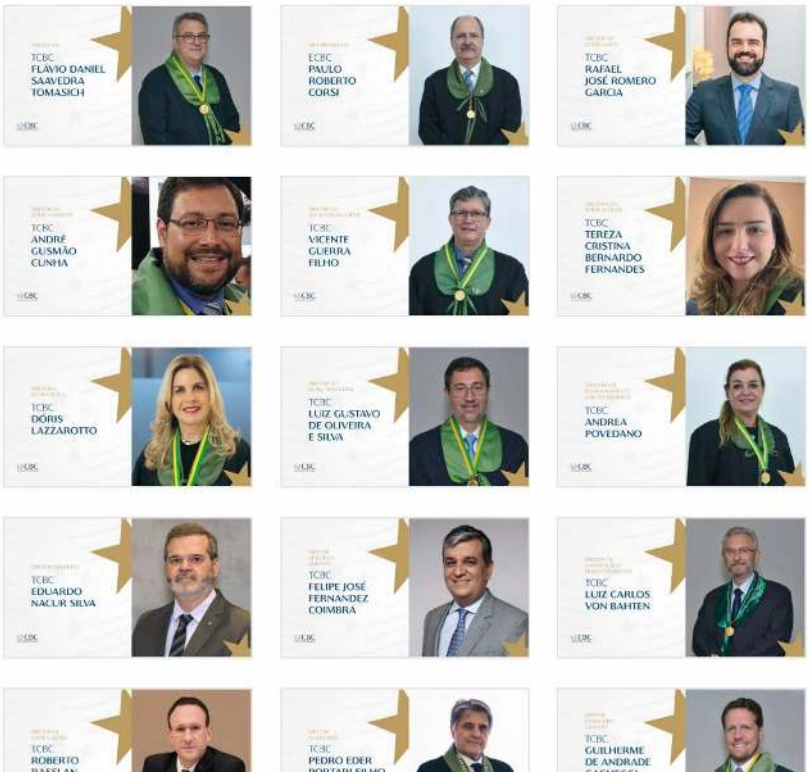
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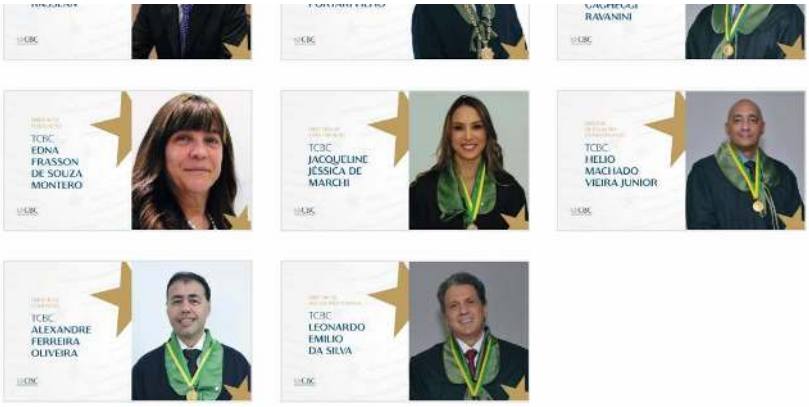
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www.linkedin.com/in/flavio-daniel-saavedra-tomasich-16279754 (LinkedIn)

## Top skills

Team leadership
Change management
Medicine

## Certifications

Doctor of Medicine, concentration in Surgery

# Flavio Daniel Saavedra Tomasich

President of the Brazilian College of Surgeons

Quatro Barras, Paraná, Brazil

## Experience

### CBC | Brazilian College of Surgeons

President

December 2025 – Present · 9 months

Rio de Janeiro, Brazil

Institution representing Brazilian Surgery.

### Unimed Curitiba

7 years 5 months

Health Superintendent

May 2021 – Present · 5 years 4 months

Curitiba and Region, Brazil

Manager of Owned Services

April 2019 – May 2023 · 4 years 2 months

Curitiba and Region, Brazil

### UFPR

Coordinator of the Operative Technique and Experimental Surgery Discipline

October 2006 – Present · 19 years 11 months

Full Professor in the Department of Surgery at the Hospital de Clínicas of the Federal University of Paraná. Coordinating Operative Technique and Experimental Surgery I and II courses.

### Self-employed

Physician

June 1992 – Present · 34 years 3 months

Physician working primarily in the field of Surgical Oncology. Experience in the Unified Health System, the Supplementary Health System, and private practice.

### Superintendent of the Hospital de Clínicas Complex

Superintendent

January 2015 – January 2017 · 2 years 1 month

Superintendent of the Hospital de Clínicas Complex of the Federal University of Paraná. Oversaw the activities of the hospital units: Hospital de Clínicas and Vitor Ferreira do Amaral Maternity Hospital. Developed and executed the Strategic Development Plan for both units. Responsible for performance and results in administration and finance, health care, teaching, and research across the complex.

## Hospital de Clínicas

### General Director

June 2013 – January 2015 · 1 year 8 months

General Director of the Hospital de Clínicas of the Federal University of Paraná. Responsible for the overall coordination of the largest public hospital in the state of Paraná.

Coordinated its deliberative councils and was responsible for compliance with and implementation of the Strategic Plan. Coordinated care delivery, teaching and research, and administration and finance.

## Paraná League for the Fight Against Cancer

### Coordinator of the Teaching, Research and Technology Unit

April 2012 – December 2013 · 1 year 9 months

Coordinated health education, including lato sensu postgraduate programs (Medical Residency and Multiprofessional Residency) and undergraduate internships, all specifically focused on oncology. Coordinated the institution’s clinical research, including contact and negotiations with sponsors.

## Paraná League for the Fight Against Cancer

### Superintendent

May 2007 – April 2011 · 4 years

Superintendent of the Paraná League for the Fight Against Cancer, the organization that maintains three units: Hospital Erasto Gaertner, the Women’s Network for the Fight Against Cancer, and the Teaching, Research and Technology Unit. Large organization whose mission is “Fight Cancer with humanism, science and affection.” More than 1,000 employees and annual revenue exceeding US$20,000,000.

## Paraná League for the Fight Against Cancer

### Director of Hospital Erasto Gaertner

May 2003 – April 2007 · 4 years

General Coordinator of Hospital Erasto Gaertner, the largest unit of the Liga Paranaense de Combate ao Câncer. A highly complex hospital specializing in the care of patients with cancer, serving more than 1,000 new cases per month. Considered a reference in oncology treatment in Southern Brazil.

# Education

### Hospital Erasto Gaertner

Surgical Oncologist, Medical Oncology Residency Program · (1995 – 1998)

### Hospital Erasto Gaertner

Master of Business Administration (MBA), Hospital Administration/ Management · (2005 – 2006)

### Faculdade de Ciências Médicas da Santa Casa de Misericórdia de São Paulo

Doctor of Medicine (M.D.), PhD in Surgery, Stricto Sensu · (2002 – 2005)

### Faculdade de Ciências Médicas da Santa Casa de Misericórdia de São Paulo

Master’s Degree in Surgery, Stricto Sensu Postgraduate Program in Surgery · (1998 – 2001)

### Faculdade de Ciências Médicas da Santa Casa de Misericórdia de São Paulo

Surgeon, General Surgery Residency Program · (1992 – 1995)

# Exhibit D.I.b – Digestive System Surgery Certification from AMB/CBCD

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**Diretor do TECAD – Título de Especialista em Cirurgia Digestiva –** Wilson Rodrigues de Freitas Junior

**Diretor Adjunto do TECAD – Título de Especialista em Cirurgia Digestiva –** Fabrício Ferreira Coelho

**Presidente para o Próximo Biênio**

**2027 e 2028** – Paulo Herman

# INSTITUTIONAL DECLARATION

## TO WHOM IT MAY CONCERN

The Brazilian College of Digestive Surgery (Colégio Brasileiro de Cirurgia Digestiva - CBCD), CNPJ 61.569.372/0001-28, founded on July 22, 1988, is a nonprofit civil association of a scientific nature, recognized by the Brazilian Medical Association (Associação Médica Brasileira - AMB) and the Federal Council of Medicine (Conselho Federal de Medicina - CFM) as the exclusive representative organization for physicians specializing in Digestive System Surgery throughout Brazil.

Among its statutory purposes (Bylaws, Article 2), the CBCD establishes standards for specialty training, education, and research; accredits training services and programs; and grants the Specialist Title in Digestive System Surgery (TeCBCD), jointly certified with the AMB, to physicians who satisfy the applicable legal and regulatory requirements.

The TeCBCD is awarded exclusively upon successful completion of a qualifying examination, pursuant to Decree No. 8,516/2015, CME Resolution No. 1/2016, and the CBCD Internal Regulations. The examination is administered by the permanent TECAD committee (Specialist Title in Digestive Surgery) and consists of a written theoretical phase and a practical or theoretical-practical phase, both eliminatory. Each phase is evaluated by panels of recognized digestive surgery specialists appointed by TECAD. In addition to passing the examination, the candidate must demonstrate completion of a medical residency program in General Surgery or Digestive System Surgery of at least two years, accredited by the National Medical Residency Commission (CNRM) or recognized by the CBCD.

According to the CBCD membership records, Dr. Yglésio Luciano Moyses Silva de Souza (CRM-MA 5227), having fulfilled the requirements described above, was awarded the Specialist Title in Digestive System Surgery on October 9, 2009 (AMB Registration No. 112243). Dr. Souza is classified as a Specialist Full Member (TeCBCD), as defined in Article 6 of the CBCD Internal Regulations. His membership is current, active, and in good standing as of the date of this declaration.

This declaration is issued at the request of the interested party and is limited to confirming institutional facts contained in the CBCD records and governing instruments. It expresses no opinion regarding any matter of United States immigration law or any proceeding involving Dr. Souza.

I remain available to confirm the facts stated herein or to provide any additional information that may be required.

São Paulo, Brazil, August 4, 2026

Respectfully,

Assinado por:

5705832173994F5...

**Richard Ricachenevsky Gurski**

Secretary General

Colégio Brasileiro de Cirurgia Digestiva - CBCD

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CEP: 01318-901 - Bela Vista - São Paulo, SP

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Brazilian Medical Association

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# Brazilian College of Surgeons

Brazilian College of Digestive Surgery.

*hereby confer the*

## TITLE OF SPECIALIST IN SURGERY OF THE DIGESTIVE SYSTEM

*to*

## Dr. Yglésio Luciano Moyses Silva de Souza

*for having passed the examination conducted following the standards established by the Brazilian Medical Association and the Brazilian College of Digestive Surgery.*

**São Paulo, October 9, 2009**

Dr. José Luiz Gomes do Amaral
President of the AMB

Dr. Aldemir Humberto Soares
Secretary-General of the AMB

Dr. Nelson Adami Andreollo
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Karina Soares
SECRETARIAT OF SPECIALIST TITLES

(The President and the Acting Secretary-General signed on the date of registration.)

**AMB** Title valid until December 2014

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**REGIONAL COUNCIL OF MEDICINE OF MARANHÃO**

## CERTIFICATE

**The Regional Council of Medicine of Maranhão, following CFM Resolution No. 1.634/2002, hereby certifies that it has registered under No. 804 the qualification of the physician Yglésio Luciano Moyses Silva de Souza in the specialty of Digestive Surgery**

**São Luiz - MA 08/13/2010**

**-----//signature//-----**

**President of CRM - MA**

NOTARY PUBLIC

12TH NOTARY PUBLIC OFFICE
Alameda Santos 1470 - São Paulo - SP - ZIP Code 01418-100
Bachelor Homero Santos - Notary Public - Phone (11) 3549-6277 - Fax (11) 3254-6362

**I hereby certify the authenticity of the signatures JOSE LUIZ GOMES DO AMARAL and ALDEMAR HUMBERTO SOARES, which match the signature specimens on file at this Notary Office.**
**São Paulo, April 06, 2010**
**In witness whereof,**
**Cleber Gonçalves - Authorized Clerk**
**Signature:**

100406612735

Notarial College of Brazil

**12TH NOTARY PUBLIC OFFICE**

**SIGNATURE 2**

1042AA284879

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: May 16, 2025.**

AMB
Associação Médica Brasileira

# Associação Médica Brasileira

## Colégio Brasileiro de Cirurgia Digestiva

*conferem o*

## TÍTULO DE ESPECIALISTA EM CIRURGIA DO APARELHO DIGESTIVO

*ao*

## Dr. Yglésio Luciano Moyses Silva de Souza

*por ter obtido aprovação em concurso realizado segundo as normas estabelecidas pela Associação Médica Brasileira e o Colégio Brasileiro de Cirurgia Digestiva.*

São Paulo, 9 de outubro de 2009

Dr. José Luiz Gomes do Amaral
Presidente da AMB

Dr. Ademir Humberto Soares
Secretário Geral da AMB

Dr. Nelson Adami Andreollo

Dr. Cláudio José Caldas Bresciani

**AMB** ASSOCIAÇÃO MÉDICA BRASILEIRA

| | |
|---|---|
| ENTRADA OFÍCIO | 18/01/10 |
| SOLICITAÇÃO CONFECÇÃO | 28/01/10 |
| SAÍDA P. SOCIEDADE | 16/03/10 |
| RETORNO DA SOCIEDADE | 01/04/10 |
| CADASTRAMENTO | 05/04/10 |
| SAÍDA P/ FEDERADA | 19/01/10 |
| REGISTRO | 112243 |

Karina Soares
SECRETÁRIA DE TÍTULOS DE ESPECIALISTA

(ASSINARAM O PRESIDENTE E O SECRETÁRIO GERAL EM EXERCÍCIO NA DATA DO REGISTRO)

**AMB** Título válido até dezembro/2014

**CONSELHO FEDERAL DE MEDICINA**
**CONSELHO REGIONAL DE MEDICINA DO MA**

**CERTIFICADO**

O Conselho Regional de Medicina do Maranhão, de acordo com a Resolução CFM nº 1.634/2002, certifica que registrou sob o nº 204 a qualificação do(a) médico(a) [illegible] na especialidade de [illegible]

São Luís - MA, 21/1/2010

Presidente do CRM -MA

1º TABELIÃO de NOTAS — CARTÓRIO DO 1º TABELIÃO DE NOTAS
Marcelo [illegible] - Cep 04615-10
AV. NOGUEIRA [illegible] - TABELIÃO - Tel. (11) [illegible] - Fax (11) 3284-6952

Reconheço por semelhança as firmas de JOSE LUIZ GOMES DO AMARAL, ALDEMIR HUMBERTO SOARES, as quais conferem com os padrões depositados em Cartório.
São Paulo, 05 de Abril de 2010
Em testemunho da verdade.
Cleber Gonçalves - Ferrovante Autorizado
1000061612235 Firma: R$ [illegible] CARPEN
FIRMA 2
1042AA284879

# PUBLIC NOTICE No. 001/2025

## SPECIALIST CERTIFICATION IN DIGESTIVE SYSTEM SURGERY – TECAD

The **Brazilian College of Digestive Surgery** (CBCD), registered under Brazilian Registry of Legal Entities (CNPJ) No. 61.569.372/0001-28, in partnership with the Brazilian Medical Association (AMB) and in compliace with its statutory responsibilities, hereby announces that applications are open for the **National Examination for the Specialist Certification in Digestive System Surgery (TECAD)**, **from the date of publication of this Public Notice until 5:00 PM (Brasília time) on October 3, 2025**, to grant those approved the Specialist Certification in Digestive System Surgery (TECAD), conferred by the CBCD and AMB, under the provisions outlined in this Public Notice.

### 1. PRELIMINARY PROVISIONS

1.1. The National Examination for the Specialist Certification in Digestive System Surgery (TECAD) will be governed by this Public Notice and by CFM Resolutions No. 2,148/2016 and 2,380/2024, including subsequent amendments, and will be administered by the CBCD.

1.2. Following Decree No. 8,516/2015, which regulates the National Registry of Specialists (CNE) and establishes the Joint Commission of Specialties (CME), the Brazilian Medical Association (AMB), specialty societies through the AMB, and Medical Residency programs accredited by the National Commission of Medical Residency (CNRM) are the only entities authorized to grant medical specialist certification in the country. Accordingly, passing the National Examination for the Specialist Certification in Digestive System Surgery is a mandatory requirement for obtaining the Specialist Certification in Digestive System Surgery (TECAD), granted by CBCD/AMB and accredited by the Federal Council of Medicine (CFM), pursuant to CFM Resolutions Nos. 2,148/2016 and 2,380/2024. Applications will be accepted **EXCLUSIVELY** through the **CBCD Exam Portal**:
(https://icase.cbcd.itarget.com.br/estacao/index/index/evento/4)



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CNPJ: 61.569.372/0001-28
Av. Brigadeiro Luís Antônio, 278, 6th Floor, Rooms 10 and 11, Bela Vista, São Paulo/SP, ZIP Code: 01318-901

## 4. PREREQUISITES FOR APPLICATIONS:

4.1. As provided in item 3.1.5 above, applicants must present and provide copies of the respective documents corresponding to the following prerequisites for application:

4.1.1. Conditions for eligibility: Applicants must meet at least **ONE** of the following conditions, according to the type of training:

- Completion of Training in the Specialty through a **Medical Residency Program in Digestive System Surgery accredited** by CNRM/MEC;

**OR**

- Completion of Training in the Specialty through a **Internship Program** recognized by the Specialty Association – CBCD, with **03 (three) years of prerequisite training in General Surgery** and **02 (two) years in the specialty in Digestive System Surgery**, proven by certificate and professional activity report, verified through a declaration and list of surgeries performed up to the date of application, signed by the Clinical/Technical Director. Surgical procedures that must be mandatorily proven to have been performed as primary surgeon and/or 1st (first) assistant must include a minimum of 100 surgical interventions by laparotomy or video-assisted surgery, diversified across the abdominal wall and digestive tract. Out of the total number of surgeries performed, a maximum of 10% (ten percent) may be abdominal wall procedures and 10% (ten percent) orificial interventions.

OR

- Proof of professional practice in the Specialty in Digestive System Surgery, after having obtained a **Certificate in General Surgery through a Residency accredited by CNRM/MEC or a Specialist Degree granted by CBC – Brazilian College of Surgeons**, must be demonstrated through a report of professional activities carried out over a minimum period of **4 years in Digestive Surgery**, verified by a declaration and a

list of surgeries performed up to the date of application, signed by the Hospital's Clinical/Technical Director. Proof may be provided through documents issued by multiple Services and Hospitals, provided that together they account for the required minimum of 4 (four) years. Surgical procedures that must be mandatorily proven to have been performed as primary surgeon and/or 1st (first) assistant must include a minimum of 100 surgical interventions by laparotomy or video-assisted surgery, diversified across the abdominal wall and digestive tract. Out of the total number of surgeries performed, a maximum of 10% (ten percent) may be abdominal wall procedures and 10% (ten percent) orificial interventions.

**OR**

- Proof of professional practice in the Specialty in Digestive Surgery through professional activities carried out over a minimum period equivalent to **6 (six) years in General Surgery and 4 (four) years in Digestive Surgery**, verified by a declaration and list of surgeries performed up to the date of application, signed by the Hospital's Clinical/Technical Director. Proof may be provided through documents issued by multiple Services and Hospitals, provided that together they account for the required minimum of 10 (ten) years. Surgical procedures that must be mandatorily proven to have been performed as primary surgeon and/or 1st (first) assistant must include a minimum of 100 surgical interventions by laparotomy or video-assisted surgery, diversified across the abdominal wall and digestive tract. Out of the total number of surgeries performed, a maximum of 10% (ten percent) may be abdominal wall procedures and 10% (ten percent) orificial interventions.

## 5. DOCUMENTATION AND RESUME

5.1. The documentation required in this Public Notice must be attached at the time of application, within the established deadline, on the application platform – **CBCD Examination Portal** – in PDF format.

5.2. CBCD reserves the right not to accept the application if the submitted information does not comply with the prerequisites and/or if the documentation (which must be attached) does not match the information provided and with this Public Notice.



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11.4. To be approved in the 1st stage, the **FINAL WEIGHTED AVERAGE** will be calculated, which is the weighted sum of the grades from the THREE stages (theoretical exam, theoretical-practical exam, and Final Grade of Degrees – Resume), and MUST BE EQUAL TO OR GREATER THAN 6 (six).

11.5. The list of those **approved in the 1st (FIRST) STAGE** will be announced in alphabetical order through the CBCD website: www.cbcd.org.br, **within up to 90 (ninety) calendar days from the exam date.**

11.6. Candidates may file an **appeal** against the result of any stage of the Examination via the internet (CBCD website – candidate area) or by email to titulos@cbcd.org.br, within a period of up to 72 (seventy-two) hours, counted from the date of publication of the results of the approved candidates.

## 12. 2nd (SECOND) STAGE: PRACTICAL SURGICAL EXAM

12.1. Only candidates duly **approved in the 1st (FIRST) STAGE** will take the **PRACTICAL SURGICAL EXAM**, which must be carried out within **up to 4 (four) months from the date of publication of the approved candidates in the 1st stage**, and in accordance with the terms set out below, **under penalty of annulment of the 1st stage approval and exclusion from the present National Examination for the Specialist Certification in Digestive System Surgery.**

12.2. **Attribute Evaluation:**

The candidate must perform a surgical procedure of the specialty, which must demonstrate attributes that may characterize:

1. Diagnostic competence, surgical indication, and pre- and postoperative care;
2. Organization and quality of work in the operating room;
3. Prepared and integrated the surgical team;
4. Planning, systematization, and coordination of the surgical procedure;
5. Knowledge of surgical anatomy and its variations;
6. Surgical training and performance of technical fundamentals: dissection, section, hemostasis, and suturing.



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7. Use of the correct surgical procedure;
8. Performance of the surgical procedure with appropriate, orderly, and sequential technical steps.

12.3. **Normative Principles:**

12.3.1. At the time of registration for this exam, the candidate must inform the Commission of Specialties Certification, via email (titulos@cbcd.org.br), of the following information:

a) Indicate 3 (three) possible interventions to be performed in the Practical Exam;
b) Provide the Date and Location where the procedure will be performed;
c) Indicate 3 (three) members of the CBCD Evaluating Committee, observing the following criteria:

- All must be Full Specialist Members of CBCD, in good standing with membership dues;
- The Chairmanship will fall to the member with the earliest CRM registration;
- Relatives of the candidate, in any degree, may not be part of this Committee;
- The members of the CBCD Evaluating Committee must be familiar, in advance, with the entire regulation of the Practical Exam;
- CBCD reserves the right to send a representative, whenever it deems necessary, to attend the practical surgical exam.

d) Obtain the evaluation form, which will be completed and signed by the Evaluating Committee.

12.3.2. For the intended purpose of this exam, minor surgical procedures by laparotomy or laparoscopy, such as biopsies, appendectomies, and small umbilical hernias or similar, will not be accepted.

12.3.3. It is also advisable not to select an excessively extensive and complex operation.

12.3.4. For this type of exam, it is recommended to choose the intervention within the American Society of Anesthesiologists (ASA) Classification 1.

12.3.5. The Candidate must perform the intervention in their hospital environment, where they customarily operate.

12.3.6. The Candidate must previously present the surgical case to the Evaluation Committee in a separate room, with the medical history and clinical examination printed, as well as diagnostic means and clinical evaluation of surgical risk.

12.3.7. The exam may only begin once the Evaluation Committee is complete.

12.3.8. It is prohibited for any member of the Evaluation Committee to give opinions during the exam.

12.3.9. It is inadmissible for a member of the Evaluation Committee, alleging a lack of surgical assistance, to participate in the surgical team. In this case, the CBCD management will take the following action: **the exam will be annulled**.

12.3.10. **Before the surgery, it is necessary to:**

a. obtain from the patient, or from the Hospital Institution where the procedure will be performed, the informed consent form, clarifying that the patient will be submitted to a surgical intervention consisting of the indicated procedure. Information must be provided regarding the condition, the type of intervention, and its possible consequences;

b. obtain authorization from the Hospital Clinical Director, on the Institution's letterhead, for the participation of the Evaluation Committee;

c. items ***a*** and ***b*** must be submitted along with the documentation required under item 12.3.11 for the practical exam.

12.3.11. **After the surgery, it is necessary:** to obtain the following "patient clinical documentation," numbered and highlighted from 1 to 6:

1. Medical history and diagnostic tests;
2. description of the operation, duly typed on hospital letterhead;
3. anesthesia record containing vital signs monitoring chart and duration of the operation;
4. operating room nursing record – listing all materials used;
5. anatomopathological report (if applicable);
6. Postoperative progress until the patient's discharge from the hospital.

It will be necessary to submit the documentation listed in Items 12.3.10 and 12.3.11 in digital PDF format. Submit a single PDF to the email titulos@cbcd.org.br, in the subject line of the email, insert: “Second Phase: Practical Examination TECAD (Public Notice year xxxx)”, and in the body of the email, include the candidate’s full name, CPF, CRM/State, and City/State.

**13 – General Schedule:**

| DATE | ACTIVITY | TIME | LOCATION |
|---|---|---|---|
| From the date of publication | Publication of the Public Notice and opening of registration | 3:00 PM | CBCD website |
| 10/03/2025 | Closing of registration | 5:00 PM | Examination Portal |
| 10/10/2025 | Deadline for Confirmation of Registration | 5:00 PM | Examination Portal |
| 10/24/2025 | Deadline to submit required documentation after review | 5:00 PM | Email |
| 11/14/2025 | Theoretical and Theoretical-Practical Examination | 1:00 PM | SBAD 2025 |
| 11/17/2025 | Publication of Answer Key | | CBCD website |
| 02/23/2026 | Deadline for publication of the List of Approved Candidates in the First Phase | 3:00 PM | CBCD website |
| 06/26/2026 | Final deadline for submission of Second Phase documentation | 5:00 PM | Email in a single PDF |

**14 – Approval:**

14.1. The documentation submitted by the approved candidates will be reviewed by the CBCD Commission of Specialties Certification, and within **15 (fifteen) business days**, the approved candidate will receive by email a provisional letter of grant of the Specialist Certification in Digestive System Surgery, signed by the Chair of the CBCD Commission of Specialties Certification, along with the certificate request form.

14.2. The letter of grant has a provisional nature, and the recognition as a **Specialist in Digestive System Surgery will only be valid after the issuance of the definitive certificate by the AMB.**

**15 – Grounds for Elimination:**

15.1. The candidate who fails to comply with any provision of this Public Notice will be eliminated from the examination, including but not limited to the following situations:



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**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

_____ **Date: September 22, 2025.**

# EDITAL nº 001/2025

## TÍTULO DE ESPECIALISTA EM CIRURGIA DO APARELHO DIGESTIVO - TECAD

O **Colégio Brasileiro de Cirurgia Digestiva** (CBCD), inscrito no CNPJ nº 61.569.372/0001-28, em convênio com a Associação Médica Brasileira (AMB) e em cumprimento as suas atribuições estatutárias, torna público que estarão abertas as inscrições para o **Exame Nacional para Obtenção do Título de Especialista em Cirurgia do Aparelho Digestivo (TECAD)**, **a partir da data da publicação deste Edital até às 17:00 horas (horário de Brasília) do dia 03 de outubro de 2.025**, no intuito de conferir aos (às) aprovados (as) o Título de Especialista em Cirurgia do Aparelho Digestivo (TECAD) concedido pelo CBCD e pela AMB, mediante as disposições contidas neste Edital.

### 1. DAS DISPOSIÇÕES PRELIMINARES:

1.1. O Exame Nacional para Obtenção do Título de Especialista em Cirurgia Digestiva (TECAD) será regido por este Edital e pelas Resoluções CFM nºs 2.148/2016 e 2.380/2024 e alterações posteriores, executado pelo CBCD.

1.2. Em conformidade ao Decreto nº 8.516/2015, que regulamenta o Cadastro Nacional de Especialistas (CNE), e estabelece a Comissão Mista de Especialidades (CME), a Associação Médica Brasileira (AMB), as sociedades de especialidades, por meio da AMB, e os programas de Residência Médica credenciados pela Comissão Nacional de Residência Médica (CNRM) são as únicas entidades que concedem títulos de especialidades médicas no País. Assim sendo, a aprovação no Exame Nacional de Obtenção do Título de Especialista em Cirurgia do Aparelho Digestivo é requisito necessário para obtenção do Título de Especialista em Cirurgia do Aparelho Digestivo (TECAD) concedido pelo CBCD/AMB e credenciado pelo Conselho Federal de Medicina (CFM), nos termos das Resoluções CFM nºs 2.148/2016 e 2.380/2024.As Inscrições ocorrerão **EXCLUSIVAMENTE** através do **Portal de Provas do CBCD** (https://icase.cbcd.itarget.com.br/estacao/index/



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## 4. PRÉ REQUISITOS PARA INSCRIÇÕES:

4.1. Conforme disposto no item 3.1.5 acima, o (a) candidato (a) deverá dispor e fornecer cópia dos respectivos documentos, dos seguintes pré-requisitos para inscrição:

4.1.1. Condições para cumprimento: Os (a) candidatos (a) deverão cumprir pelo menos **UMA** das seguintes condições, de acordo com o tipo de formação:

- Conclusão de Treinamento na Especialidade em **Programa de Residência Médica em Cirurgia do Aparelho Digestivo credenciado** pela CNRM/MEC;

**OU**

- Conclusão de Treinamento na Especialidade em **Programa de Estágio** reconhecido pela Associação de Especialidade - CBCD, com **03 (três) anos de pré-requisito em Cirurgia Geral** e **02 (dois) anos na especialidade de Cirurgia do Aparelho Digestivo**, comprovados por certificado e relatório de atividades profissionais, comprovados através de declaração e relação das operações realizadas até o ato da inscrição, assinada pelo Diretor Clínico/Técnico. Os procedimentos cirúrgicos que devem ter sua comprovação obrigatória de realização como cirurgião principal e/ou 1° (primeiro) auxiliar devem ser no mínimo 100 intervenções cirúrgicas por laparotomia ou videocirurgia, ambas diversificadas sobre a parede abdominal e o trato digestivo. Do total das operações praticadas, no máximo 10% (dez por cento) podem ser da parede abdominal e 10% (dez por cento) de intervenções orificiais.

**OU**

- Comprovação de atuação profissional na Especialidade de Cirurgia do Aparelho Digestivo, após ter obtido o **Certificado em Cirurgia Geral, por meio de Residência Credenciada pela CNRM/MEC ou Título de Especialista pelo CBC – Colégio Brasileiro de Cirurgiões,** deve ser feita por meio de relatório de atividades profissionais realizadas em um período mínimo de **4 anos em Cirurgia Digestiva,** comprovados através de declaração e relação das operações realizadas até o ato da



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inscrição, assinada pelo Diretor Clínico/Técnico do Hospital. A comprovação pode ser feita através de documentos emitidos por vários Serviços e Hospitais que, somados, somem o mínimo de 4 (quatro) anos necessários. Os procedimentos cirúrgicos que devem ter sua comprovação obrigatória de realização como cirurgião principal e/ou 1° (primeiro) auxiliar devem ser no mínimo 100 intervenções cirúrgicas por laparotomia ou videocirurgia, ambas diversificadas sobre a parede abdominal e o trato digestivo. Do total das operações praticadas, no máximo 10% (dez por cento) podem ser da parede abdominal e 10% (dez por cento) de intervenções orificiais.

OU

- Comprovação de atuação profissional na Especialidade de Cirurgia Digestiva por meio de atividades profissionais realizadas em um período mínimo equivalente a **6 (seis) anos em Cirurgia Geral e 4 anos em Cirurgia Digestiva,** comprovados através de declaração e relação das operações realizadas até o ato da inscrição, assinada pelo Diretor Clínico/Técnico do Hospital. A comprovação pode ser feita através de documentos emitidos por vários Serviços e Hospitais que, somados, somem o mínimo de 10 (dez) anos necessários. Os procedimentos cirúrgicos que devem ter sua comprovação obrigatória de realização como cirurgião principal e/ou 1° (primeiro) auxiliar devem ser no mínimo 100 intervenções cirúrgicas por laparotomia ou videocirurgia, ambas diversificadas sobre a parede abdominal e o trato digestivo. Do total das operações praticadas, no máximo 10% (dez por cento) podem ser da parede abdominal e 10% (dez por cento) de intervenções orificiais.

## 5. DOCUMENTAÇÃO E CURRICULO:

5.1. A documentação exigida neste Edital deverá ser anexada, no ato da inscrição, no prazo previsto e na plataforma de inscrição - **Portal de Provas do CBCD –** em formato PDF.

5.2. O CBCD reserva o direito de não aceitar a inscrição caso as informações enviadas não estejam de acordo com os pré-requisitos, e/ou a documentação (que deverá ser anexada) não esteja de acordo com os dados informados e com este Edital.



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11.4. Para ser aprovado na 1ª fase, será calculada a MÉDIA FINAL PONDERADA, que é a soma ponderada das notas das TRÊS etapas (prova teórica, prova teórico-prática e Nota Final de Títulos - Currículo), e DEVERÁ SER IGUAL OU SUPERIOR A 6 (SEIS).

11.5. A lista dos **aprovados na 1ª (PRIMEIRA) FASE** será anunciada em ordem alfabética, através do Site do CBCD: www.cbcd.org.br, **em até 90 (noventa) dias corridos, a partir da data da prova**.

11.6. A possibilidade de interposição de **recurso** pelos candidatos contra o resultado de qualquer fase da Prova/Exame será por meio de internet (site do CBCD – área do candidato) ou pelo e-mail titulos@cbcd.org.br, concedendo prazo de até 72 (setenta e duas) horas para tanto, contado a partir da data de divulgação do resultado dos aprovados.

## 12. 2ª (SEGUNDA) FASE: PROVA PRÁTICA CIRÚRGICA:

12.1. Somente o (a) candidato (a) devidamente **aprovado (a) na 1ª (PRIMEIRA) FASE** realizará a **PROVA PRÁTICA CIRÚRGICA,** que deverá ser efetuada em **até 04 (quatro) meses, contados da data de divulgação dos aprovados na 1ª fase,** bem como nos termos a seguir expostos, **sob pena de nulidade da aprovação da 1ª fase e exclusão do presente Exame Nacional para Obtenção do Título de Especialistas em Cirurgia do Aparelho Digestivo**.

12.2. **Avaliação de Atributos:**

O candidato deverá realizar o ato cirúrgico da especialidade, que envolva atributos que possam caracterizar:

1. Competência diagnóstica, de indicação cirúrgica e de cuidados pré e pós-operatórios;
2. Organização e qualidade do trabalho na sala operatória;
3. Equipe cirúrgica preparada e integrada;
4. Planejamento, sistematização e coordenação do ato cirúrgico;
5. Conhecimento da anatomia cirúrgica e de suas alterações;
6. Adestramento cirúrgico e condução dos fundamentos técnicos: dissecção, secção, hemostasia e sutura;



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7. Emprego do procedimento cirúrgico correto;

8. Realização do ato operatório com passos técnicos adequados, ordenados e sucessivos.

12.3. **Princípios Normativos:**

12.3.1. No ato da inscrição para esta prova, é obrigatório o candidato informar à Comissão de Título de Especialista, por e-mail (titulos@cbcd.org.br), as seguintes informações:

a) Informar 03 (três) possíveis tipos de intervenções a serem realizadas na prova Prática;

b) Enviar a Data e o Local onde será realizado o procedimento;

c) Indicar 3 (três) componentes da Comissão Avaliadora do CBCD, obedecendo os seguintes critérios:

- Todos deverão ser Membro Titular Especialista do CBCD, adimplentes com a contribuição associativa;
- A Presidência caberá ao que tiver o registro mais antigo de CRM;
- Não poderão fazer parte desta Comissão, parentes em qualquer grau com o candidato;
- É fundamental que os membros da Comissão Avaliadora do CBCD conheçam com antecedência todo o regulamento da Prova Prática;
- O CBCD se reserva ao direito de enviar um representante, quando julgar necessário, para acompanhar a prova prática cirúrgica.

d) Obter o roteiro de avaliação, que será preenchido e assinado pela Comissão de Avaliação.

12.3.2. Para a finalidade desejada desta prova, não serão admitidos os procedimentos cirúrgicos menores por laparotomias ou laparoscopias como biópsias, apendicectomias e pequenas hérnias umbilicais e similares.

12.3.3. É desejável também, não eleger operação demasiadamente extensa e complexa.

12.3.4. Para este gênero de prova é recomendável escolher a intervenção dentro do critério da A.S.A. 1.



COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA
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12.3.5. O Candidato deverá realizar a intervenção no seu ambiente hospitalar, onde habitualmente opera.

12.3.6. Deverá apresentar previamente à Comissão Avaliadora o caso cirúrgico em sala separada, com a história e exame clínico impressos, meios diagnósticos e de avaliação clínica do risco cirúrgico.

12.3.7. A prova só poderá ser iniciada quando a Comissão de Avaliação estiver completa.

12.3.8. É vedado a qualquer membro da Comissão de Avaliação dar opiniões durante a prova.

12.3.9. É inadmissível que um membro da Comissão de Avaliação, alegando falta de auxiliar da operação, participe da equipe cirúrgica. Neste caso a direção do CBCD tomará a seguinte atitude: **anulará a prova**;

12.3.10. **É necessário antes da cirurgia:**

a. obter do paciente, ou da Instituição Hospitalar onde será realizado o procedimento, o termo de consentimento informado, esclarecendo que o mesmo será submetido a intervenção cirúrgica consistindo do procedimento indicado. Deverá prestar informações sobre a afecção, o tipo de intervenção e suas eventuais consequências;
b. a autorização do Diretor Clínico do Hospital, em papel timbrado da Instituição, para participação da Comissão de Avaliação.
c. os itens ***a*** e ***b*** deverão ser entregues com a documentação solicitada no item 12.3.11 para prova prática.

12.3.11. **É necessário após a cirurgia:** Obter as seguintes “documentações clínicas do paciente”, numeradas com destaque de 1 a 6:

1. história clínica e exames diagnósticos;
2. descrição da operação devidamente digitada em papel timbrado do hospital;
3. ficha anestésica contendo gráfico de controle de sinais vitais e duração da operação;
4. ficha da enfermagem da sala operatória – referindo todo material utilizado;
5. relatório anatomopatológico (se for o caso);
6. evolução pós-operatória até a alta do paciente do hospital.



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Será necessário enviar as documentações dos itens acima 12.3.10 e 12.3.11, em formato digital PDF. Enviar em PDF único para o e-mail titulos@cbcd.org.br, no Assunto do e-mail inserir "Segunda Fase: Prova Prática TECAD (Edital ano xxxx)" e no Corpo do e-mail inserir o nome completo, CPF, CRM/UF e CIDADE/UF.

**13- Cronograma Geral:**

| DATA | ATIVIDADE | Horário | Local |
|---|---|---|---|
| A partir da publicação | Publicação do Edital e início das inscrições | 15h00 | Site do cbcd |
| 03/10/2025 | Encerramento das inscrições | 17h00 | Portal de provas |
| 10/10/2025 | Data Limite para Confirmação das Inscrições | 17h00 | Portal de provas |
| 24/10/2025 | Data Limite para anexar a documentação em exigência após análise | 17h00 | e-mail |
| 14/11/2025 | Aplicação prova teórica e teórica prática | 13h00 | SBAD 2025 |
| 17/11/2025 | Gabarito | | Site do CBCD |
| 23/02/2026 | Data limite para divulgação da Lista dos Aprovados na primeira fase | 15h00 | Site do CBCD |
| 26/06/2026 | Prazo final para envio da segunda fase | 17h00 | e-mail em um único pdf |

**14– Aprovação:**

14.1. A documentação enviada pelos aprovados será avaliada pela comissão de títulos do CBCD e no prazo de **15 (quinze) dias úteis**, o candidato aprovado receberá por e-mail a carta de concessão do título de especialista em cirurgia do aparelho digestivo assinada pelo Presidente da comissão de títulos do CBCD e o formulário de solicitação de certificado.

14.2. A carta de concessão tem caráter provisório, sendo que somente será reconhecido como **Especialista em Cirurgia do Aparelho Digestivo após emissão do certificado definitivo emitido pela AMB**.

**15- DOS CRITÉRIOS DE ELIMINAÇÃO:**

15.1. O(a) candidato(a) que desrespeitar qualquer item desse edital será eliminado(a) do exame, como por exemplo: a) Não iniciar a prova no horário determinado pelo edital; b) Fizer uso ou portar, mesmo que desligados, qualquer outro dispositivo eletrônico além do



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Antônio Carlos L. Campos
**Vice President**
Paulo Herman

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**Deputy Secretary**
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**Director of International Relations**
Richard Gurski
**TECAD Director**
Marco Aurelio Santo
**Deputy TECAD Director**
Fabrício Ferreira Coelho
**Director of Graduate Studies**
Jurandir Marcondes Ribas Filho

**Vice Presidents of the Country's Regions**
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**Northeast:** Álvaro A. Bandeira Ferraz
**Midwest**: José Eduardo de A. Nascimento
**Southeast:** Marcelo Enne de Oliveira
**South:** Júlio César Wiederkehr

**President for the 2025/2026 Term**

## BRAZILIAN COLLEGE OF DIGESTIVE SURGERY CBCD

**CNPJ: 61.569.372/0001-28**

# BYLAWS

### CHAPTER 1 – NAME, HEADQUARTERS, AND DURATION

**Article 1 –** The Brazilian College of Digestive Surgery, hereinafter simply referred to as CBCD, founded on July 22, 1988, is a nonprofit civil association with a scientific nature, representing its member physicians, regardless of social class, nationality, gender, race, color, or religious belief, with headquarters and legal venue in the city of São Paulo, State of São Paulo, located at Avenida Brigadeiro Luiz Antônio, No. 278, 6th floor, rooms 10 and 11, ZIP Code 01318-901, and established for an indefinite term.

**Sole Paragraph** - CBCD qualifies as a medical specialty association, as recognized by the Brazilian Medical Association - AMB and the Federal Council of Medicine - CFM, exclusively representing, throughout the entire national territory, the member physicians who practice the specialty.



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Surgery of the Digestive System, in compliance with legal requirements and the regulations of the Federal Council of Medicine - CFM and the Brazilian Medical Association - AMB;

**X.** To represent its members' rights and interests judicially and extrajudicially before public or private bodies;

**XI.** To publish a Scientific Journal in the field of Digestive System Surgery and related areas, distributed in print and/or digital form to members and accredited libraries, and/or to assign editorial rights to third parties, as well as to publish other publications of interest to its members, either by its own means or through third parties;

**XII.** To manage the administrative and financial aspects of its activities, business, and assets;

**XIII.** To administer the resources obtained, including but not limited to those arising from membership fees, donations, sponsorships, business activities, and others resulting from its operations, employing them in a manner that enables the maintenance and development of its social purposes;

**XIV.** To represent, through its National Board, the specialty of Digestive System Surgery before the Brazilian Medical Association - AMB and other related and relevant entities.

## CHAPTER III – MEMBERS

**Article 3** - CBCD is composed of members, natural persons or legal entities, with an unlimited number of Brazilian and foreign members:

**Article 4** - The categories of CBCD members shall be the following:

**I. Founding Members** (FCBCD) are the physicians who participated in the founding of CBCD and are listed at the end of these Bylaws;



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**II. Honorary Members** (HnCBCD) are physicians residing in the country, of proven - professional and ethical - merit, who are nominated and approved by the CBCD Board, as well as former CBCD Presidents;

**III. Specialist Members** (TeCBCD) are physicians specialized in digestive system surgery who have taken and passed the examinations to obtain the Specialist Title in Digestive System Surgery granted by CBCD and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

**IV. Full Members** (TCBCD) are physicians graduated for at least five (5) years with proof of adequate training in the area through a certificate of residency in General Surgery or Digestive System Surgery for a period no less than two (2) years, granted by a program recognized by the National Commission for Medical Residency (CNRM) and/or other programs recognized by CBCD, and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

**V. Affiliated Members** (ACBCD) are physicians or health professionals, duly registered with their respective Regional Professional Council, interested in the specialty of Digestive System Surgery and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

**VI. Emeritus Members** (ECBCD) are Full Members or Specialist Members who have reached the minimum age of seventy (70) and have ten (10) consecutive years of membership dues payments, or the minimum age of seventy (70) with twenty (20) non-consecutive years of membership dues payments, while retaining all their statutory rights and duties;

**VII. Residents** (ReCBCD) are physicians enrolled in residency programs in General Surgery or Digestive System Surgery who are undergoing training in the specialty until they meet the basic requirements to join one of the membership categories described above, and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

**VIII. Undergraduate Students** (AcCBCD) are students enrolled in undergraduate programs in medicine or health sciences at an accredited educational institution in Brazil, who are interested in the specialty of Digestive System Surgery and who meet the requirements set forth in Chapter II of the CBCD Internal Regulations;

**IX. Benefactors** are individuals or legal entities, Brazilian or foreign, residing in Brazil or abroad, nominated and approved by the Board of Directors, who have significantly

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Artigas, Guilherme Eurico Bastos da Cunha, Hélio Barbosa, Hélio Moreira, Henrique Ribeiro Neto, Henrique Walter Pinotti, Ivan Cecconello, Jesus Panchacon, João Batista Marchesini, Joaquim Gama-Rodrigues, Jonas de Faria Castro Filho, José Alfredo Reis Neto, Loreno Brentano, Luiz Rohde, Luiz Sérgio Leonardi, Mareei C.C. Machado, Marcos F. Moraes, Osvaldo Malafaia, Pedro Henrique Saraiva Leão, Reginaldo Ceneviva, William Abrão Saad and Zenon Rocha.

**Article 70** - This Bylaws, with the approved reforms and amendments, revokes the previous ones and comes into effect on the date of its approval.

São Paulo, November 25, 2023

----//signature//----

**Dr. Antonio Carlos Ligocki Campos**

**President of CBCD**

----//signature//----

**Dr. Francine Voltarelli Curtolo de Souza**

**OAB/SP No. 185.480**

2nd Civil Registry Office of Legal Entities of the Capital of SP
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Suellen Sant'anna

26th

Authorized Clerk

Inspection Seal

Praça João Mendes, 42 – 1st Floor
ZIP Code 01501-000 – São Paulo – SP
Phones: (11)3111-9700
26@26notas.com.br

26th Notary Office
Paulo Roberto Gaiger Ferreira

I acknowledge and certify, at the bearer's request, by SIMILARITY, the signature of:
[LDYuUh49] – ANTONIO CARLOS LIGOCKI CAMPOS . . . . . .
. . . . . .
. . . . . .
. . . . . .
São Paulo, December 5, 2023

----//signature//----

(R$ 8.00 per rec)
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Valid only with authenticity seal

Suellen Sant'anna
Authorized Clerk

**I, André Vinicius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

**Date: May 21, 2025.**

**Presidente**
Antônio Carlos L. Campos
**Vice-presidente**
Paulo Herman

**Secretário Geral**
Wellington Andraus
**Secretário Adjunto**
Claudemiro Quizere Jr.

**Tesoureiro Geral**
Rubens A. A. Sallum
**Tesoureiro Adjunto**
Osvaldo Antônio Prado Castro

**Diretor Científico**
Paulo Nassif
**Vice-diretor Científico**
Orlando Jorge Martin Torres

**Diretor de Comunicação**
Ramiro Colleoni Neto
**Diretor de Defesa Profissional**
Ronaldo Mafia Cuenca
**Vice Diretor de Defesa Profissional**
Fernando Antônio Siqueira Pinheiro
**Diretor de Educação Continuada**
Ulysses Ribeiro Jr.
**Diretor de Relações Internacionais**
Richard R. Gurski
**Diretor do TECAD**
Marco Aurelio Santo
**Diretor Adjunto do TECAD**
Fabricio Ferreira Coelho
**Diretor de Pós Graduação**
Jurandir Marcondes Ribas Filho

**Vice-Presidentes das Regiões do País**
**Norte:** Rafael José Romero Garcia
**Nordeste:** Álvaro A. Bandeira Ferraz
**Centro-Oeste:** José Eduardo de A. Nascimento
**Sudeste:** Marcelo Enne de Oliveira
**Sul:** Júlio César Wiederkehr

**Presidente Biênio 2025/2026**

## COLÉGIO BRASILEIRO DE CIRURGIA DIGESTIVA CBCD

**CNPJ: 61.569.372/0001-28**

# ESTATUTO SOCIAL

### CAPÍTULO I - DA DENOMINAÇÃO, SEDE E DURAÇÃO

**Artigo 1º** - O Colégio Brasileiro de Cirurgia Digestiva, doravante simplesmente designado como CBCD, fundado em 22 de julho de 1988, é uma associação civil, sem fins lucrativos, com caráter científico, representativa dos médicos a ele associados, independente de classe social, nacionalidade, gênero, raça, cor e crença religiosa, com sede e foro na cidade de São Paulo, Estado de São Paulo, situado à Avenida Brigadeiro Luiz Antônio, nº 278, 6º andar, salas 10 e 11, CEP 01318-901 e constituído por tempo indeterminado.

**Parágrafo Único** - O CBCD qualifica-se como associação de especialidade médica, assim reconhecida pela Associação Médica Brasileira - AMB e pelo Conselho Federal de Medicina - CFM, representando, com exclusividade em todo território nacional, os profissionais médicos associados que exercem a especialidade.



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videolaparoscópica, bem como Habilitação em Cirurgia Oncológica do Aparelho Digestivo e em Cirurgia Robótica do Aparelho Digestivo, obedecidas as determinações legais, assim como as normas do Conselho Federal de Medicina – CFM e da Associação Médica Brasileira - AMB;

**X.** Representar judicial e extrajudicialmente, perante órgãos públicos ou privados, os direitos e interesses de seus Associados;

**XI.** Editar Revista Científica no âmbito da especialidade de Cirurgia do Aparelho Digestivo e áreas afins, e distribuída em sua forma impressa e/ou digital, aos Associados e bibliotecas credenciadas, e/ou ceder os direitos editoriais à terceiros, bem como editar outras publicações de interesse de seus associados, por meios próprios ou de terceiros;

**XII.** Promover a gestão administrativa e financeira de suas atividades, negócios e bens próprios;

**XIII.** Administrar os recursos obtidos, inclusive, mas não se limitando, àqueles oriundos de contribuições associativas, doações, patrocínios, negócios e outros decorrentes de suas atividades, empregando-os de forma a viabilizar a manutenção e o desenvolvimento de suas finalidades sociais;

**XIV.** Representar, através de sua Diretoria Nacional, a especialidade de Cirurgia do Aparelho Digestivo, perante a Associação Médica Brasileira - AMB e nas demais entidades correlatas e pertinentes.

## CAPÍTULO III – DOS ASSOCIADOS

**Artigo 3°** - O CBCD é constituído por associados, pessoas físicas ou jurídicas, em número ilimitado de associados brasileiros e estrangeiros.

**Artigo 4°** - Serão categorias de associados do CBCD as seguintes:

**I. Fundadores** (FCBCD), são os médicos que participaram da fundação do CBCD e listados ao final do presente Estatuto;



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**II. Honorários** (HnCBCD), são médicos residentes no País, de comprovado mérito - profissional e ético – e indicados e aprovados pela Diretoria do CBCD, bem como os Ex-Presidentes do CBCD;

**III. Titulares Especialistas** (TeCBCD), são médicos cirurgiões do aparelho digestivo que se submeteram e foram aprovados nas provas para obtenção do Título de Especialista em Cirurgia do Aparelho Digestivo concedido pelo CBCD e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

**IV. Titulares** (TCBCD), são médicos graduados há pelo menos 05 (cinco) anos e com comprovação de treinamento adequado na área, através de certificado de residência em Cirurgia Geral ou em Cirurgia do Aparelho Digestivo com período não inferior a 02 (dois) anos, outorgado por programa reconhecido pela Comissão Nacional de Residência Médica – CNRM e/ou outros programas reconhecidos pelo CBCD, e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

**V. Afiliados** (ACBCD), são médicos ou profissionais da área da saúde, regularmente inscritos no respectivo Conselho Regional da Profissão, interessados na especialidade de Cirurgia do Aparelho Digestivo e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

**VI. Eméritos** (ECBCD), são Associados Titulares ou Titulares Especialistas que tenham completado a idade mínima de 70 (setenta) anos e 10 (dez) anos de ininterrupta contribuição associativa ou a idade mínima de 70 (setenta) anos e 20 (vinte) anos alternados de recolhimento de contribuição associativa, conservando-se todos os seus direitos e deveres estatutários;

**VII. Residentes** (ReCBCD), são médicos residentes em Cirurgia Geral ou em Cirurgia do Aparelho Digestivo e que estejam em treinamento na especialidade, até completaram os requisitos básicos para o ingresso nas categorias supra descritas, e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

**VIII. Acadêmicos** (AcCBCD), são os estudantes de graduação, em instituição de ensino autorizada em território nacional, em medicina e da área da saúde, interessados na especialidade de Cirurgia do Aparelho Digestivo e que se enquadrem nos requisitos previstos no Capítulo II do Regimento Interno do CBCD;

**IX. Beneméritos**, são pessoas físicas ou jurídicas, brasileiras ou estrangeiras, residentes no País



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Damerau, Fernando Barroso, Giocondo Vilianova Artigas, Guilherme Eurico Bastos da Cunha, Hélio Barbosa, Hélio Moreira, Henrique Ribeiro Neto, Henrique Walter Pinotti, Ivan Cecconello, Jesus Pan-Chacon, João Batista Marchesini, Joaquim Gama-Rodrigues, Jonas de Faria Castro Filho, José Alfredo Reis Neto, Loreno Brentano, Luiz Rohde, Luiz Sérgio Leonardi, Mareei C.C. Machado, Marcos F. Moraes, Osvaldo Malafaia, Pedro Henrique Saraiva Leão, Reginaldo Ceneviva, William Abrão Saad e Zenon Rocha.

**Artigo 70 -** O presente Estatuto Social com as reformas e emendas aprovadas revoga os anteriores e entra em vigor na data de sua aprovação.

São Paulo, 25 de novembro de 2023

**Dr. Antonio Carlos Ligocki Campos**
**Presidente CBCD**

**Dra. Francine Voltarelli Curtolo de Souza**

**OAB/SP nº 185.480**

Av. Brigadeiro Luis Antonio, 278 - 6° andar - Salas 10 e 11
CEP: 01318-901 - Bela Vista - São Paulo, SP

2º Oficial de Registro Civil de Pessoa Jurídica da Capital de SP
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Prenotado em 05 DEZ 2023
Sob nº 183867




Praça João Mendes, 42 - 1º andar
CEP 01501-000 - São Paulo - SP
Fones: (11) 3111-9700
26@26notas.com.br

26º Tabelionato de Notas
Paulo Roberto Gaiger Ferreira

**Reconheço e dou fé, a pedido do portador, por SEMELHANÇA, a assinatura de:**

LuDYuUh49 -ANTONIO CARLOS LIGOCKI CAMPOS.....

**São Paulo, 05 de Dezembro de 2023**

**(R$8,00 por rec)**
**Selo(s):1044AA0441212**
Válido somente com selo de autenticidade

Suellen Sant'anna
Escrevente Autorizado



# *Dr. Paulo Kassab*

CRM: 42,138
RQE: 45,777 - General Surgery
RQE: 64,606 - Digestive System Surgery

CV Lattes



Google Scholar

I graduated in Medicine from the Faculty of Medicine of Santo Amaro (1981), Master in Medicine (Surgery) from the Faculty of Medical Sciences of Santa Casa de São Paulo (1991) and Doctor in Medicine (Surgery) (1996) and I have a Free Teaching Degree from the Faculty of Medical Sciences of Santa Casa de São Paulo (2010).

I have experience in Medicine, with an emphasis on Surgery, working mainly with stomach cancer, esophageal cancer, bowel cancer, digestive system surgery and general surgery.

I have completed several courses, specializations and training in Brazil and abroad in areas such as: general surgery, laparoscopic and robotic gastrectomy, laparoscopic colorectal surgery, nutrition in surgery, surgical techniques, emergency surgical procedures and endocrine surgery.

Since 2003, I have served as a member of all international scientific committees of the biennial gastric cancer congresses (Yokohama 2005, São Paulo 2007, Krakow 2009, Seoul 2011, Verona 2013, São Paulo 2015 and Beijing 2017).

In 2007, I was general secretary of the 7th World Congress on Gastric Cancer, and in 2015, at the 11th edition of the Congress, I contributed as scientific director.

I participated as a member of all international scientific committees of the Pan American congresses on gastric cancer (Porto Alegre 2012, Punta Del Este 2014, Santiago 2016 and Buenos Aires 2018).

I was scientific director and President of the Brazilian Gastric Cancer Association and Master of the São Paulo Chapter of the Brazilian College of Surgeons.

I serve as an auditor and board member of the World Gastric Cancer Association. I am a Full Professor, Associate Professor, and Chief of Gastroesophageal and Bariatric Surgery in the Department of Surgery at the Santa Casa de Misericórdia de São Paulo School of Medical Sciences. Since 2021, I have served as Secretary General of the Brazilian College of Digestive Surgery (CBCD).

I am a member of the editorial board and reviewer for journals such as Annals of Gastroenterology and Liver Diseases, Revista da Associação Médica Brasileira, Translational Gastrointestinal Cancer, ABCD – Arquivos Brasileiros de Cirurgia

Digestiva, and EJSO. I am the author of over 100 scientific articles, three books, several book chapters, and articles in newspapers and magazines.

## Identification

**Name** : Paulo Kassab

**Name in bibliographic citations:** KASSAB, P.;Kassab, Paulo;P, KASSAB;Paolo Kassab

## Academic Background/Qualification

### 2012 – 2012

Advanced Training in Laparoscopic and Robotic Gastrectomy. (Workload: 160h).
Seoul National University Hospital, SNUH, South Korea.
Title: No Monograph. Year of completion: 2012.
Advisor: Han Kwang Yang.

### 1996 – 1996

Improvement in Surgical Treatment of Gastric Cancer.
National Cancer Center Hospital, NCCH, Japan.
Title: none. Year of completion: 1996.

### 1991 – 1996

PhD in SURGICAL RESEARCH.
Faculty of Medical Sciences of Santa Casa de São Paulo, FCMSCSP, Brazil.
Title: Early histological alterations of the mucosa of the intact stomach subjected to duodenal-gastric reflux. Year obtained: 1996.
Advisor: Fares Rahal.
Keywords: Gastric Cancer; Duodenal-Gastric Reflux; Deep Enteric Reflux Gastrointestinal Tract.
Major area: Health Sciences
Major Area: Health Sciences / Area: Medicine / Subarea: Surgery.

### 1987 – 1991

Master's Degree in SURGERY RESEARCH (CAPES Concept 3).
Faculty of Medical Sciences of Santa Casa de São Paulo, FCMSCSP, Brazil.
Title: Acute Lesions of the Gastric Mucosa Produced by Acetylsalicylic Acid, after Partial Gastrectomy. Experimental Study in Rats, Year of Obtainment: 1991.
Advisor: Fares Rahal.
Keywords: Emergency Surgery; Gastrectomy; Upper Gastrointestinal Bleeding; Acute Gastritis; Gastric Mucosal Injury - Acetyl Ethyl ...

### 1986 – 1986

Advanced Training in General Surgery.
Clinical Hospital of the Faculty of Medina of São Paulo, FACUSP, Brazil. Year of completion: 1986.

### 1984 – 1985

Specialization in General Surgery.
Ambroise Paré Hospital, HAP, France.
Title: Current diagnosis and surveillance of necrohemorrhagic pancreatitis. Contribution of Computed Tomography. (Current diagnosis and surveillance of necrotic-hemorrhagic pancreatitis. Support of tomodensitometry).
Advisor: Jean-Claude Patel.

### 1982 – 1984

Specialization in General Surgery.
Hospital São Jorge, HSJ, Brazil.

### 1976 – 1981

Bachelor's Degree in Medicine.
University of Santo Amaro, UNISA, Brazil.

## Complementary Training

### 2012 – 2012

**2012 – 2012**

Continuing Medical Education Program.
Hospital Israelita Albert Einstein, HIAE, Brazil.

**2012 – 2012**

International Fellowship Program.
Seoul National University, SNU, South Korea.

**2011 – 2011**

Da Vinci Surgical System Online Training Module.
Intuitive Surgical, Inc, INTUITIVESURG, United States.

**2010 – 2011**

Continuing Education Program.
Hospital Israelita Albert Einstein, HIAE, Brazil.

**2009 – 2009**

University extension in Intensive course in laparoscopic digestive surgery. (Workload: 96h).
Institut de Recherches Contre le Cancer de l'Appareil Digestif, IRCAD, France.

**2009 – 2009**

Advanced course in laparoscopic colorectal surgery. (Workload: 72h).
Institut de Recherches Contre le Cancer de l'Appareil Digestif, IRCAD, France.

**2008 – 2009**

Continuing Medical Education Program.
Albert Einstein Israelite Institute of Education and Research, IIEPAE, Brazil.

**1999 – 1999**

University extension in Continuing Surgery Course.
Faculty of Medical Sciences of the Santa Casa de Misericórdia de São Paulo,

FCMSCMSP, Brazil.

### 1995 – 1995

Mechanical sutures course.
Faculty of Medicine, University of Santo Amaro, FMUNISA, Brazil.

### 1993 – 1993

Scientific Paper Writing Course.
Faculty of Medicine, University of Santo Amaro, FMUNISA, Brazil.

### 1991 – 1991

Interventional Laparoscopy Course.
Faculty of Medical Sciences of the Santa Casa de Misericórdia de São Paulo, FCMSCMSP, Brazil.

### 1990 – 1990

Nutrition in Surgery Update Course.
Faculty of Medical Sciences of the Santa Casa de Misericórdia de São Paulo, FCMSCMSP, Brazil.

### 1988 – 1988

Surgery Training Options Course.
Faculty of Medical Sciences of the Santa Casa de Misericórdia de São Paulo, FCMSCMSP, Brazil.

### 1988 – 1988

Surgical Techniques: How Do I Do It?
Hospital Israelita Albert Einstein, HIAE, Brazil.

### 1987 – 1987

Update on Emergency Surgical Procedures.
São Cristóvão Hospital and Maternity, HMSC, Brazil.

### 1986 – 1986

Update Course on Portal Hypertension.
Faculty of Medical Sciences of Santa Casa de São Paulo, FCMSCSP, Brazil.

### 1986 – 1986

Observer Physician in the General Surgery Service.
Faculty of Medicine, University of São Paulo, FMUSP, Brazil.

### 1985 – 1985

Endocrine Surgery Course.
Hospital Israelita Albert Einstein, HIAE, Brazil.

### 1984 – 1985

University Extension in Scientific Meetings.
L'Academie de Chirurgie, AC, France.

### 1983 – 1983

Accident Prevention Training Course.
National Commercial Training Service, SENAC-SP, Brazil.

### 1978 – 1978

Propaedeutics Course in Normal Obstetrics.
Faculty of Medicine, University of Santo Amaro, FMUNISA, Brazil.

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See the board of directors for 2023-2024.

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full agenda

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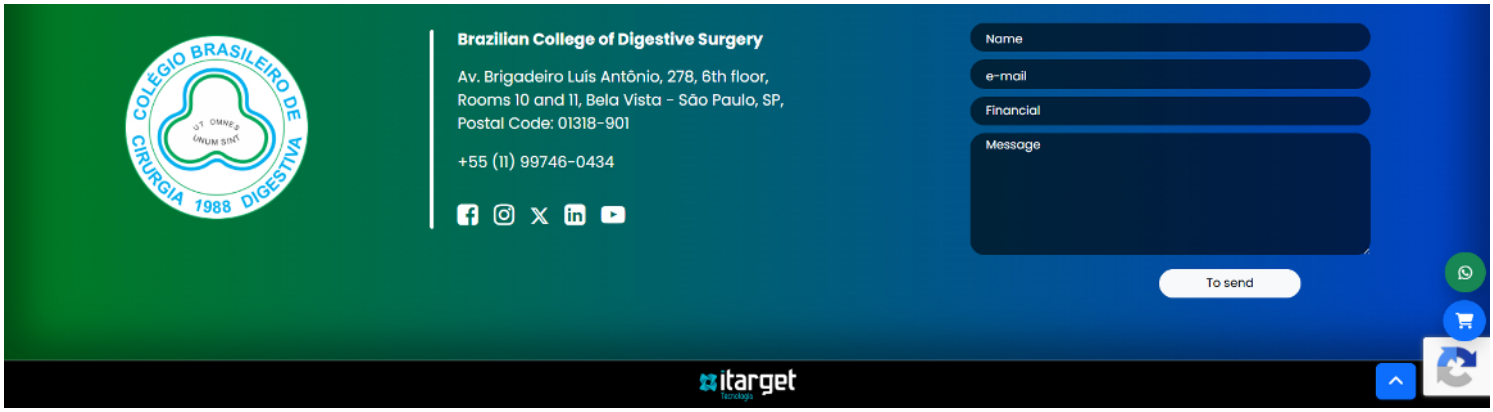
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# Exhibit D.II – Published Material in Major Media

Edition of January 11, 2013

January 11, 2013, 9:21 PM - Updated January 11, 2013, 9:38 PM

# MA: City Hall declares emergency in São Luís' health system

## According to the São Luís city hall, an audit revealed a R$140 million deficit left by the previous administration.

The city hall of the capital of Maranhão declared a state of emergency in the health sector. This Friday (11), one of the main hospitals in São Luís began receiving food donations for patients.

Health care is in a state of emergency. According to the São Luís city government, an audit revealed a R$140 million deficit left by the previous administration.

"We are calling on suppliers to negotiate the debt so we can restore supplies and full operation of the units," said Sílvia Cavalcanti, Deputy Secretary of Health.

Without money, the municipal system collapsed...

"I've been here for six days in this corridor," said José Ribamar da Silva Júnior, a farmer.

Doctors haven't been paid since October. Half of SAMU's 17 ambulances are out of service due to lack of maintenance. The city government asked the state health department for help, which is providing professionals, equipment, and medicine. In municipal hospitals, there are people hospitalized even in reception areas.

"They put me here and I stayed. I'm hospitalized here in reception," said Nivaldo Coelho, a salesman.

This is São Luís's main emergency care center, receiving an average of 500 patients per day. But since there aren't enough beds for everyone, many are hospitalized in the hallways. An already difficult situation has become even worse in recent days. Besides the lack of beds, there's now a risk of food shortages.

The hospital director posted a request for food donations on social media, listing items such as rice, beans, potatoes, and flour, as well as hygiene products. The response was immediate. Donations began arriving that morning. By the afternoon, there was enough food to provide 900 meals a day throughout the weekend. Dona Fátima donated nearly twenty kilos of food.

"We have to cooperate because pollution is painful. Only we humble human beings understand what these people are saying," revealed Fátima Frazão, a retiree.

The former mayor of São Luís, João Castelo, of the PSDB, could not be reached to comment on the health situation.

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Daily Life

# Hospital Director in Maranhão Requests Food and Cleaning Products on Social Media

FROM SÃO PAULO

*01/11/2013 – 6:23 PM*

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The general director of Djalma Marques Municipal Hospital, one of the busiest in São Luís (MA), took to Facebook this Friday (11) to request donations of food and cleaning to keep the hospital running in the coming days.

The list includes 27 items such as rice, beans, potatoes, seasonings, liquid soap, and disposable spoons. By late afternoon today, 1,165 Facebook users had shared the post.

Yglésio Moyses took over management of the hospital seven days ago, following the inauguration of Mayor Edivaldo Holanda Júnior (PTC).

Moyses, who ran for city council in the last election under the PT party and received 1,432 votes, was not elected. During his campaign, he had already criticized operational problems at "Socorrão 1," as the hospital is commonly known.

In his Facebook appeal, the new director also criticized the administration of former São Luís mayor João Castelo (PSDB). "The previous administration left public healthcare in chaos," Moyses said.

According to the director, the hospital had already begun receiving some donations on Friday.

**STATE OF EMERGENCY**

The new mayor declared a state of emergency in public healthcare in São Luís yesterday (10). The health department is reportedly facing a debt of around R$140 million, according to the new administration.

"We are short 26 doctors, 30 nurses, and 96 nursing assistants to properly care for patients," Moyses said.

The article's authors were unable to reach representatives of former mayor João Castelo's administration for comment.

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# cotidiano

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## Diretor de hospital no MA pede alimentos e produtos de limpeza em rede social

DE SÃO PAULO

*11/01/2013 18h23*

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O diretor-geral do Hospital Municipal Djalma Marques, um dos mais movimentados de São Luís (MA), usou o Facebook nesta sexta-feira (11) para pedir alimentos e produtos de limpeza para manter o local em funcionamento nos próximos dias.

A lista tem 27 itens, incluindo arroz, feijão, batata, temperos, sabão líquido e colheres descartáveis. Até o fim da tarde de hoje, 1.165 usuários da rede social haviam compartilhado a lista.

Yglésio Moyses assumiu o hospital há sete dias, após a posse do prefeito Edivaldo Holanda Júnior (PTC).

O diretor-geral foi candidato a vereador nas últimas eleições pelo PT e, com 1.432 votos, não foi eleito. Durante sua campanha política, Moyses já criticava os problemas de funcionamento do Socorrão 1, como o hospital é conhecido.

No apelo lançado no Facebook, o novo diretor aproveitou para criticar a gestão do ex-prefeito de São Luís, João Castelo (PSDB). "A gestão anterior deixou a saúde pública um caos", disse Moyses.

O hospital já começou a receber algumas doações nesta sexta, diz o diretor.

**ESTADO DE EMERGÊNCIA**

O novo prefeito decretou estado de emergência na saúde pública de São Luís ontem (10). Há uma dívida de cerca de R$ 140 milhões na pasta, segundo a nova administração.

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enfermagem para que possamos prestar o devido atendimento aos pacientes", disse.

A reportagem não localizou até o momento representantes da gestão do ex-prefeito João Castelo para que eles se manifestem.

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Quero passar bem longe desse tal de Maranhão, porque la so tem LALLAALLAAU

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**ZAPATA** *11/01/2013 21h52* 0 0 Denunciar COMPARTILHAR

Ainda presidente o dedeta 9 ,durante umdiscurso na inauguração de uma Unidade de Pronto Atendimento (UPA), em Recife,usando de sua ferramenta mais poderosa ,o populismo ,declarou que o SistemaÚnico de Saúde no Brasil, após os 8 anos de seu governo, estava tão bemaparelhado e funcionando de forma tal que "dá até vontade de a gente ficardoente para ser atendido".Nesse mesmo dia e mesmo evento, sentiu-se mal e foilevado para o Hospital Português um dosmelhores hospitais do Brasil.

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**fusquinha** *11/01/2013 21h23* 0 0 Denunciar COMPARTILHAR

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January 11, 2013, 3:36 PM - Updated January 11, 2013, 3:59 PM

# Management of Socorrão I attributes lack of food to terminated contracts

## In a statement, Yglesio Moyses says the situation is "exceptional and urgent." Contracts must be audited for signs of irregularities.

From G1 MA

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The management of the Djalma Marques Municipal Hospital (Socorrão I) sent a clarification note to the press, early in the afternoon of this Friday (11), about the food donation campaign started by the Hospital director, Yglesio Moyses, through social media, in which he states that the food and materials provided on an emergency basis by the State Government have already run out and there has been no continuity of supply.

According to the note, "practically all contracts for the supply of food and supplies from the Municipal Health Department (Semus) are terminated or require an audit due to signs of irregularity, an extreme situation that requires a minimum legal period for its resolution."

**learn more**

- Director of 'Socorrão I' makes appeal for donations online in São Luís
- After an appeal, Hospital Socorrão I begins receiving donated food
- Mayor declares health emergency in São Luís

# Yglésio denounces problems in public health in São Luís

g7ma.com/yglesio-denuncia-problemas-na-saude-publica-de-sao-luis

João Filho April 13, 2022



Congressman Yglésio Moyses (PROS) drew attention, in the plenary session this Tuesday (12), to the current situation of the Djalma Marques Municipal Hospital (Socorrão I). He reported that professionals and patients reported the precariousness of the service.

"According to them, there's overcrowding and a lack of beds. Because of this, patients are transferred to Santa Casa, which, in turn, is also in a deplorable state regarding its structure, with an imminent risk of collapse, in addition to a lack of hygiene and basic materials," he emphasized.

Yglésio emphasized that the conditions at Santa Casa are appalling. "Men and women share the same bathroom with no privacy. Patients share the same ward. Dirty clothes are piled up near beds, and to make matters worse, the health unit's employees have not been paid for three months," he noted.

In the congressman's opinion, São Luís's public health system has been in collapse for years. "Management comes and goes, and the situation remains unchanged. Infrastructure is lacking, staff complain about working conditions, and patients are treated in hallways. And what does Mayor Eduardo Braide do? He tries to create a false reality."

In his speech, he also advocated for investments in schools and salary increases for municipal school teachers. He also denounced the lack of infrastructure at the Dom Delgado school, located in rural São Luís. "Only 149 teachers received a 30% salary increase, and more than 50% of the schools have not been renovated. This is disrespectful to the population," he concluded.

01/11/2013 11:01 PM – Updated on 01/12/2013 12:20 AM

# Campaign Collects Nearly 1 Ton of Food for Hospital in São Luís

Hospital director Yglesio Moyses said the campaign had already achieved its goal. The administrator had requested food donations via his Facebook profile on Thursday (10).

From G1 MA

FACEBOOK



The director of Djalma Marques Municipal Hospital (Socorrão I), Yglesio Moyses, announced that nearly one ton of food had been collected on Friday (11) following an appeal for donations he posted on his personal Facebook profile on Thursday (10) in **São Luís**. *Watch the Jornal Nacional report in the video above.*

In an interview with **G1**, the director said the campaign would not continue on Saturday because he believed its objective had already been achieved. "The amount we collected was enough. Tomorrow I will publicly thank everyone who contributed," he said.

Although a large portion of the public supported the campaign, some people criticized the director's actions. "The moment we make ourselves available to serve in public office, we have to be prepared for situations like these," he added.

### The Campaign

On Thursday evening, the director of Socorrão I appealed for food donations for the hospital. In a post on his personal Facebook page, accompanied by a photograph of a list of basic food items, such as tomatoes, onions, potatoes, and other essentials, he asked that donations be delivered to the hospital's main entrance between 8:00 a.m. and 5:00 p.m.

The newly elected mayor of São Luís, Edivaldo Holanda Júnior (PTC), had declared a state of emergency in the city's public healthcare system. An audit uncovered debts totaling approximately R$140 million within the Health Department. Physicians had not been paid since October. The municipal government requested assistance from the State Health Department (SES) to provide personnel, equipment, and medications.

The Federal Police is investigating evidence of possible misappropriation of public funds during the administration of former mayor João Castelo (PSDB), particularly regarding resources allocated to the Mobile Emergency Care Service (SAMU).

For more news from Maranhão, visit **g1.globo.com/ma**. You can also follow G1 Maranhão on **Twitter** or via RSS.

**Read more**

**Director of "Socorrão I" Appeals for Donations Online in São Luís**

**Socorrão I Administration Attributes Food Shortage to Expired Contracts**

**Following Appeal, Socorrão I Hospital Begins Receiving Food Donations**

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Marina Viana

**Date: August 4, 2026**

11/01/2013 23h01 - Atualizado em 12/01/2013 00h20

# Campanha arrecada quase 1t de alimentos para hospital em São Luís

Diretor do hospital, Yglesio Moyses garantiu que objetivo já foi alcançado. Gestor pediu doações de comida em seu perfil no Facebook, na quinta (10).

Do G1 MA

FACEBOOK



O diretor do Hospital Municipal Djalma Marques (Socorrão I), Yglesio Moyses, anunciou que quase uma tonelada de alimentos foi arrecadada nesta sexta (11), após pedido do alimentos feito em seu perfil pessoal no Facebook, na quinta-feira (10), em **São Luís**. *Confira reportagem do Jornal Nacional no vídeo.*

Em entrevista ao **G1**, o diretor declarou que a campanha não vai ter continuidade neste sábado porque ele considera que o objetivo já foi atingido. "O que arrecadamos foi suficiente. Amanhã vou agradecer publicamente às pessoas que contribuíram", revelou.

Embora uma boa parte da população tenha aderido à campanha, também houve críticas às atitudes do direitor. "A partir do momento em que nos colocamos à disposição para cargos públicos, temos que estar preparados para situações como essas", completou.

**Campanha**

O diretor do Socorrão I, Yglesio Moyses, fez um apelo por doações de alimentos para o hospital na noite de quinta. Em texto publicado em sua página pessoal no Facebook junto com a fotografia de uma lista de gêneros alimentícios básicos como tomate, cebola, batata e etc., ele pediu que as doações fossem entregues das 8h às 17h, na portaria do hospital.

O atual prefeito de São Luís, Edivaldo Holanda Júnior (PTC), decretou estado de emergência na saúde. Uma auditoria descobriu dívidas na pasta que chega a R$ 140 milhões. Médicos estão com salários atrasados desde outubro. O Município pediu auxílio à Secretaria Estadual de Saúde (SES) para fornecer funcionários, equipamentos e remédios.

A Polícia Federal investiga indícios de desvio de recursos durante a gestão do ex-prefeito João Castelo (PSDB), principalmente no que diz respeito às verbas destinadas ao Serviço de Antendimento Móvel de Urgência (Samu).

Para ler mais notícias do Maranhão, clique em **g1.globo.com/ma**. Siga também o G1 Maranhão no **Twitter** e por RSS.

## saiba mais

- **Diretor do 'Socorrão I' faz apelo por doações na internet em São Luís**
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tópicos: Maranhão, São Luís

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dition of January 11, 2013

January 11, 2013, 1:54 PM - Updated on January 11, 2013, 1:56 PM

# Hospital director asks for food donations online in Maranhão

## São Luís City Hall declared a state of health emergency. The initiative aims to guarantee food for patients.

**Alex Barbosa**Saint Louis

---

The city of São Luís , the capital of Maranhão , has declared a state of health emergency. The director of a municipal hospital in the city has issued an online appeal asking people to donate supplies to ensure patients' nutrition.

The corridors are crowded at São Luís's main emergency and urgent care hospital, Socorrão 1. Patients are even admitted to the reception area. The hospital sees an average of 500 patients a day. Some doctors have stopped working because they haven't been paid since October, and patients are suffering.

In addition to all these problems, patients are now experiencing a food shortage. The hospital director decided to use social media to ask the public for food donations. Yglésio Moyses says the help will prevent people from going hungry.

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The hospital director has compiled a list of necessary items, ranging from rice, potatoes, and flour to cleaning products and disposable items. After the appeal, the first donations arrived. Today, the hospital pantry has at least the basics, which can guarantee patients' meals over the weekend.

"Nutrition is part of any medical treatment therapy. Nutrition is like medicine. Leaving food without food is like leaving medicine without it, or worse than that: leaving a human being without dignity," says Moyses.

The city government has declared a state of emergency in São Luís's health system. According to an audit, the city is owed R$140 million. Some suppliers are six months behind on payments. Nearly half of the 17 SAMU ambulances are out of service due to lack of maintenance.

The city government also asked the State Health Department for help, providing staff, equipment and medicine to maintain care in hospitals.

01/11/2013 12:49 AM – Updated on 01/11/2013 1:05 AM

# Director of "Socorrão I" Appeals for Food Donations Online in São Luís

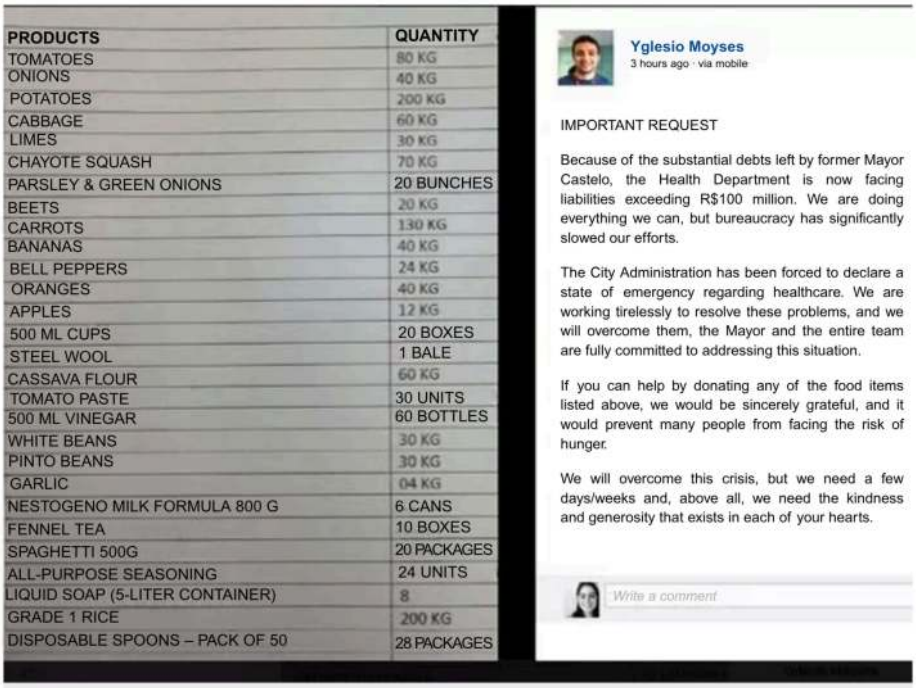
Yglesio Moyses requested food donations through his personal social media profile. He said he had already donated nearly 100 kilograms of food “out of his own pocket.”

**By Clarissa Carramilo**
G1 Maranhão

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The director of Djalma Marques Municipal Hospital (Socorrão I) in **São Luís**, Yglesio Moyses, appealed for food donations for the hospital on Thursday evening (10). In a post on his personal Facebook page, accompanied by a photograph of a list of basic food items, such as tomatoes, onions, potatoes, and other essentials (see the list below)—he asked that donations be delivered beginning Friday (11), daily from 8:00 a.m. to 5:00 p.m., at the hospital's main entrance.



| PRODUCTS | QUANTITY |
|---|---|
| TOMATOES | 80 KG |
| ONIONS | 40 KG |
| POTATOES | 200 KG |
| CABBAGE | 60 KG |
| LIMES | 30 KG |
| CHAYOTE SQUASH | 70 KG |
| PARSLEY & GREEN ONIONS | 20 BUNCHES |
| BEETS | 20 KG |
| CARROTS | 130 KG |
| BANANAS | 40 KG |
| BELL PEPPERS | 24 KG |
| ORANGES | 40 KG |
| APPLES | 12 KG |
| 500 ML CUPS | 20 BOXES |
| STEEL WOOL | 1 BALE |
| CASSAVA FLOUR | 60 KG |
| TOMATO PASTE | 30 UNITS |
| 500 ML VINEGAR | 60 BOTTLES |
| WHITE BEANS | 30 KG |
| PINTO BEANS | 30 KG |
| GARLIC | 04 KG |
| NESTOGENO MILK FORMULA 800 G | 6 CANS |
| FENNEL TEA | 10 BOXES |
| SPAGHETTI 500G | 20 PACKAGES |
| ALL-PURPOSE SEASONING | 24 UNITS |
| LIQUID SOAP (5-LITER CONTAINER) | 8 |
| GRADE 1 RICE | 200 KG |
| DISPOSABLE SPOONS – PACK OF 50 | 28 PACKAGES |



Director of Socorrão I, Yglésio Moyses, appeals for donations on social media (Photo: Reproduction/Facebook).

In an interview with G1, Yglesio Moyses said he had personally donated nearly 100 kilograms of food to help prevent further disruptions to patient meal services. He stated that the Municipal Health Department (Semus) had the ability to reverse the critical situation facing the city's public hospitals, but that doing so would take several days or even weeks due to bureaucratic procedures. Until then, Socorrão I would continue to rely on donations.

"Mayor Edivaldo Holanda inherited a bankrupt municipal administration with no capacity to respond to the healthcare crisis left by Castelo. The State Government withdrew the emergency assistance it had provided at the end of the Castelo administration and did not allow enough time for the Municipal Health Department to obtain the resources needed to reverse the situation," he said.

"This is simply a request and, at the same time, an attempt to raise public awareness about the condition in which the former mayor left the city and how important it is for people to understand the problem. Food supplies will soon be restored, but I personally paid for nearly 100 kilograms of food. We must do everything we can with whatever help we receive and keep moving forward," he concluded.

**Healthcare Crisis**



PATIENTS RECEIVE TREATMENT IN THE CORRIDORS OF SOCORRÃO II (PHOTO: DIEGO CHAVES/O ESTADO).

São Luís Mayor **Edivaldo Holanda Júnior declared a state of emergency in the healthcare system** on Thursday (10). Municipal Health Secretary Vinicius Nina stated in a press conference that city auditors had discovered an accumulation of debt within the department totaling R$ 140 million.

In November of the previous year, representatives of the **National Commission for the Defense of Human Rights (CNDDH) and the Municipal Health Council filed a complaint with the Public Prosecutor's Office** of Maranhão (MP-MA), reporting that employees at Clementino Moura Municipal Hospital (Socorrão II) had not received their salaries and that patients were going without food and medication. **An inspection at Socorrão I also identified a number of irregularities.**



BROKEN AMBULANCES PARKED AT THE SAMU FACILITY IN SÃO LUÍS (PHOTO: BINÉ MORAIS/O ESTADO).

The Federal Police is currently investigating evidence of the misappropriation of public funds within the Municipal Health Department (Semus) during the administration of former mayor João Castelo, particularly regarding resources allocated to the Mobile Emergency Care Service (SAMU). In December, **a report aired on Jornal Nacional revealed that 15 of the 17 ambulances available in São Luís were out of service.**

Also in December, the State Health Department (SES) announced emergency assistance for the capital's municipal hospitals in an effort to reduce overcrowding at the Emergency Care Units (UPAs) and at the state-run hospitals specializing in clinical and surgical care.

For more news from Maranhão, visit **g1.globo.com/ma**. You can also follow G1 Maranhão on **Twitter** or via **RSS**.

Topics: Maranhão, São Luís








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Marina Viana

**Date: August 4, 2026**

11/01/2013 00h49 - Atualizado em 11/01/2013 01h06

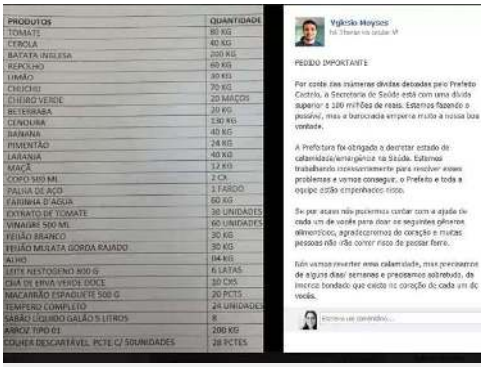
# Diretor do 'Socorrão I' faz apelo por doações na internet em São Luís

Yglesio Moyses pediu doações de gêneros alimentícios em perfil pessoal. Ele revelou já ter doado quase 100 kg de alimentos "do próprio bolso".

Clarissa Carramilo
Do G1 MA

FACEBOOK

O diretor do Hospital Municipal Djalma Marques (Socorrão I), em **São Luís**, Yglesio Moyses, fez um apelo por doações de alimentos para o hospital na noite desta quinta-feira (10). Em texto publicado em sua página pessoal no Facebook junto com a fotografia de uma lista de gêneros alimentícios básicos como tomate, cebola, batata e etc. (confira a lista abaixo), ele pediu que as doações fossem entregues a partir desta sexta-feira (11), diariamente, das 8h às 17h, na portaria do hospital.



| PRODUTOS | QUANTIDADE |
|---|---|
| TOMATE | 80 KG |
| CEBOLA | 40 KG |
| BATATA INGLESA | 200 KG |
| REPOLHO | 60 KG |
| LIMÃO | 30 KG |
| CHUCHU | 70 KG |
| CHEIRO VERDE | 20 MAÇOS |
| BETERRABA | 20 KG |
| CENOURA | 130 KG |
| BANANA | 40 KG |
| PIMENTÃO | 24 KG |
| LARANJA | 40 KG |
| MAÇÃ | 12 KG |
| COPO 360 ML | 2 CX |
| PALHA DE AÇO | 1 FARDO |
| FARINHA D'AGUA | 60 KG |
| EXTRATO DE TOMATE | 30 UNIDADES |
| VINAGRE 500 ML | 60 UNIDADES |
| FEIJÃO BRANCO | 30 KG |
| FEIJÃO MULATA GORDA RAJADO | 30 KG |
| ALHO | 04 KG |
| LEITE NESTOGENO 400 G | 6 LATAS |
| CHÁ DE ERVA VERDE DOCE | 10 CXS |
| MACARRÃO ESPAGUETE 500 G | 20 PCTS |
| TEMPERO COMPLETO | 24 UNIDADES |
| SABÃO LIQUIDO GALÃO 5 LITROS | 5 |
| ARROZ TIPO 01 | 200 KG |
| COPINHO DESCARTÁVEL PCTE C/ 50UNIDADES | 28 PCTES |

Yglesio Moyses

PEDIDO IMPORTANTE

Por conta das inúmeras dívidas deixadas pelo Prefeito Castelo, a Secretaria de Saúde está com uma dívida superior a 120 milhões de reais. Estamos fazendo o possível, mas a burocracia emperra muito a nossa boa vontade.

A Prefeitura foi obrigada a decretar estado de calamidade/emergência na Saúde. Estamos trabalhando incessantemente para resolver esses problemas e vamos conseguir, o Prefeito e toda a equipe estão empenhados nisso.

Se por acaso não pudermos contar com a ajuda de cada um de vocês para doar os seguintes gêneros alimentícios, agradeceremos do coração e muitas pessoas não irão correr risco de passar fome.

Não vamos reverter essa calamidade, mas perceberão de alguns dias/ semanas e precisamos sobretudo, da imensa bondade que existe no coração de cada um de vocês.

Diretor do Socorrão I, Yglésio Moyses, faz apelo por doações em rede social (Foto: Reprodução/Facebook)

Em entrevista ao **G1**, Yglesio Moyses revelou ter doado quase 100 quilos de alimentos "do próprio bolso" para evitar mais problemas para fornecer alimentação aos pacientes. Ele disse que a Secretaria Municipal de Saúde (Semus) tem condições de reverter a situação de calamidade em que se encontram os hospitais municipais, mas isso deve levar alguns dias ou semanas por questões burocráticas. Até lá, o Socorrão I vai precisar de doações.

"O prefeito Edivaldo Holanda encontrou uma prefeitura falida, sem capacidade de responder ao caos da saúde deixado por Castelo. O Governo do Estado retirou a ajuda emergencial que tinha dado no final da gestão Castelo e não deu um tempo suficiente para a Secretaria de Saúde do Município ter as ferramentas para reverter a situação", lamentou.

"É apenas um pedido e, ao mesmo tempo, uma tentativa de conscientizar as pessoas do estado em que o ex- prefeito deixou a cidade e do quanto é importante que as pessoas se sensibilizem com o problema. O fornecimento de alimentos logo será regularizado, mas eu mesmo tirei do próprio bolso quase 100 kg de mantimentos. Temos que fazer o máximo que podemos com a melhor ajuda que tivermos e olhar pra frente", finalizou.

**Caos na saúde**



Pacientes são atendidos nos corredores do Socorrão II (Foto: Diego Chaves/O Estado)

O prefeito de São Luís, **Edivaldo Holanda Júnior, decretou estado de emergência na saúde** nesta quinta-feira (10). O secretário municipal de Saúde, Vinicius Nina, afirmou, em entrevista coletiva, que os auditores da prefeitura descobriram um acúmulo de dívidas na pasta que chega a R$ 140 milhões.

Em novembro do ano passado, representantes da **Comissão Nacional de Defesa dos Diretos Humanos (CNDDH) e do Conselho Municipal de Saúde protocolaram uma denúncia no Ministério Público** do Maranhão (MP-MA), revelando que os funcionários do Hospital Municipal Clementino Moura (Socorrão II) estariam sem receber os salários e, os pacientes, sem alimentação e medicamentos. **Vistoria no Socorrão I também constatou irregularidades.**



Ambulâncias quebradas no pátio da Samu em São Luís (Foto: Biné Morais/O Estado)

Atualmente, a Polícia Federal está investigando indícios de desvio de recursos públicos na Semus durante a gestão do ex-prefeito João Castelo, principalmente no que diz respeito às verbas destinadas ao Serviço de Antendimento Móvel de Urgência (Samu). No mês de dezembro, **reportagem exibida no Jornal Nacional denunciou que, das 17 ambulâncias disponíveis em São Luís, 15 estariam quebradas.**

A Secretaria Estadual de Saúde (SES) anunciou, também em dezembro, um auxílio emergencial aos hospitais municipais da capital com o objetivo de descongestionar as Unidades de Pronto-Atendimento (UPAs) e os hospitais especializados em atendimento clínico-cirúrgico da rede estadual.

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SÃO LUÍS

# Physician Reports Poor Conditions at Socorrão I

The allegations were made by physician Yglesio Moyses through a social media platform.

TV Mirante
06/07/2011 at 2:51 PM – Updated on 03/27/2022 at 12:37 PM




Ad

SÃO LUÍS – Dr. Yglésio Moyses, a physician at Djalma Marques Municipal Hospital (Socorrão I) in São Luís, has reported inadequate conditions affecting patient care. The allegations were first published on **journalist Zeca Soares' blog** and later covered by **Mirante AM** radio, as well as shared on a social media platform. Reporter Douglas Pinto also interviewed the physician. Watch the interview.

In a statement sent to the production team of JMTV – 1st Edition, the Municipal Health Department (Semus) said that, due to overcrowding at the capital's emergency and urgent care hospitals, caused by the large number of patients from São Luís and virtually every region of the state, it occasionally faces difficulties in maintaining adequate supplies at its facilities. Nevertheless, Semus stated that every effort is made on a daily basis to ensure that patients receive appropriate care.

Regarding Dr. Yglesio Moyses' statements, the Municipal Health Department also said that, at no time, did he contact either the head of the surgery department or the hospital administration in an attempt to resolve the issues he described.

However, the physician submitted to **Zeca Soares' blog** a document bearing his signature that included several complaints filed with the São Luís City Administration on January 5.

SAIBA MAIS

- Em "Além da Ilusão", Isadora ficará assustada com previsão de cigana e reagirá: "Acredito no amor, sim!"
- Guilherme cometerá ato falho e magoará Flávia em "Quanto Mais Vida, Melhor!"
- Em "Além da Ilusão", Davi pedirá desculpas por beijar Isadora
- "Quanto Mais Vida, Melhor!": no corpo de Flávia, Guilherme fugirá de Roni pelas ruas da Tijuca

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Marina Viana

**Date: August 5, 2026**






SÃO LUÍS

# Médico denuncia condições precárias do Socorrão I

As denúncias foram feitas pelo médico Yglésio Moysés por uma das redes sociais na internet.

TV Mirante
07/06/2011 às 14h51 - Atualizada em 27/03/2022 às 12h37







SÃO LUÍS - O médico Yglésio Moysés, do Hospital Municipal Djalma Marques, o Socorrão I, em São Luís, denuncia as condições precárias no atendimento aos pacientes. As denúncias foram feitas no **blog do jornalista Zeca Soares** e repercutidas na rádio **Mirante AM** e, também, em uma das redes sociais na internet. O repórter Douglas Pinto também conversou com o médico. Assista à entrevista.

Em nota enviada à produção do JMTV-1ª Edição, a Secretaria de Saúde do município informa que, em virtude da superlotação dos hospitais de urgência e emergência da capital, provocada pelo atendimento de pacientes de São Luís e praticamente de todo o interior do Estado, enfrenta, eventualmente, dificuldades no abastecimento das unidades. Entretanto, afirma a Semus, esforços são feitos diariamente para que os pacientes tenham o atendimento adequado.

Com relação às declarações do médico Yglésio Moysés, a Secretaria Municipal de Saúde informa que, em nenhum momento, a chefia de cirurgia nem a direção do hospital foram procuradas por ele para solucionar os problemas apresentados.

No entanto, o médico encaminhou ao **blog do Zeca Soares** um documento em que o médico assina algumas reclamações feitas à Prefeitura de São Luís, em 5 de janeiro.

## SAIBA MAIS

- Em "Além da Ilusão", Isadora ficará assustada com previsão de cigana e reagirá: "Acredito no amor, sim!"
- Guilherme cometerá ato falho e magoará Flávia em "Quanto Mais Vida, Melhor!"
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01/12/2013 12:05 PM – Updated on 01/12/2013 8:48 PM

# "Patients Were Well Fed," Celebrates Socorrão I Director

Yglésio Moyses used his social media page to thank the donors.
The campaign will not continue this Saturday (12).

**Igor Almeida**
G1 Maranhão

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The director of Djalma Marques Municipal Hospital (Socorrão I), Yglésio Moyses, used his personal Facebook page on Saturday (12) to express his gratitude and show part of the donations collected through **the campaign he launched online the previous Thursday (10).**

"Our storage rooms, previously almost empty, are now full, and our patients will be well fed. Thank you to every individual and organization that donated, and to those who sent their positive thoughts to make this possible," celebrated the director in one of the photos published.




Yglesio Moyses posts a photo and thanks donors for their contributions to Socorrão I (Photo: Reproduction/Facebook).

He later stated that the meals had been served sufficiently and with good quality, "thanks to the donations from the people of São Luís and the dedication and enthusiasm of the staff of Socorrão I's Nutrition Department."

In his initial post, Yglesio had stated that debts in the healthcare sector left by the administration of former **São Luís** mayor João Castelo, totaling “more than R$100 million”, had forced the current municipal administration to declare a state of emergency in the sector.
According to the director, nearly one ton of food was collected on Friday (11) alone after the appeal for donations was posted online.

Yglesio told **G1** that the campaign would not continue on Saturday (12), as its objective had already been achieved.

Related Articles

Campaign Collects Nearly 1 Ton of Food for Hospital in São Luís

Socorrão I Administration Attributes Food Shortage to Expired Contracts

**Healthcare Emergency**

In a statement, the São Luís City Administration said it supported the initiative taken by the director of Socorrão I and that additional legal measures were being implemented to restore normal operations in the public healthcare system.

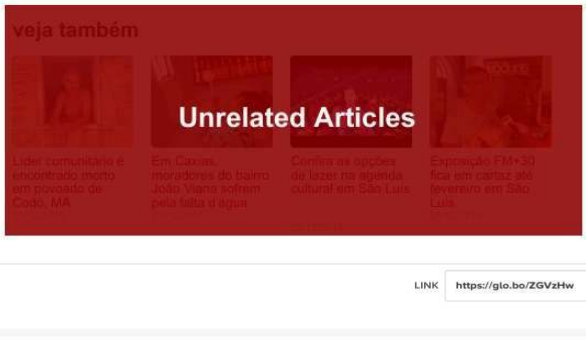
The City Administration also stated that "the declaration of a state of emergency in healthcare is intended, among other things, to enable the execution of new supply contracts in order to normalize the situation at Socorrão."

São Luís Mayor Edivaldo Holanda Júnior (PTC) **declared a state of emergency in the city's healthcare on Thursday (10)**. An audit uncovered debts within the sector approximately R$140 million. Physicians had not been paid since October. The municipal government requested assistance from the State Health Department (SES) to provide personnel, equipment, and medications.

In addition, the Federal Police is investigating evidence of the misappropriation of public funds during the administration of former mayor João Castelo (PSDB), particularly regarding resources allocated to the Mobile Emergency Care Service (SAMU).

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Marina Viana

**Date: August 5, 2026**

12/01/2013 12h05 - Atualizado em 12/01/2013 20h48

# 'Pacientes foram bem alimentados', comemora diretor do Socorrão I

Yglesio Moyses usou sua página em rede social para agradecer doações. Campanha não terá continuidade neste sábado (12).

Igor Almeida
Do G1 MA



O diretor do Hospital Djalma Marques (Socorrão I), Yglesio Moyses, usou, neste sábado (12), sua página pessoal no facebook, para agradecer e mostrar parte das doações arrecadadas **na campanha lançada por ele mesmo na última quinta-feira (10), na internet**.

"Nossos depósitos, antes quase vazios, agora estão cheios e os pacientes serão bem alimentados. Obrigado a cada uma das pessoas e entidades que doaram e das que enviaram as melhores energias para que tudo desse certo", comemorou o diretor em uma das fotos publicadas.




Yglesio Moises publicou foto e agradecimento por doações ao Socorrão I (Foto: Reprodução/Facebook)

Logo depois, afirmou que as refeições foram servidas a contento e com qualidade, "graças às doações da população de São Luís e ao esforço e alegria dos funcionários do Serviço de Nutrição do Socorrão 1".

Na primeira publicação, Yglesio denunciou que dívidas na área da saúde deixadas na gestão do ex-prefeito de **São Luís**, João Castelo, "superior a 100 milhões de reais", obrigou a prefeitura – na atual gestão administrativa - a decretar "estado de calamidade/emergência" na pasta. Segundo o diretor, quase uma tonelada de alimentos foi arrecadada só nesta sexta-feira (11), após o pedido por doações ter sido feito na internet.

Ao **G1**, Yglesio declarou que a campanha não vai ter continuidade neste sábado (12), já que o objetivo foi alcançado.

### saiba mais

**Campanha arrecada quase 1t de alimentos para hospital em São Luís**

**Direção do Socorrão I atribui falta de alimentos a contratos encerrados**

**Emergência na saúde**

Em nota, a Prefeitura de São Luís disse que apoiou a iniciativa do diretor do Socorrão I e que outras medidas legais estão sendo tomadas para normalizar o atendimento do serviço de saúde.

A Prefeitura acrescentou ainda que, "a decretação de estado de emergência na saúde é para, entre outras coisas, viabilizar novos contratos de fornecimento, para regularização da situação do Socorrão".

O prefeito de São Luís, Edivaldo Holanda Júnior (PTC), **decretou estado de emergência na saúde, na última quinta-feira (10).** Uma auditoria descobriu dívidas na Pasta que chega a R$ 140 milhões. Médicos estão com salários atrasados desde outubro. O Município pediu auxílio à Secretaria Estadual de Saúde (SES) para fornecer funcionários, equipamentos e remédios.

Além disso, a Polícia Federal investiga indícios de desvio de recursos durante a gestão do ex-prefeito da capital, João Castelo (PSDB), principalmente no que diz respeito às verbas destinadas ao Serviço de Atendimento Móvel de Urgência (Samu).

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03/12/2013 10:04 PM – Updated on 03/12/2013 10:04 PM

# Renovations and Service Expansion Announced for the Capital's Public Healthcare System

Socorrão I and II, as well as the Children's Hospital, are included in the plan.
The announcement was made by Health Secretary Vinícius Nina on Tuesday (12).

By G1 MA

FACEBOOK



Projects must be submitted to the Ministry of Health by March 30 (Photo: São Luís City Hall Press Office).

Djalma Marques Municipal Hospital (Socorrão I) and Clementino Moura Municipal Hospital (Socorrão II) are expected to receive a total of 31 new hospital beds, while the Children's Hospital will undergo a complete renovation. In addition, the **São Luís** City Administration will renovate five healthcare facilities and upgrade another sixteen. The announcement was made by Municipal Health Secretary Vinícius Nina on Tuesday (12).

The renovation and expansion of the municipality's main healthcare facilities will be funded through Federal Government resources, legislative earmarks, and matching funds from the municipal treasury.

"Given the importance of improving healthcare services in the city, Mayor Edivaldo Holanda Júnior has worked to accelerate the renovation process for the city's main healthcare facilities," Nina said.

Under the announced improvements, Socorrão I will increase its Intensive Care Unit (ICU) capacity from 12 to 23 beds, while Socorrão II will expand from 20 to 40 ICU beds. In addition to the renovations, improvements are planned for several medical care departments, including the acquisition of an additional CT scanner.

Regarding overcrowding in the healthcare system, Vinícius Nina said that investments would also provide 40 additional backup beds at Santa Casa de Misericórdia do Maranhão, a hospital that partners with the São Luís City Administration, as well as another 65 beds for the municipal emergency and urgent care network.

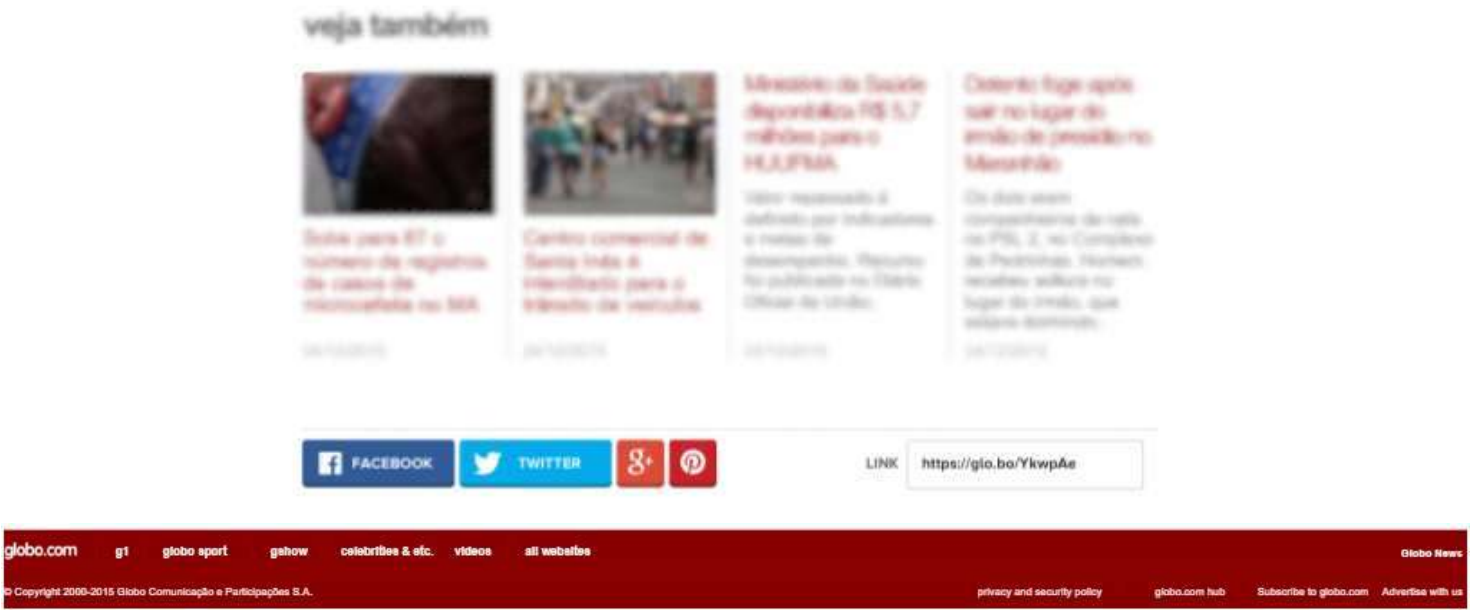
Also present at the announcement were the directors of Socorrão I and II, Yglésio Moyses and Ademar Bandeira, respectively. Bandeira stated that "the situation is now different, which is a sign that conditions at Socorrão II are improving."

Meanwhile, Yglésio, who had previously launched an online **campaign requesting food donations for patients at Socorrão I**, highlighted the increase in the number of patients treated. "In February, Socorrão I treated 7,555 patients, a 20% increase compared with the same period last year. This figure reflects the public's confidence in our services and the improvements in patient care at the hospital," he concluded.

All projects must be submitted to the Ministry of Health by March 30 so that, following the necessary adjustments, construction can begin in June, as projected by the São Luís Secretary of Health.

Topics: Maranhão, São Luís

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I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: August 5, 2026

12/03/2013 22h04 - Atualizado em 12/03/2013 22h04

# Anunciada reforma e ampliação de serviços na rede de saúde da capital

Socorrão I e II, além do Hospital da Criança, serão contemplados. Anúncio foi feito pelo secretário de Saúde, Vinícius Nina, nesta terça (12).

Do G1 MA

FACEBOOK



Projetos devem ser enviados ao Ministério da Saúde até 30 de março (Foto: Ascom Prefeitura)

Os hospitais municipais Djalma Marques (Socorrão I) e Clementino Moura (Socorrão II) devem receber 31 novos leitos e o Hospital da Criança será totalmente reformado. Além disso, cinco unidades de saúde e outras 16 serão reformadas pela Prefeitura de **São Luís**. O anúncio foi feito pelo secretário de Saúde, Vinícius Nina, nesta terça-feira (12).

A reforma e ampliação das principais unidades de saúde do município de São Luís serão possíveis com recursos do Governo Federal, emendas parlamentares e devida contrapartida do tesouro municipal. "Dada à importância e necessidade de melhorar a assistência no município, o prefeito Edivaldo Holanda Júnior, buscou acelerar o processo de reforma das principais unidades de saúde do município", disse Nina.

Com as adequações anunciadas, o Socorrão I passará de 12 para 23 leitos de UTI, enquanto que o Socorrão II será ampliado de 20 para 40 leitos UTI. Além da reforma estão previstas melhorias em setores de atendimento médico como aquisição de mais um aparelho de tomografia.

Sobre a superlotação nas unidades de saúde, Vinícius Nina disse que haverá também um investimento para mais 40 leitos de retaguarda na Santa Casa de Misericórdia do **Maranhão** (Unidade que mantém parceria com a Prefeitura de São Luís) e outros 65 para as unidade de urgência e emergência da rede municipal.

Participaram do anúncio das medidas, os diretores do Socorrão I e II, Yglésio Moyses e Ademar Bandeira, respectivamente. Bandeira disse que "o cenário é outro, sinal de que a situação do Socorrão II está melhorando".

Por sua vez, Yglésio, que chegou a fazer na internet **campanha de doação de alimentos para os pacientes do Socorrão I**, ressaltou o aumento no número de atendimentos. "O Socorrão I realizou em fevereiro 7.555 atendimentos, 20% a mais que o mesmo período do ano passado. Esse número reflete a confiança da população nos nossos serviços e a melhoria do atendimento na unidade", finalizou.

Todos os projetos devem ser encaminhados ao Ministério da Saúde até 30 de março para que, após os ajustes regulares, as obras sejam iniciadas no mês de junho, conforme previu o secretário de Saúde de São Luís.

tópicos: Maranhão, São Luís

## veja também



Sobe para 87 o número de registros de casos de microcefalia no MA

24/12/2015



Centro comercial de Santa Inês é interditado para o trânsito de veículos

24/12/2015

Ministério da Saúde disponibiliza R$ 5,7 milhões para o HUUFMA

Valor repassado é definido por indicadores e metas de desempenho. Recurso foi publicada no Diário Oficial da União.

24/12/2015

Detento foge após sair no lugar do irmão de presídio no Maranhão

Os dois eram companheiros de cela no PSL 2, no Complexo de Pedrinhas. Homem recebeu soltura no lugar do irmão, que estava dormindo.

24/12/2015

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AUDIENCE REPORT • APRIL 2026

# Rede Mirante Television Network

## Leadership and Presence Throughout Maranhão

Rede Mirante Television Network consists of **four stations affiliated with Rede Globo**, headquartered in **São Luís, the Cocais Region, Imperatriz, and Balsas**. Present in the main population centers of Maranhão, the network offers **programming that reflects the culture, daily life, and interests of the people of Maranhão.**

With audience leadership and solid credibility in all markets where it operates, Rede Mirante connects brands with the right audience at the right time. Its **strategic reach throughout the state** ensures visibility, impact, and consistent results for advertisers seeking **relevance and a regional presence.**

## The Strength of Our Coverage

**4 affiliated** stations

**101 municipalities** covered

**+ than 1.5 million** TV households

**+ than 5 million** inhabitants in the coverage area

**+ than 4.6 million** potential viewers in the state

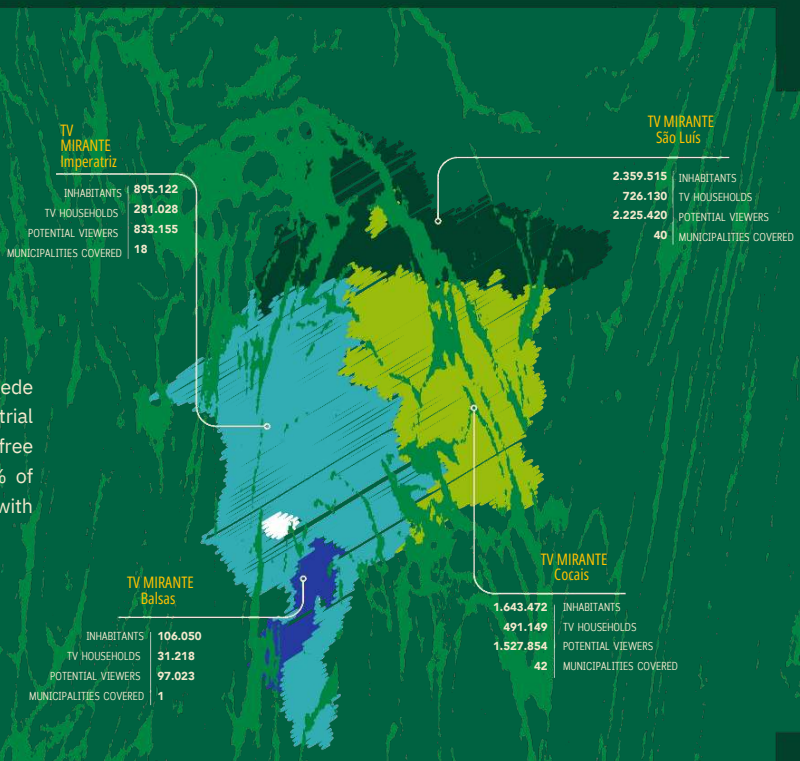


Source: Rede Globo Coverage Atlas. March 2026.

TV MIRANTE

# Mirante Stations

With stations strategically distributed throughout Maranhão, Rede Mirante reaches different regions of the state through its terrestrial coverage. This reach is expanded through satellite distribution and free transmission on Globoplay, ensuring presence throughout 100% of Maranhão's territory and access to programming even in areas with more limited terrestrial reception.




Source: Rede Globo Coverage Atlas. March 2026.

#COVERAGE

# TV Mirante IMPERATRIZ

**18 municipalities** covered

**+ 281,000** TV households

**+ 895,000 inhabitants** in the coverage area

**+ 833,000** potential viewers

globoplay

**100% coverage in Maranhão through multiplatform broadcasting. Rede Mirante ensures comprehensive reach throughout the state through a combination of terrestrial signal, satellite, and free transmission on Globoplay.**

| Municipalities | Population | DTV | Potential Viewers |
|---|---|---|---|
| Açailândia | 110.884 | 36.270 | 104.715 |
| Altamira do Maranhão | 6.566 | 1.940 | 6.042 |
| Alto Parnaíba | 11.327 | 2.728 | 8.465 |
| Amarante do Maranhão | 38.398 | 10.161 | 32.937 |
| Barra do Corda | 87.987 | 28.063 | 81.902 |
| Buriticupu | 56.768 | 16.314 | 51.655 |
| Campestre do Maranhão | 12.531 | 3.818 | 11.579 |
| Davinópolis | 14.874 | 4.706 | 14.024 |
| Estreito | 34.397 | 10.778 | 31.758 |
| Grajaú | 76.960 | 21.262 | 68.194 |
| Imperatriz | 286.592 | 97.806 | 277.341 |
| João Lisboa | 25.317 | 8.142 | 24.770 |
| Montes Altos | 9.321 | 2.644 | 7.812 |
| Porto Franco | 24.564 | 7.827 | 22.505 |
| Ribeirãozinho do Maranhão* | 18.989 | 5.682 | 16.394 |
| Santa Luzia | 58.937 | 16.673 | 53.614 |
| Senador La Rocque | 15.062 | 4.732 | 14.298 |
| Tufilândia | 5.648 | 1.482 | 5.150 |

Important: Due to the transition from analog to digital signals (Ordinance No. 11476), the tables are currently under review and subject to change. Please consult your sales representative.
*Formerly known as Governador Edison Lobão, the municipality changed its name to Ribeirãozinho do Maranhão following a plebiscite.
Source: Atlas de Cobertura Rede Globo, March 2026.

TV MIRANTE

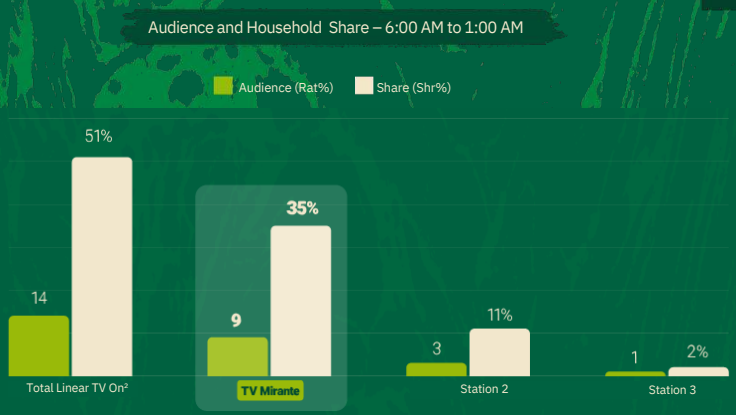
#PROVENLEADERSHIP

# TV Mirante:
## *THE HIGHEST TV AUDIENCE IN IMPERATRIZ*

Present in 35 out of every 100 households with TVs turned on, TV Mirante is the undisputed audience leader in the Imperatriz. With performance **229% higher than that of the second-ranked free-to-air TV station[1]**, the station alone exceeds the combined audience of all other free-to-air TV stations. This leadership is built on a strong connection with the audience and programming that is part of the daily routine of Imperatriz residents.



1 AUDIENCE POINT*
**1,123** households
**3,054** individuals




**Audience** (Rat%):

The number of people watching a particular TV program. For household audience, the number of TV households is always considered.

**Share** (Shr%):

The number of people or households tuned into a program, with the universe defined as the total number of people or households in the market with their TVs turned on.

Source: IBOPE | Instar Analytics Special Markets | Time slot: 6:00 A.M. to 1:00 A.M. | Household Audience (Rat%) and Share (Shr%) | Grande Imperatriz/MA: April 10-16, 2026 | Rounded figures. [1]The percentage was calculated based on the original value with two decimal places and may therefore differ slightly from the rounded figures shown in the chart. [2]The Total Linear TV On audience analysis includes audiences from both free-to-air and pay-TV stations and excludes streaming services. | *1 audience point is equivalent to 1% of the surveyed universe. | Station 2: SBT; Station 3: Record.

TV MIRANTE

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Marina Viana

**Date: August 13, 2026**


RELATÓRIO DE
AUDIÊNCIA
TV MIRANTE IMPERATRIZ
TV MIRANTE
RELATÓRIO DE AUDIÊNCIA • ABRIL 2026

# Rede Mirante de Televisão

## LIDERANÇA E PRESENÇA EM TODO O MARANHÃO

A Rede Mirante de Televisão é composta por **4 emissoras afiliadas à Rede Globo**, com sedes em **São Luís, Região dos Cocais, Imperatriz e Balsas.** Presente nos principais polos do Maranhão, a rede oferece uma **programação que reflete a cultura, o cotidiano e o interesse do povo maranhense.**

Com liderança de audiência e sólida credibilidade em todos os mercados onde atua, a Rede Mirante conecta marcas ao público certo, no momento certo. Seu **alcance estratégico em todo o estado** garante visibilidade, impacto e resultados consistentes para anunciantes que buscam **relevância e presença regional.**

## A força da nossa cobertura

**4 emissoras** afiliadas

**101 municípios** cobertos

**+ de 1,5 milhões** de domicílios com TV

**+ de 5 milhões** de habitantes na área de cobertura

**+ de 4,6 milhões** de telespectadores potenciais no estado



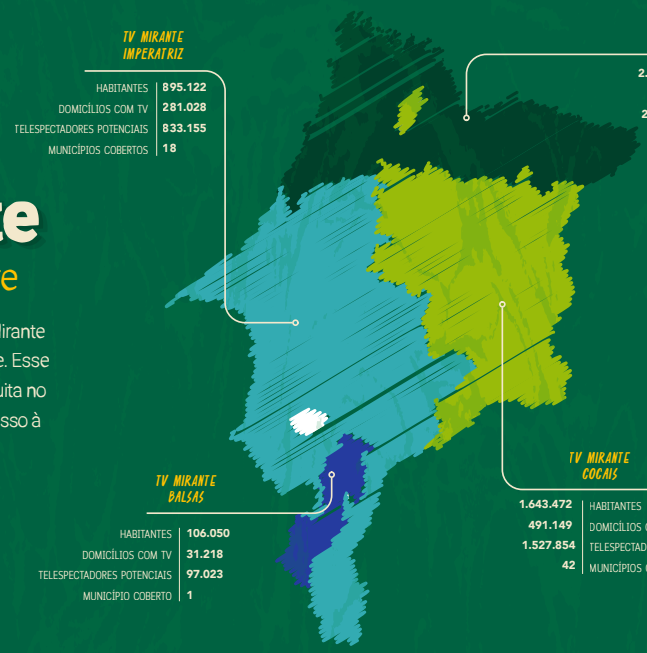
Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

# Emissoras Mirante

## Divisão por Área de Cobertura Terrestre

Com emissoras distribuídas estrategicamente pelo Maranhão, a Rede Mirante alcança diferentes regiões do estado por meio de sua cobertura terrestre. Esse alcance é ampliado pela distribuição via satélite e pela transmissão gratuita no Globoplay, garantindo presença em 100% do território maranhense e acesso à programação mesmo em áreas com recepção terrestre mais restrita.



**TV MIRANTE IMPERATRIZ**

| | |
|---|---|
| 895.122 | HABITANTES |
| 281.028 | DOMICÍLIOS COM TV |
| 833.155 | TELESPECTADORES POTENCIAIS |
| 18 | MUNICÍPIOS COBERTOS |

**TV MIRANTE SÃO LUÍS**

| | |
|---|---|
| 2.359.515 | HABITANTES |
| 726.130 | DOMICÍLIOS COM TV |
| 2.225.420 | TELESPECTADORES POTENCIAIS |
| 40 | MUNICÍPIOS COBERTOS |

**TV MIRANTE BALSAS**

| | |
|---|---|
| 106.050 | HABITANTES |
| 31.218 | DOMICÍLIOS COM TV |
| 97.023 | TELESPECTADORES POTENCIAIS |
| 1 | MUNICÍPIO COBERTO |

**TV MIRANTE COCAIS**

| | |
|---|---|
| 1.643.472 | HABITANTES |
| 491.149 | DOMICÍLIOS COM TV |
| 1.527.854 | TELESPECTADORES POTENCIAIS |
| 42 | MUNICÍPIOS COBERTOS |

Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

#COBERTURA

# TV Mirante IMPERATRIZ

**18 municípios** cobertos

**+ 281 mil** domicílios com TV

**+ 895 mil habitantes** na área de cobertura

**+ 833 mil** telespectadores potenciais

globoplay

**100% de cobertura no Maranhão com transmissão multiplataforma.**
**A Rede Mirante garante alcance integral no estado por meio da combinação entre sinal terrestre, satélite e transmissão gratuita no Globoplay.**

| Municípios | População | DTV | Telespectadores Potenciais |
|---|---|---|---|
| Açailândia | 110.884 | 36.270 | 104.715 |
| Altamira do Maranhão | 6.566 | 1.940 | 6.042 |
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| Santa Luzia | 58.937 | 16.673 | 53.614 |
| Senador La Rocque | 15.062 | 4.732 | 14.298 |
| Tufilândia | 5.648 | 1.482 | 5.150 |

Importante: Em função da mudança do sinal analógico para o digital (portaria 11476), as tabelas estão em fase de revisão e sujeitas a alterações, consulte seu executivo comercial.
*Anteriormente conhecido como Governador Edison Lobão, o município teve seu nome alterado por meio de plebiscito para Ribeirãozinho do Maranhão.
Fonte: Atlas de Cobertura Rede Globo, Março de 2026.

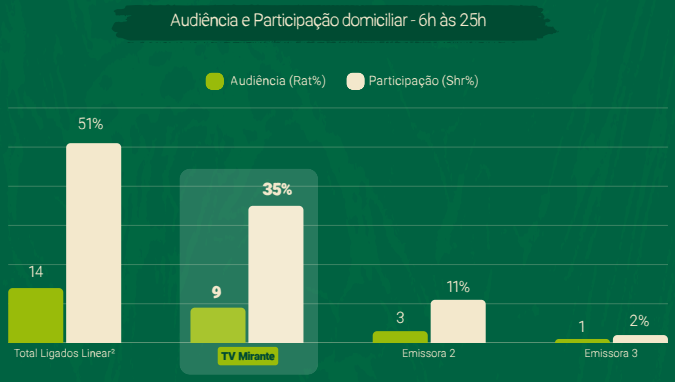
TV MIRANTE

#LIDERANÇACOMPROVADA

# TV Mirante:

## A MAIOR AUDIÊNCIA DA TV ABERTA EM IMPERATRIZ

Presente em 35 de cada 100 domicílios com TVs ligadas, a TV Mirante é líder absoluta de audiência em Imperatriz. Com desempenho **229% superior ao da segunda emissora de TV aberta**[1], a emissora supera, sozinha, a audiência somada das demais TVs abertas.
Uma liderança construída pela **forte conexão com o público** e por uma programação presente na rotina dos imperatrizenses.






### 1 PONTO DE AUDIÊNCIA*

**1.123** domicílios
**3.054** indivíduos

**Audiência** (Rat%)**:**
É o conjunto de pessoas que estão assistindo a um determinado programa de TV. Na audiência domiciliar, é sempre considerado o número de domicílios com TV.

**Participação ou Share** (Shr%)**:**
É a quantidade de pessoas ou domicílios sintonizados em um programa, onde o universo é o total de pessoas ou domicílios da praça com TV ligada.

Fonte: IBOPE | Instar Analytics Praças Especiais | Faixa horária: 6h às 25h | Audiência (Rat%) e Participação (Shr%) domiciliar | Grande Imperatriz/MA: 10 a 16 de abril de 2026 | Números arredondados.
[1]O percentual foi calculado com base no valor original com duas casas decimais, podendo haver pequenas diferenças em relação aos números arredondados apresentados no gráfico. [2]Na análise de audiência no Total Ligados Linear, estão inclusas as audiências das emissoras abertas e pagas e retirados os streamings. | *1 ponto de audiência equivale a 1% do universo pesquisado. | Emissora 2: SBT; Emissora 3: Record.

TV MIRANTE


AUDIENCE
REPORT
tv mirante cocais
TV MIRANTE
AUDIENCE REPORT • MARCH 2026

# Rede Mirante Television Network

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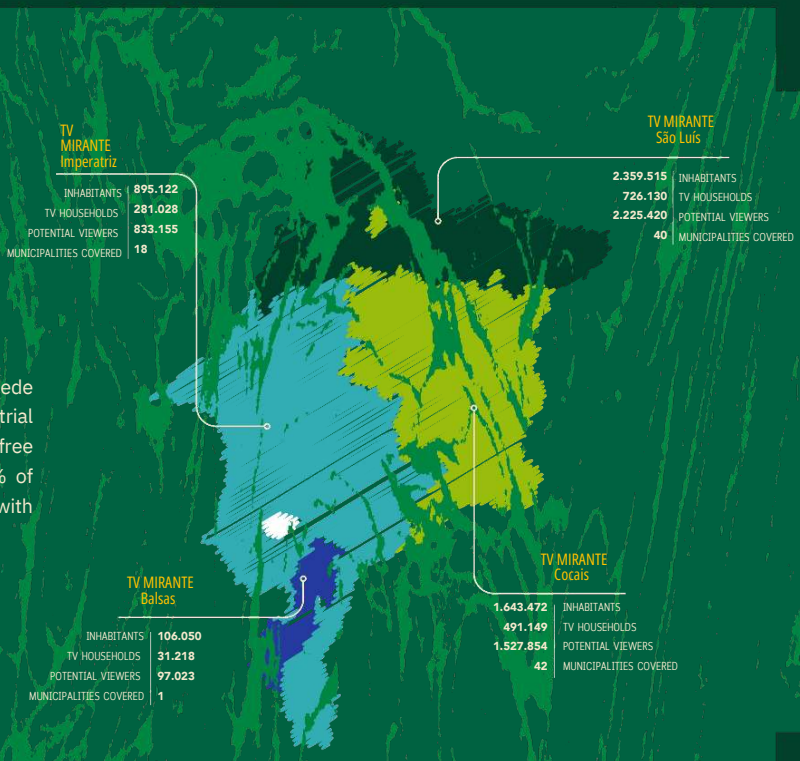


Source: Rede Globo Coverage Atlas. March 2026.

TV MIRANTE

# Mirante Stations

With stations strategically distributed throughout Maranhão, Rede Mirante reaches different regions of the state through its terrestrial coverage. This reach is expanded through satellite distribution and free transmission on Globoplay, ensuring presence throughout 100% of Maranhão's territory and access to programming even in areas with more limited terrestrial reception.




Source: Rede Globo Coverage Atlas. March 2026.

#COVERAGE

# TV Mirante COCAIS

**42 municipalities** covered

**+ 1.6 million inhabitants** in the coverage area

**+ 491,000** TV households

**+ 1.5 million** potential viewers

| Municipalities | Population | DTV | Potential Viewers |
|---|---|---|---|
| Arari | 30.629 | 9.315 | 29.045 |
| Bacabal | 108.032 | 34.562 | 102.753 |
| Barão de Grajaú | 19.539 | 6.303 | 18.191 |
| Bela Vista do Maranhão | 12.143 | 3.542 | 11.224 |
| Bom Lugar | 12.410 | 3.658 | 11.734 |
| Caxias | 164.028 | 49.604 | 153.262 |
| Chapadinha | 84.616 | 23.540 | 75.224 |
| Codó | 118.505 | 35.022 | 107.867 |
| Coelho Neto | 42.947 | 11.813 | 39.582 |
| Colinas | 41.892 | 12.496 | 38.829 |
| Conceição do Lago-Açu | 15.326 | 3.876 | 13.808 |
| Coroatá | 61.456 | 18.480 | 54.997 |
| Governador Archer | 10.510 | 3.074 | 9.895 |
| Governador Luiz Rocha | 7.241 | 2.141 | 6.715 |
| Igarapé do Meio | 14.415 | 3.806 | 12.745 |
| Joselândia | 15.267 | 4.445 | 14.130 |
| Lago da Pedra | 45.974 | 13.704 | 42.892 |
| Lago do Junco | 9.717 | 2.907 | 9.172 |
| Lago dos Rodrigues | 8.978 | 2.932 | 8.633 |
| Lago Verde | 15.118 | 4.166 | 13.774 |
| Lagoa Grande do Maranhão | 11.765 | 3.423 | 10.986 |

| Municipalities | Population | DTV | Potential Viewers |
|---|---|---|---|
| Lima Campos | 11.602 | 3.764 | 10.959 |
| Miranda do Norte | 24.373 | 6.719 | 22.910 |
| Monção | 28.654 | 7.558 | 25.567 |
| Olho D'água das Cunhãs | 18.343 | 5.657 | 16.644 |
| Passagem Franca | 17.633 | 5.190 | 16.003 |
| Paulo Ramos | 20.865 | 5.969 | 19.312 |
| Pedreiras | 38.351 | 12.815 | 36.560 |
| Pindaré-Mirim | 32.623 | 9.036 | 29.021 |
| Pinheiro | 88.217 | 27.391 | 83.658 |
| Pio XII | 22.418 | 6.436 | 20.360 |
| Presidente Dutra | 46.685 | 14.973 | 44.293 |
| Santa Inês | 88.445 | 28.265 | 84.439 |
| Santo Antônio dos Lopes | 14.617 | 4.498 | 13.957 |
| São José dos Basílios | 7.100 | 2.124 | 6.655 |
| São Luís Gonzaga do Maranhão | 18.183 | 5.385 | 16.461 |
| São Mateus do Maranhão | 40.290 | 11.477 | 35.428 |
| Satubinha | 8.845 | 2.355 | 8.010 |
| Timbiras | 27.419 | 6.930 | 23.520 |
| Timon | 183.198 | 54.584 | 176.178 |
| Trizidela do Vale | 23.169 | 7.494 | 22.084 |
| Vitória do Mearim | 31.934 | 9.720 | 30.377 |

globoplay

**100% coverage in Maranhão through multiplatform broadcasting. Rede Mirante ensures comprehensive reach throughout the state through a combination of terrestrial signal, satellite, and free transmission on Globoplay.**

Important: Due to the transition from analog to digital signal (Ordinance No. 11,476), the tables are currently under review and subject to change. Please consult your sales representative.

Source: Rede Globo Coverage Atlas. March 2026.

TV MIRANTE

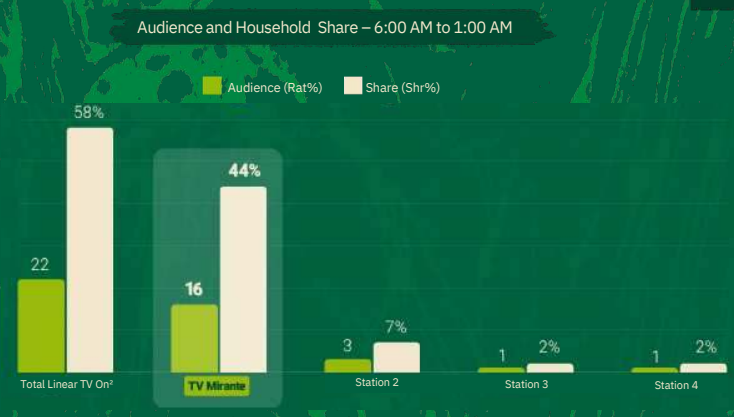
#PROVENLEADERSHIP

# TV Mirante:
## *THE HIGHEST TV AUDIENCE IN CAXIAS*

Present in 44 out of every 100 households with TVs turned on, TV Mirante is the undisputed audience leader in the Cocais region. With performance **502% higher than that of the second-ranked free-to-air TV station[1]**, the station alone exceeds the combined audience of all other free-to-air TV stations. This leadership is built on a strong connection with the audience and programming that is part of the daily routine of Caxias residents.



1 AUDIENCE POINT*
**396** households
**1,152** individuals




**Audience** (Rat%):

The number of people watching a particular TV program. For household audience, the number of TV households is always considered.

**Share** (Shr%):

The number of people or households tuned into a program, with the universe defined as the total number of people or households in the market with their TVs turned on.

Source: IBOPE | Instar Analytics Special Markets | Time slot: 6:00 A.M. to 1:00 A.M. | Household Audience (Rat%) and Share (Shr%) | Caxias/MA: March 23-29, 2026 | Rounded figures. [1]The percentage was calculated based on the original value with two decimal places and may therefore differ slightly from the rounded figures shown in the chart. [2]The Total Linear TV On audience analysis includes audiences from both free-to-air and pay-TV stations and excludes streaming services. | *1 audience point is equivalent to 1% of the surveyed universe. | Station 2: SBT; Station 3: Rede TV; Station 4: Record.

TV MIRANTE

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 13, 2026**


RELATÓRIO DE
AUDIÊNCIA
TV MIRANTE COCAIS
TV MIRANTE
RELATÓRIO DE AUDIÊNCIA • MARÇO 2026

# Rede Mirante de Televisão

## LIDERANÇA E PRESENÇA EM TODO O MARANHÃO

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## A força da nossa cobertura

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**101 municípios** cobertos

**+ de 1,5 milhões** de domicílios com TV

**+ de 5 milhões** de habitantes na área de cobertura

**+ de 4,6 milhões** de telespectadores potenciais no estado



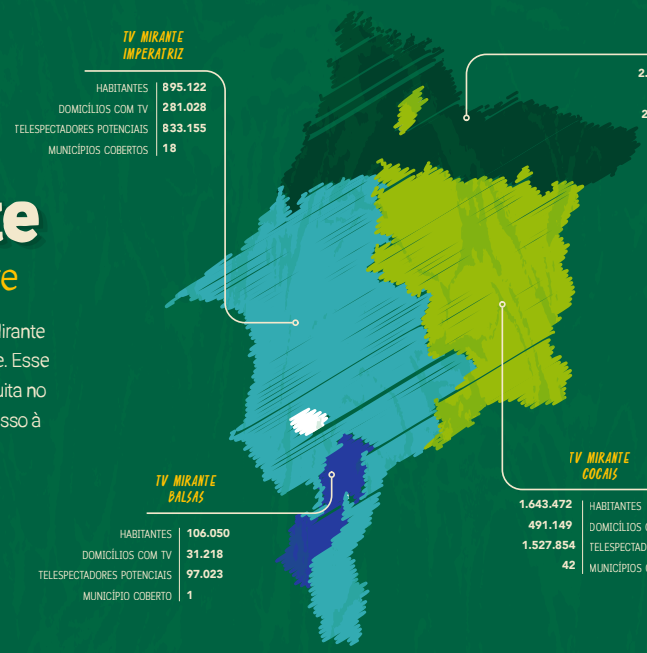
Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

# Emissoras Mirante

## Divisão por Área de Cobertura Terrestre

Com emissoras distribuídas estrategicamente pelo Maranhão, a Rede Mirante alcança diferentes regiões do estado por meio de sua cobertura terrestre. Esse alcance é ampliado pela distribuição via satélite e pela transmissão gratuita no Globoplay, garantindo presença em 100% do território maranhense e acesso à programação mesmo em áreas com recepção terrestre mais restrita.



**TV MIRANTE IMPERATRIZ**

| | |
|---|---|
| 895.122 | HABITANTES |
| 281.028 | DOMICÍLIOS COM TV |
| 833.155 | TELESPECTADORES POTENCIAIS |
| 18 | MUNICÍPIOS COBERTOS |

**TV MIRANTE SÃO LUÍS**

| | |
|---|---|
| 2.359.515 | HABITANTES |
| 726.130 | DOMICÍLIOS COM TV |
| 2.225.420 | TELESPECTADORES POTENCIAIS |
| 40 | MUNICÍPIOS COBERTOS |

**TV MIRANTE BALSAS**

| | |
|---|---|
| 106.050 | HABITANTES |
| 31.218 | DOMICÍLIOS COM TV |
| 97.023 | TELESPECTADORES POTENCIAIS |
| 1 | MUNICÍPIO COBERTO |

**TV MIRANTE COCAIS**

| | |
|---|---|
| 1.643.472 | HABITANTES |
| 491.149 | DOMICÍLIOS COM TV |
| 1.527.854 | TELESPECTADORES POTENCIAIS |
| 42 | MUNICÍPIOS COBERTOS |

Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

#COBERTURA

# TV Mirante COCAIS

**42 municípios** cobertos

**+1,6 milhões de habitantes** na área de cobertura

**+ 491 mil** domicílios com TV

**+1,5 milhões** de telespectadores potenciais

| Municípios | População | DTV | Telespectadores Potenciais |
|---|---|---|---|
| Arari | 30.629 | 9.315 | 29.045 |
| Bacabal | 108.032 | 34.562 | 102.753 |
| Barão de Grajaú | 19.539 | 6.303 | 18.191 |
| Bela Vista do Maranhão | 12.143 | 3.542 | 11.224 |
| Bom Lugar | 12.410 | 3.658 | 11.734 |
| Caxias | 164.028 | 49.604 | 153.262 |
| Chapadinha | 84.616 | 23.540 | 75.224 |
| Codó | 118.505 | 35.022 | 107.867 |
| Coelho Neto | 42.947 | 11.813 | 39.582 |
| Colinas | 41.892 | 12.496 | 38.829 |
| Conceição do Lago-Açu | 15.326 | 3.876 | 13.808 |
| Coroatá | 61.456 | 18.480 | 54.997 |
| Governador Archer | 10.510 | 3.074 | 9.895 |
| Governador Luiz Rocha | 7.241 | 2.141 | 6.715 |
| Igarapé do Meio | 14.415 | 3.806 | 12.745 |
| Joselândia | 15.267 | 4.445 | 14.130 |
| Lago da Pedra | 45.974 | 13.704 | 42.892 |
| Lago do Junco | 9.717 | 2.907 | 9.172 |
| Lago dos Rodrigues | 8.978 | 2.932 | 8.633 |
| Lago Verde | 15.118 | 4.166 | 13.774 |
| Lagoa Grande do Maranhão | 11.765 | 3.423 | 10.986 |

| Municípios | População | DTV | Telespectadores Potenciais |
|---|---|---|---|
| Lima Campos | 11.602 | 3.764 | 10.959 |
| Miranda do Norte | 24.373 | 6.719 | 22.910 |
| Monção | 28.654 | 7.558 | 25.567 |
| Olho D'água das Cunhãs | 18.343 | 5.657 | 16.644 |
| Passagem Franca | 17.633 | 5.190 | 16.003 |
| Paulo Ramos | 20.865 | 5.969 | 19.312 |
| Pedreiras | 38.351 | 12.815 | 36.560 |
| Pindaré-Mirim | 32.623 | 9.036 | 29.021 |
| Pinheiro | 88.217 | 27.391 | 83.658 |
| Pio XII | 22.418 | 6.436 | 20.360 |
| Presidente Dutra | 46.685 | 14.973 | 44.293 |
| Santa Inês | 88.445 | 28.265 | 84.439 |
| Santo Antônio dos Lopes | 14.617 | 4.498 | 13.957 |
| São José dos Basílios | 7.100 | 2.124 | 6.655 |
| São Luís Gonzaga do Maranhão | 18.183 | 5.385 | 16.461 |
| São Mateus do Maranhão | 40.290 | 11.477 | 35.428 |
| Satubinha | 8.845 | 2.355 | 8.010 |
| Timbiras | 27.419 | 6.930 | 23.520 |
| Timon | 183.198 | 54.584 | 176.178 |
| Trizidela do Vale | 23.169 | 7.494 | 22.084 |
| Vitória do Mearim | 31.934 | 9.720 | 30.377 |

globoplay

**100% de cobertura no Maranhão com transmissão multiplataforma. A Rede Mirante garante alcance integral no estado por meio da combinação entre sinal terrestre, satélite e transmissão gratuita no Globoplay.**

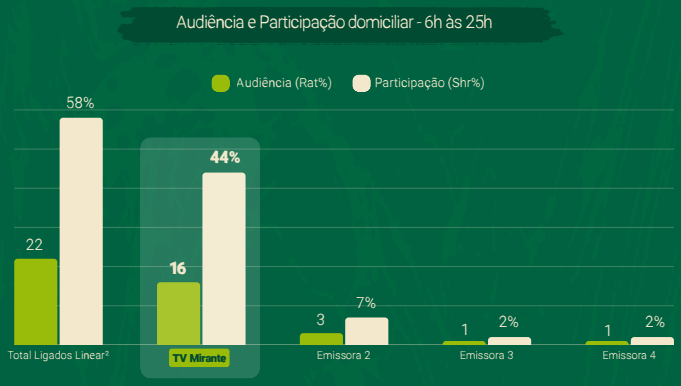
Importante: Em função da mudança do sinal analógico para o digital (portaria 11476), as tabelas estão em fase de revisão e sujeitas a alterações, consulte seu executivo comercial.
Fonte: Atlas de Cobertura Rede Globo, Março de 2026.

TV MIRANTE

#LIDERANÇACOMPROVADA

# TV Mirante:
## A MAIOR AUDIÊNCIA DA TV ABERTA EM CAXIAS

Presente em 44 de cada 100 domicílios com TVs ligadas, a TV Mirante é líder absoluta de audiência na Região dos Cocais. Com desempenho **502% superior ao da segunda emissora de TV aberta**[1], a emissora supera, sozinha, a audiência somada das demais TVs abertas.
Uma liderança construída pela **forte conexão com o público** e por uma programação presente na rotina dos caxienses.






**1 PONTO DE AUDIÊNCIA***
**396** domicílios
**1.152** indivíduos

**Audiência** (Rat%)**:**
É o conjunto de pessoas que estão assistindo a um determinado programa de TV. Na audiência domiciliar, é sempre considerado o número de domicílios com TV.

**Participação ou Share** (Shr%)**:**
É a quantidade de pessoas ou domicílios sintonizados em um programa, onde o universo é o total de pessoas ou domicílios da praça com TV ligada.

Fonte: IBOPE | Instar Analytics Praças Especiais | Faixa horária: 6h às 25h | Audiência (Rat%) e Participação (Shr%) domiciliar | Caxias/MA: 23 a 29 de março de 2026 | Números arredondados.
[1]O percentual foi calculado com base no valor original com duas casas decimais, podendo haver pequenas diferenças em relação aos números arredondados apresentados no gráfico. [2]Na análise de audiência no Total Ligados Linear, estão inclusas as audiências das emissoras abertas e pagas e retirados os streamings. | *1 ponto de audiência equivale a 1% do universo pesquisado. | Emissora 2: SBT; Emissora 3: Rede TV; Emissora 4: Record.

TV MIRANTE


AUDIENCE
REPORT
tv mirante BALSAS
TV MIRANTE
AUDIENCE REPORT • APRIL 2026

# Rede Mirante Television Network

## Leadership and Presence Throughout Maranhão

Rede Mirante Television Network consists of **four stations affiliated with Rede Globo**, headquartered in **São Luís, the Cocais Region, Imperatriz, and Balsas**. Present in the main population centers of Maranhão, the network offers **programming that reflects the culture, daily life, and interests of the people of Maranhão.**

With audience leadership and solid credibility in all markets where it operates, Rede Mirante connects brands with the right audience at the right time. Its **strategic reach throughout the state** ensures visibility, impact, and consistent results for advertisers seeking **relevance and a regional presence.**

## The Strength of Our Coverage

**4 affiliated** stations

**101 municipalities** covered

**+ than 1.5 million** TV households

**+ than 5 million** inhabitants in the coverage area

**+ than 4.6 million** potential viewers in the state

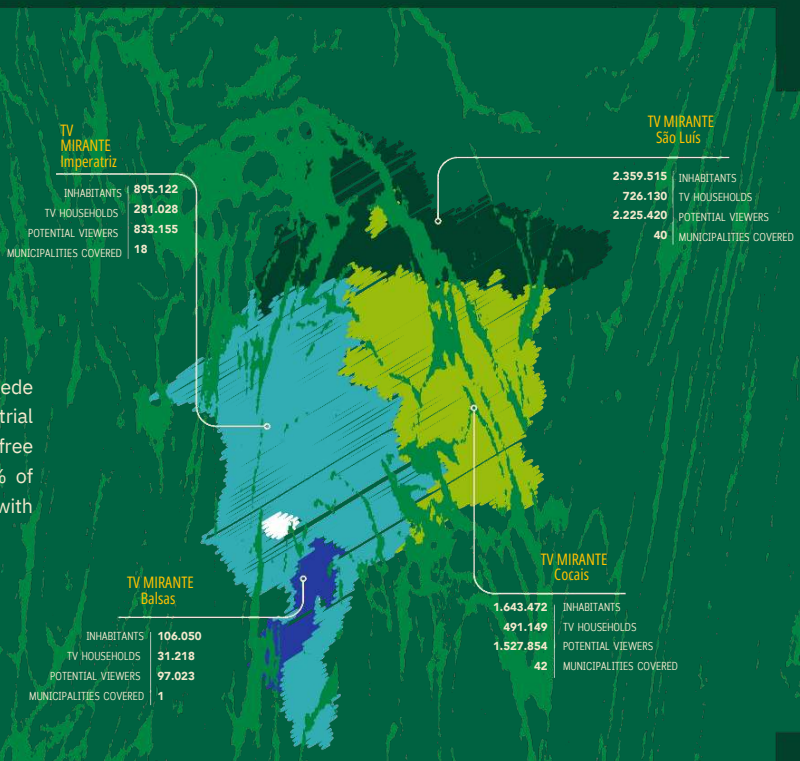


Source: Rede Globo Coverage Atlas. March 2026.

TV MIRANTE

# Mirante Stations

With stations strategically distributed throughout Maranhão, Rede Mirante reaches different regions of the state through its terrestrial coverage. This reach is expanded through satellite distribution and free transmission on Globoplay, ensuring presence throughout 100% of Maranhão's territory and access to programming even in areas with more limited terrestrial reception.




Source: Rede Globo Coverage Atlas. March 2026.

#COVERAGE

# TV Mirante
# BALSAS

- **1 municipality** covered
- **+ 106,000 inhabitants** in the coverage area
- **+ 31,000** TV households
- **+ 97,000** potential viewers

| | | | |
|---|---|---|---|
| **Municipality** | Balsas | **DTV** | 31,218 |
| **Population** | 106,050 | **Potential Viewers** | 97,023 |

globoplay

**100% coverage in Maranhão through multiplatform broadcasting. Rede Mirante ensures comprehensive reach throughout the state through a combination of terrestrial signal, satellite, and free transmission on Globoplay.**

Important: Due to the transition from analog to digital signals (Ordinance No. 11,476), the tables are currently under review and subject to change. Please consult your sales representative.
Source: Atlas de Cobertura Rede Globo, March 2026.

TV MIRANTE

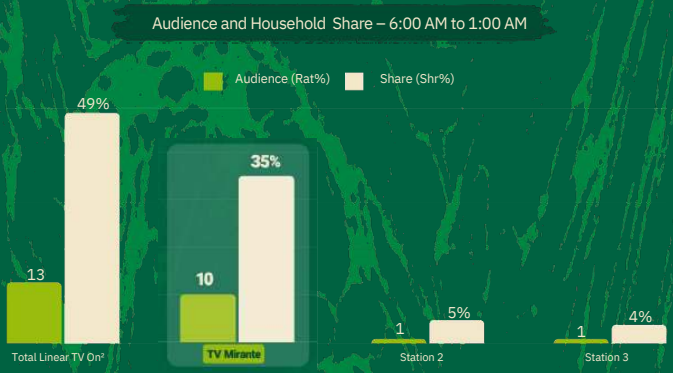
#PROVENLEADERSHIP

# TV Mirante:
## *THE HIGHEST TV AUDIENCE IN BALSAS*

Present in 35 out of every 100 households with TVs turned on, TV Mirante is the undisputed audience leader in Balsas. With performance **551% higher than that of the second-ranked free-to-air TV station[1]**, the station alone exceeds the combined audience of all other free-to-air TV stations. This leadership is built on a **strong connection with the audience** and programming that is part of the daily routine of Balsas residents.



1 AUDIENCE POINT*
**289** households
**840** individuals




**Audience** (Rat%):

The number of people watching a particular TV program. For household audience, the number of TV households is always considered.

**Share** (Shr%):

The number of people or households tuned into a program, with the universe defined as the total number of people or households in the market with their TVs turned on.

Source: IBOPE | Instar Analytics Special Markets | Time slot: 6:00 A.M. to 1:00 A.M. | Household Audience (Rat%) and Share (Shr%) | Balsas/MA: April 10-16, 2026 | Rounded figures.
[1]The percentage was calculated based on the original value with two decimal places and may therefore differ slightly from the rounded figures shown in the chart. [2]The Total Linear TV On audience analysis includes audiences from both free-to-air and pay-TV stations and excludes streaming services. | *1 audience point is equivalent to 1% of the surveyed universe. | Station 2: Record; Station 3: SBT.

TV MIRANTE

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 12, 2026**


RELATÓRIO DE
AUDIÊNCIA
TV MIRANTE BALSAS
TV MIRANTE
RELATÓRIO DE AUDIÊNCIA • ABRIL 2026

# Rede Mirante de Televisão

## LIDERANÇA E PRESENÇA EM TODO O MARANHÃO

A Rede Mirante de Televisão é composta por **4 emissoras afiliadas à Rede Globo**, com sedes em **São Luís, Região dos Cocais, Imperatriz e Balsas.** Presente nos principais polos do Maranhão, a rede oferece uma **programação que reflete a cultura, o cotidiano e o interesse do povo maranhense.**

Com liderança de audiência e sólida credibilidade em todos os mercados onde atua, a Rede Mirante conecta marcas ao público certo, no momento certo. Seu **alcance estratégico em todo o estado** garante visibilidade, impacto e resultados consistentes para anunciantes que buscam **relevância e presença regional.**

## A força da nossa cobertura

**4 emissoras** afiliadas

**101 municípios** cobertos

**+ de 1,5 milhões** de domicílios com TV

**+ de 5 milhões** de habitantes na área de cobertura

**+ de 4,6 milhões** de telespectadores potenciais no estado



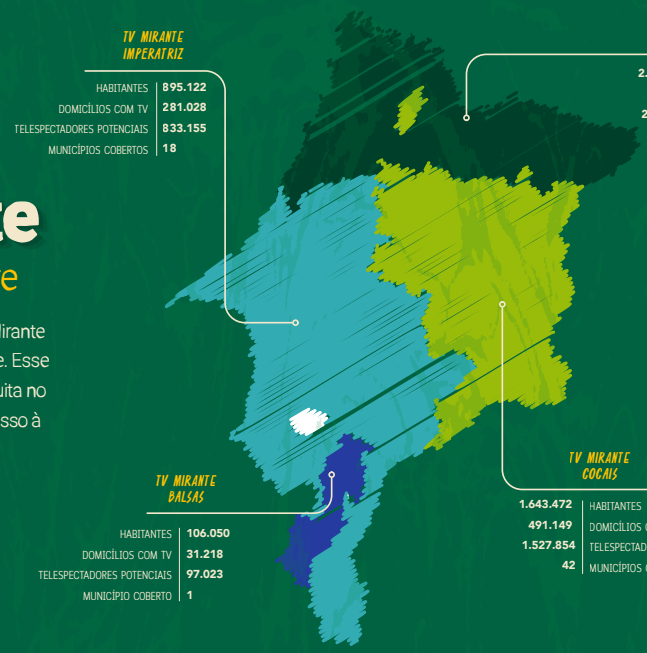
Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

# Emissoras Mirante

## Divisão por Área de Cobertura Terrestre

Com emissoras distribuídas estrategicamente pelo Maranhão, a Rede Mirante alcança diferentes regiões do estado por meio de sua cobertura terrestre. Esse alcance é ampliado pela distribuição via satélite e pela transmissão gratuita no Globoplay, garantindo presença em 100% do território maranhense e acesso à programação mesmo em áreas com recepção terrestre mais restrita.



**TV MIRANTE IMPERATRIZ**

| | |
|---|---|
| 895.122 | HABITANTES |
| 281.028 | DOMICÍLIOS COM TV |
| 833.155 | TELESPECTADORES POTENCIAIS |
| 18 | MUNICÍPIOS COBERTOS |

**TV MIRANTE SÃO LUÍS**

| | |
|---|---|
| 2.359.515 | HABITANTES |
| 726.130 | DOMICÍLIOS COM TV |
| 2.225.420 | TELESPECTADORES POTENCIAIS |
| 40 | MUNICÍPIOS COBERTOS |

**TV MIRANTE BALSAS**

| | |
|---|---|
| 106.050 | HABITANTES |
| 31.218 | DOMICÍLIOS COM TV |
| 97.023 | TELESPECTADORES POTENCIAIS |
| 1 | MUNICÍPIO COBERTO |

**TV MIRANTE COCAIS**

| | |
|---|---|
| 1.643.472 | HABITANTES |
| 491.149 | DOMICÍLIOS COM TV |
| 1.527.854 | TELESPECTADORES POTENCIAIS |
| 42 | MUNICÍPIOS COBERTOS |

Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

#COBERTURA

# TV Mirante
# BALSAS

- **1 município** coberto
- **+106 mil habitantes** na área de cobertura
- **+31 mil** domicílios com TV
- **+97 mil** telespectadores potenciais

| | | | |
|---|---|---|---|
| **Município** | Balsas | **DTV** | 31.218 |
| **População** | 106.050 | **Telespectadores Potenciais** | 97.023 |

globoplay

**100% de cobertura no Maranhão com transmissão multiplataforma. A Rede Mirante garante alcance integral no estado por meio da combinação entre sinal terrestre, satélite e transmissão gratuita no Globoplay.**

Importante: Em função da mudança do sinal analógico para o digital (portaria 11476), as tabelas estão em fase de revisão e sujeitas a alterações, consulte seu executivo comercial.
Fonte: Atlas de Cobertura Rede Globo, Março de 2026.

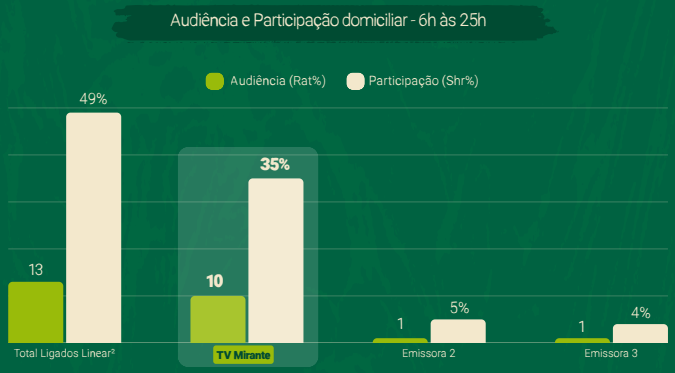
TV MIRANTE

#LIDERANÇACOMPROVADA

# TV Mirante:

## A MAIOR AUDIÊNCIA DA TV ABERTA EM BALSAS

Presente em 35 de cada 100 domicílios com TVs ligadas, a TV Mirante é líder absoluta de audiência em Balsas. Com desempenho **551% superior ao da segunda emissora de TV aberta**[1], a emissora supera, sozinha, a audiência somada das demais TVs abertas.
Uma liderança construída pela **forte conexão com o público** e por uma programação presente na rotina dos balsenses.






**1 PONTO DE AUDIÊNCIA***
**289** domicílios
**840** indivíduos

**Audiência** (Rat%)**:**
É o conjunto de pessoas que estão assistindo a um determinado programa de TV. Na audiência domiciliar, é sempre considerado o número de domicílios com TV.

**Participação ou Share** (Shr%)**:**
É a quantidade de pessoas ou domicílios sintonizados em um programa, onde o universo é o total de pessoas ou domicílios da praça com TV ligada.

Fonte: IBOPE | Instar Analytics Praças Especiais | Faixa horária: 6h às 25h | Audiência (Rat%) e Participação (Shr%) domiciliar | Balsas/MA: 10 a 16 de abril de 2026 | Números arredondados.
[1]O percentual foi calculado com base no valor original com duas casas decimais, podendo haver pequenas diferenças em relação aos números arredondados apresentados no gráfico. [2]Na análise de audiência no Total Ligados Linear, estão inclusas as audiências das emissoras abertas e pagas e retirados os streamings. | *1 ponto de audiência equivale a 1% do universo pesquisado. | Emissora 2: Record; Emissora 3: SBT.

TV MIRANTE


AUDIENCE
REPORT
tv mirante são luís
TV MIRANTE
AUDIENCE REPORT • MARCH 2026

# Rede Mirante Television Network

## Leadership and Presence Throughout Maranhão

Rede Mirante Television Network consists of **four stations affiliated with Rede Globo**, headquartered in **São Luís, the Cocais Region, Imperatriz, and Balsas**. Present in the main population centers of Maranhão, the network offers **programming that reflects the culture, daily life, and interests of the people of Maranhão.**

With audience leadership and solid credibility in all markets where it operates, Rede Mirante connects brands with the right audience at the right time. Its **strategic reach throughout the state** ensures visibility, impact, and consistent results for advertisers seeking **relevance and a regional presence.**

## The Strength of Our Coverage

**4 affiliated** stations

**101 municipalities** covered

**+ than 1.5 million** TV households

**+ than 5 million** inhabitants in the coverage area

**+ than 4.6 million** potential viewers in the state

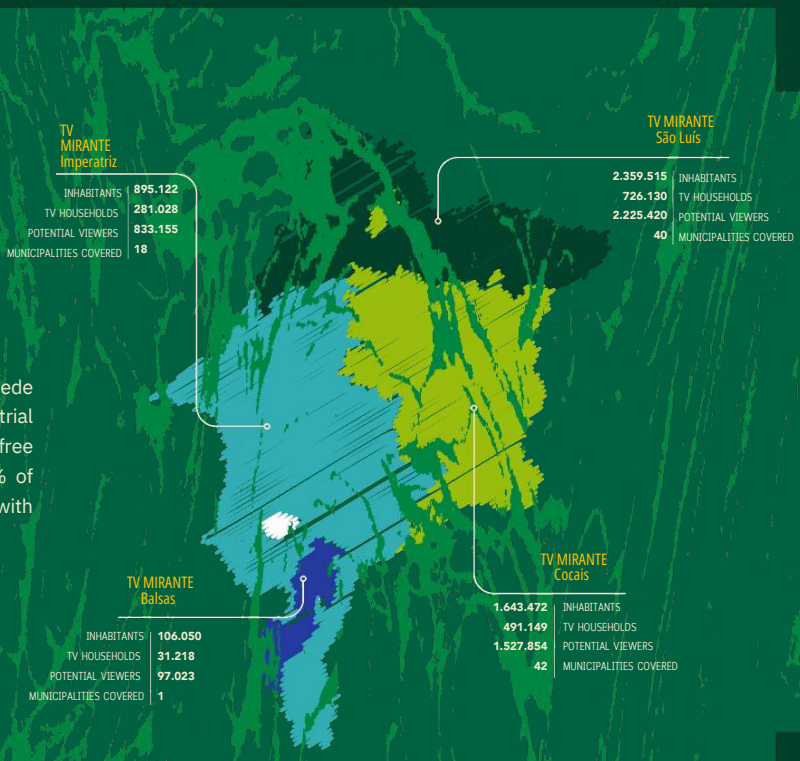


Source: Rede Globo Coverage Atlas. March 2026.

TV MIRANTE

# Mirante Stations

With stations strategically distributed throughout Maranhão, Rede Mirante reaches different regions of the state through its terrestrial coverage. This reach is expanded through satellite distribution and free transmission on Globoplay, ensuring presence throughout 100% of Maranhão's territory and access to programming even in areas with more limited terrestrial reception.




Source: Rede Globo Coverage Atlas. March 2026.

#COVERAGE

# TV Mirante
# são luís

**40 municipalities** covered

**+ 2.3 million inhabitants** in the coverage area

**+ 726,000** TV households

**+ 2.2 million** potential viewers

| Municipalities | Population | DTV | Potential Viewers |
|---|---|---|---|
| Alcântara | 18.759 | 4.844 | 15.394 |
| Amapá do Maranhão | 7.407 | 1.922 | 6.394 |
| Anapurus | 14.139 | 3.858 | 12.720 |
| Araguanã | 11.332 | 3.222 | 10.468 |
| Araioses | 40.335 | 12.138 | 37.430 |
| Axixá | 12.113 | 3.386 | 11.355 |
| Bacabeira | 17.494 | 5.103 | 15.688 |
| Bacurituba | 5.383 | 1.772 | 5.134 |
| Barreirinhas | 68.005 | 17.136 | 59.300 |
| Bequimão | 19.952 | 6.812 | 18.634 |
| Cachoeira Grande | 10.047 | 2.251 | 7.857 |
| Cajapió | 10.378 | 3.042 | 9.294 |
| Centro do Guilherme | 12.732 | 3.142 | 11.336 |
| Governador Newton Bello | 11.010 | 2.638 | 9.693 |
| Icatu | 25.402 | 6.481 | 22.156 |
| Itapecuru Mirim | 62.361 | 19.110 | 57.641 |
| Junco do Maranhão | 5.292 | 1.524 | 4.997 |
| Luís Domingues | 7.381 | 1.963 | 6.441 |
| Maranhãozinho | 14.118 | 3.272 | 12.826 |
| Mata Roma | 17.613 | 4.854 | 16.386 |

| Municipalities | Population | DTV | Potential Viewers |
|---|---|---|---|
| Matinha | 22.589 | 6.982 | 21.233 |
| Morros | 19.024 | 4.564 | 15.571 |
| Nina Rodrigues | 14.630 | 3.223 | 12.535 |
| Nova Olinda do Maranhão | 14.412 | 4.402 | 13.712 |
| Olinda Nova do Maranhão | 13.956 | 4.039 | 12.487 |
| Paço do Lumiar | 153.428 | 47.966 | 146.709 |
| Presidente Juscelino | 11.624 | 2.908 | 10.023 |
| Presidente Médici | 4.724 | 1.346 | 4.413 |
| Presidente Vargas | 10.814 | 2.727 | 8.948 |
| Raposa | 32.230 | 9.190 | 30.069 |
| Rosário | 39.843 | 12.351 | 36.842 |
| Santa Helena | 43.310 | 10.554 | 37.837 |
| Santa Luzia do Paruá | 24.938 | 7.398 | 23.695 |
| São Bento | 48.302 | 12.031 | 44.837 |
| São João do Carú | 12.391 | 2.935 | 10.517 |
| São José de Ribamar | 259.988 | 78.475 | 241.214 |
| São Luís | 1.091.830 | 363.303 | 1.065.804 |
| Tutóia | 55.044 | 14.589 | 49.428 |
| Viana | 53.283 | 16.216 | 50.277 |
| Zé Doca | 41.902 | 12.461 | 38.125 |

globoplay

**100% coverage in Maranhão through multiplatform broadcasting. Rede Mirante ensures comprehensive reach throughout the state through a combination of terrestrial signal, satellite, and free transmission on Globoplay.**

Important: Due to the transition from analog to digital signal (Ordinance No. 11,476), the tables are currently under review and subject to change. Please consult your sales representative.
Source: Rede Globo Coverage Atlas. March 2026.

TV MIRANTE

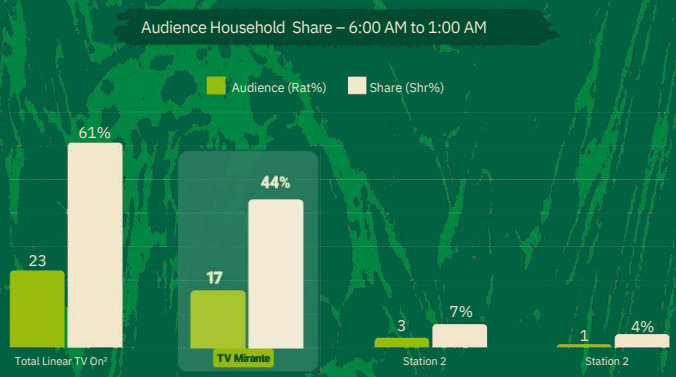
#PROVENLEADERSHIP

# TV Mirante:
## *THE HIGHEST TV AUDIENCE IN SÃO LUÍS*

Present in 44 out of every 100 households with TVs turned on, TV Mirante is the undisputed audience leader in the capital. With performance **549% higher than that of the second-ranked free-to-air TV station[1]**, the station alone exceeds the combined audience of all other free-to-air TV stations.
This leadership is built on a **strong connection with the audience** and programming that is part of the daily routine of São Luís residents.



1 AUDIENCE POINT*
**3,584** households
**10,012** individuals




**Audience** (Rat%):

The number of people watching a particular TV program. For household audience, the number of TV households is always considered.

**Share** (Shr%):

The number of people or households tuned into a program, with the universe defined as the total number of people or households in the market with their TVs turned on.

Source: IBOPE | Instar Analytics Special Markets | Time slot: 6:00 A.M. to 1:00 A.M. | Household Audience (Rat%) and Share (Shr%) | São Luís/MA: March 19-25, 2026 | Rounded figures.
[1]The percentage was calculated based on the original value with two decimal places and may therefore differ slightly from the rounded figures shown in the chart. [2]The Total Linear TV On audience analysis includes audiences from both free-to-air and pay-TV stations and excludes streaming services. | *1 audience point is equivalent to 1% of the surveyed universe. | Station 2: SBT; Station 3: Record.

TV MIRANTE

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 12, 2026**


RELATÓRIO DE
AUDIÊNCIA
TV MIRANTE SÃO LUÍS
TV MIRANTE
RELATÓRIO DE AUDIÊNCIA • MARÇO 2026

# Rede Mirante de Televisão

## LIDERANÇA E PRESENÇA EM TODO O MARANHÃO

A Rede Mirante de Televisão é composta por **4 emissoras afiliadas à Rede Globo**, com sedes em **São Luís, Região dos Cocais, Imperatriz e Balsas.** Presente nos principais polos do Maranhão, a rede oferece uma **programação que reflete a cultura, o cotidiano e o interesse do povo maranhense.**

Com liderança de audiência e sólida credibilidade em todos os mercados onde atua, a Rede Mirante conecta marcas ao público certo, no momento certo. Seu **alcance estratégico em todo o estado** garante visibilidade, impacto e resultados consistentes para anunciantes que buscam **relevância e presença regional.**

## A força da nossa cobertura

**4 emissoras** afiliadas

**101 municípios** cobertos

**+ de 1,5 milhões** de domicílios com TV

**+ de 5 milhões** de habitantes na área de cobertura

**+ de 4,6 milhões** de telespectadores potenciais no estado



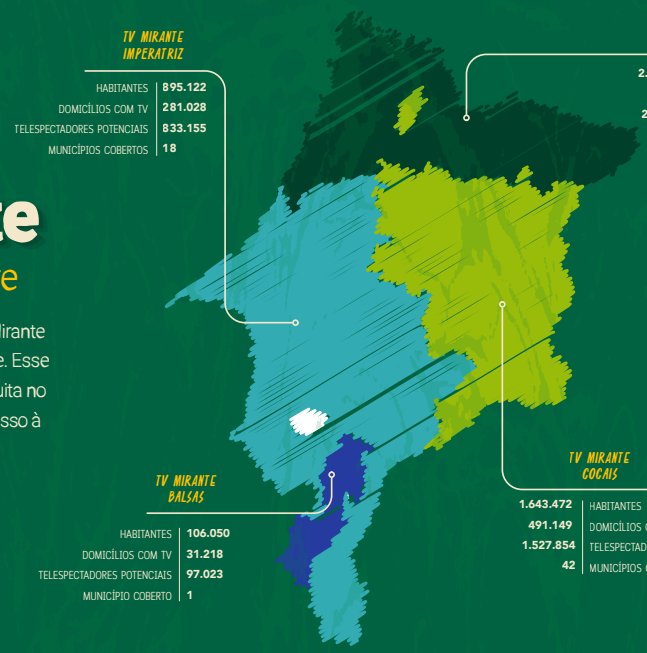
Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

# Emissoras Mirante

## Divisão por Área de Cobertura Terrestre

Com emissoras distribuídas estrategicamente pelo Maranhão, a Rede Mirante alcança diferentes regiões do estado por meio de sua cobertura terrestre. Esse alcance é ampliado pela distribuição via satélite e pela transmissão gratuita no Globoplay, garantindo presença em 100% do território maranhense e acesso à programação mesmo em áreas com recepção terrestre mais restrita.



**TV MIRANTE IMPERATRIZ**

| | |
|---|---|
| 895.122 | HABITANTES |
| 281.028 | DOMICÍLIOS COM TV |
| 833.155 | TELESPECTADORES POTENCIAIS |
| 18 | MUNICÍPIOS COBERTOS |

**TV MIRANTE SÃO LUÍS**

| | |
|---|---|
| 2.359.515 | HABITANTES |
| 726.130 | DOMICÍLIOS COM TV |
| 2.225.420 | TELESPECTADORES POTENCIAIS |
| 40 | MUNICÍPIOS COBERTOS |

**TV MIRANTE BALSAS**

| | |
|---|---|
| 106.050 | HABITANTES |
| 31.218 | DOMICÍLIOS COM TV |
| 97.023 | TELESPECTADORES POTENCIAIS |
| 1 | MUNICÍPIO COBERTO |

**TV MIRANTE COCAIS**

| | |
|---|---|
| 1.643.472 | HABITANTES |
| 491.149 | DOMICÍLIOS COM TV |
| 1.527.854 | TELESPECTADORES POTENCIAIS |
| 42 | MUNICÍPIOS COBERTOS |

Fonte: Atlas de Cobertura Rede Globo. Março de 2026.

TV MIRANTE

#COBERTURA

# TV Mirante SÃO LUÍS

**40 municípios** cobertos

**+2,3 milhões de habitantes** na área de cobertura

**+ 726 mil** domicílios com TV

**+2,2 milhões** de telespectadores potenciais

| Municípios | População | DTV | Telespectadores Potenciais |
|---|---|---|---|
| Alcântara | 18.759 | 4.844 | 15.394 |
| Amapá do Maranhão | 7.407 | 1.922 | 6.394 |
| Anapurus | 14.139 | 3.858 | 12.720 |
| Araguanã | 11.332 | 3.222 | 10.468 |
| Araioses | 40.335 | 12.138 | 37.430 |
| Axixá | 12.113 | 3.386 | 11.355 |
| Bacabeira | 17.494 | 5.103 | 15.688 |
| Bacurituba | 5.383 | 1.772 | 5.134 |
| Barreirinhas | 68.005 | 17.136 | 59.300 |
| Bequimão | 19.952 | 6.812 | 18.634 |
| Cachoeira Grande | 10.047 | 2.251 | 7.857 |
| Cajapió | 10.378 | 3.042 | 9.294 |
| Centro do Guilherme | 12.732 | 3.142 | 11.336 |
| Governador Newton Bello | 11.010 | 2.638 | 9.693 |
| Icatu | 25.402 | 6.481 | 22.156 |
| Itapecuru Mirim | 62.361 | 19.110 | 57.641 |
| Junco do Maranhão | 5.292 | 1.524 | 4.997 |
| Luís Domingues | 7.381 | 1.963 | 6.441 |
| Maranhãozinho | 14.118 | 3.272 | 12.826 |
| Mata Roma | 17.613 | 4.854 | 16.386 |

| Municípios | População | DTV | Telespectadores Potenciais |
|---|---|---|---|
| Matinha | 22.589 | 6.982 | 21.233 |
| Morros | 19.024 | 4.564 | 15.571 |
| Nina Rodrigues | 14.630 | 3.223 | 12.535 |
| Nova Olinda do Maranhão | 14.412 | 4.402 | 13.712 |
| Olinda Nova do Maranhão | 13.956 | 4.039 | 12.487 |
| Paço do Lumiar | 153.428 | 47.966 | 146.709 |
| Presidente Juscelino | 11.624 | 2.908 | 10.023 |
| Presidente Médici | 4.724 | 1.346 | 4.413 |
| Presidente Vargas | 10.814 | 2.727 | 8.948 |
| Raposa | 32.230 | 9.190 | 30.069 |
| Rosário | 39.843 | 12.351 | 36.842 |
| Santa Helena | 43.310 | 10.554 | 37.837 |
| Santa Luzia do Paruá | 24.938 | 7.398 | 23.695 |
| São Bento | 48.302 | 12.031 | 44.837 |
| São João do Carú | 12.391 | 2.935 | 10.517 |
| São José de Ribamar | 259.988 | 78.475 | 241.214 |
| São Luís | 1.091.830 | 363.303 | 1.065.804 |
| Tutóia | 55.044 | 14.589 | 49.428 |
| Viana | 53.283 | 16.216 | 50.277 |
| Zé Doca | 41.902 | 12.461 | 38.125 |

globoplay

**100% de cobertura no Maranhão com transmissão multiplataforma. A Rede Mirante garante alcance integral no estado por meio da combinação entre sinal terrestre, satélite e transmissão gratuita no Globoplay.**

Importante: Em função da mudança do sinal analógico para o digital (portaria 11476), as tabelas estão em fase de revisão e sujeitas a alterações, consulte seu executivo comercial.
Fonte: Atlas de Cobertura Rede Globo, Março de 2026.

TV MIRANTE

#LIDERANÇACOMPROVADA

# TV Mirante:

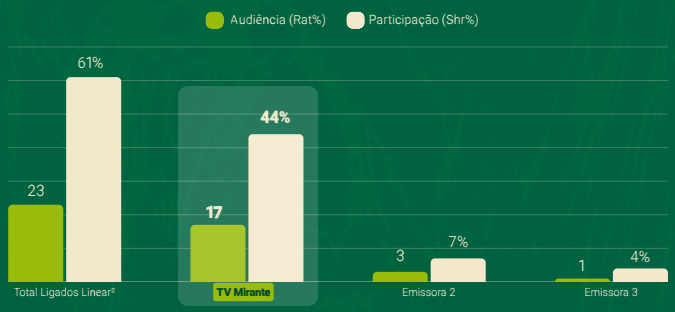
## A MAIOR AUDIÊNCIA DA TV ABERTA EM SÃO LUÍS

Presente em 44 de cada 100 domicílios com TVs ligadas, a TV Mirante é líder absoluta de audiência na capital. Com desempenho **549% superior ao da segunda emissora de TV aberta**[1], a emissora supera, sozinha, a audiência somada das demais TVs abertas.
Uma liderança construída pela **forte conexão com o público** e por uma programação presente na rotina dos ludovicenses.



**1 PONTO DE AUDIÊNCIA***
**3.584** domicílios
**10.012** indivíduos

Audiência e Participação domiciliar - 6h às 25h




**Audiência** (Rat%)**:**
É o conjunto de pessoas que estão assistindo a um determinado programa de TV. Na audiência domiciliar, é sempre considerado o número de domicílios com TV.

**Participação ou Share** (Shr%)**:**
É a quantidade de pessoas ou domicílios sintonizados em um programa, onde o universo é o total de pessoas ou domicílios da praça com TV ligada.

Fonte: IBOPE | Instar Analytics Praças Especiais | Faixa horária: 6h às 25h | Audiência (Rat%) e Participação (Shr%) domiciliar | São Luís/MA: 19 a 25 de março de 2026 | Números arredondados.
[1]O percentual foi calculado com base no valor original com duas casas decimais, podendo haver pequenas diferenças em relação aos números arredondados apresentados no gráfico. [2]Na análise de audiência no Total Ligados Linear, estão inclusas as audiências das emissoras abertas e pagas e retirados os streamings. | *1 ponto de audiência equivale a 1% do universo pesquisado. | Emissora 2: SBT; Emissora 3: Record.

TV MIRANTE

# Advertise on g1

Your brand in the country's largest digital journalism hub




g1 is the country's largest digital news product. It is the **digital journalism hub for Globo** and GloboNews. An **ecosystem** that integrates formats, platforms, and content throughout the entire user **journey**.

- **Editorial plurality** that connects your brand to different interests and consumption moments;
- Content in **multiple formats**, such as videos, podcasts, newsletters, and real-time
- Continuous 24-hour presence for **different profiles**.

## Why advertise on g1?

Your brand where all of Brazil gets **informed** and entertained. Advertising on g1 means being present in an environment with high **attention**, reach, and frequency. It means following the audience on a **national or regional** scale, always with the right accent.

- **28% of users** return 2x or more per week;
- **+100 million video views** per day within the ecosystem;
- **+20 billion** monthly search **impressions**.

## What does g1 offer?

Solutions that adapt to your objective with **brand safety and suitability**. g1 delivers a complete portfolio. Ranging from media placements to **customized** projects for your brand's different strategies and **needs**.

- **Integrated** formats, such as **spot media**, branded content, editorial sponsorships, and customizable projects;
- Opportunities across all **Globo affiliates** for your brand to be close to its audience, with the **right accent**;
- +40% share of digital video views, with a pioneering presence on **GloboPop**.

## Why associate your brand with g1?

Being on g1 means absorbing the **attributes** of a high-trust environment featuring entertainment, **information**, and the credibility of **Globo journalism**, thereby strengthening your brand's recall and **relevance**.

- **Premium** context that boosts brand recall and consideration;
- **Verified** editorial environment, with total control over context and ad adjacency
- Association with Globo journalism, the **benchmark** for credibility in Brazil.

**Let's place your brand in this digital powerhouse?**

### Liked our solutions?

Register your interest and discover the full potential of our ecosystem!

I'm interested



We use cookies and similar technologies to improve your experience on our website. Access our Privacy Policy to learn more details.

Accept

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: August 11, 2026.

# Anuncie no g1

Sua marca no maior hub digital de jornalismo do país.




O g1 é o maior produto digital de notícias do país. É o **hub digital** do jornalismo da Globo e da GloboNews. Um **ecossistema** que integra formatos, plataformas e conteúdos ao longo de toda a **jornada** do usuário.

- **Pluralidade editorial** que conecta sua marca a diferentes interesses e momentos de consumo;
- Conteúdo em **múltiplos formatos**, como vídeos, podcasts, newsletters e tempo real;
- Presença contínua, 24h, para **diferentes perfis**.

## Por que anunciar no g1?

Sua marca onde todo o Brasil se **informa** e se diverte. Anunciar no g1 é estar presente em um ambiente com alta **atenção**, alcance e recorrência. É acompanhar o público, em escala **nacional** ou regional, sempre com o sotaque certo.

- **+28% dos usuários** retornam 2x ou mais por semana;
- **+100 milhões de videoviews** por dia no ecossistema;
- **+20 bilhões de impressões** em buscas mensais.

## O que o g1 oferece?

Soluções que se adaptam ao seu objetivo com **brand safety e suitability**. O g1 entrega um portfólio completo. Vai de mídia a projetos **personalizados** para diferentes estratégias e **necessidades** da sua marca.

- Formatos **integrados**, como mídia avulsa, branded content, patrocínio de editorias e projetos customizáveis;
- Oportunidades em todas as afiliadas Globo para sua marca estar junto ao seu público, com o sotaque certo;
- +40% de share de videoviews no digital, com presença pioneira no GloboPop.

## Por que associar sua marca ao g1?

Estar no g1 é absorver os **atributos** de um ambiente de alta confiança, com entretenimento, **informação** e a credibilidade do jornalismo Globo, fortalecendo a lembrança e **relevância** da sua marca.

- Contexto **qualificado** que potencializa lembrança e consideração de marca;
- Ambiente editorial **verificado**, com controle total de contexto e adjacência;
- Associação ao jornalismo da Globo, **referência** de credibilidade no Brasil.

**Bora colocar sua marca nessa potência digital?**

**Gostou de nossas soluções?**

Registre seu interesse e descubra todo o potencial no nosso ecossistema!

Tenho interesse



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Aceitar

**TV Audience – 3 min read**

# TV Audience PNT TOP 10 – 07/06/26 to 07/12/26

(PNT: National Television Panel)

July 15, 2026

## IBOPE data on the most watched programs in Brazil. See the complete ranking.

(IBOPE: Brazilian Institute of Public Opinion and Statistics)

| BAND | Consolidated ranking 15 markets | | |
|---|---|---|---|
| | Household Audience | Individual Audience | Individual COV % |
| | Rat% | Rat# | Cov% |
| PLANETA SELVAGEM (NIGHT) | 2.0 | 575.9 | 2.4 |
| JORNAL DA BAND | 2.0 | 584.0 | 4.6 |

| | | | |
|---|---|---|---|
| SOCCER (AFTERNOON) | 1.5 | 438.0 | 4.6 |
| BRASIL URGENTE (SATURDAY LOCAL) | 1.1 | 303.3 | 1.7 |
| JORNAL DA BAND (SATURDAY) | 1.1 | 292.8 | 0.9 |
| SOAP OPERA II (NIGHT) – GUERRA DAS ROSAS | 1.0 | 305.8 | 3.2 |
| MASTER CHEF AMADORES | 1.0 | 329.0 | 1.0 |
| MELHOR DA TARDE | 0.8 | 243.5 | 3.4 |
| BRASIL URGENTE 1 | 0.8 | 226.0 | 3.1 |

GLOBO

Consolidated ranking

15 markets

| | Household Audience | Individual Audience | Individual COV % |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| SOAP OPERA III SS – QUEM AMA CUIDA | 24.3 | 7,281.9 | 27.0 |
| JORNAL NACIONAL (MONDAY TO FRIDAY) | 23.6 | 7,012.8 | 27.6 |

| | | | |
|---|---|---|---|
| SOAP OPERA II (MONDAY TO FRIDAY) – CORACAO ACELERADO | 22.2 | 6,554.4 | 26.7 |
| SOAP OPERA I (MONDAY TO FRIDAY) – A NOBREZA DO AMOR | 20.3 | 5,902.3 | 20.5 |
| SOAP OPERA III (SATURDAY) – QUEM AMA CUIDA | 19.9 | 5,776.8 | 11.5 |
| JORNAL NACIONAL (SATURDAY) | 19.1 | 5,537.6 | 11.7 |
| WORLD CUP (AFTERNOON) | 18.2 | 5,302.6 | 31.4 |
| SHOW DE TERCA (THURSDAY) 1 | 17.6 | 5,317.9 | 15.7 |
| SOAP OPERA II (SATURDAY) – CORACAO ACELERADO | 16.0 | 4,616.7 | 8.6 |

RECORD

Consolidated ranking

15 markets

| | Household Audience | Individual Audience | Individual COV % |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| JORNAL DA RECORD | 6.3 | 1,840.3 | 10.6 |

| | | | |
|---|---|---|---|
| ACERTE OU CAIA | 5.3 | 1,496.4 | 5.4 |
| SOAP OPERA 3 – CORACAO DE MAE | 5.2 | 1,506.0 | 8.1 |
| RELIGIOSO (AFTERNOON) | 4.3 | 1,275.3 | 4.4 |
| CIDADE ALERTA | 4.3 | 1,188.2 | 9.8 |
| JORNAL DA RECORD (SATURDAY EDITION) | 4.1 | 1,129.2 | 3.0 |
| CIDADE ALERTA (SATURDAY EDITION) | 4.1 | 1,148.7 | 5.2 |
| CINE MAIOR (AFTERNOON) – MOVIE 1 – CORTINA DE FOGO 2 | 4.0 | 1,243.1 | 4.1 |
| LOCAL PROGRAMMING | 3.6 | 1,034.2 | 21.8 |

REDE TV!

Consolidated ranking

15 markets

| | Household Audience | Individual Audience | Individual COV % |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| OPERACAO DE RISCO (NIGHT) 2 | 0.9 | 260.8 | 0.9 |

| | | | |
|---|---|---|---|
| SENSACIONAL (NIGHT) | 0.6 | 148.0 | 0.6 |
| BASTIDORES DO CRIME (NIGHT) | 0.5 | 146.6 | 0.4 |
| TV FAMA | 0.5 | 139.0 | 1.7 |
| A TARDE E SUA | 0.4 | 116.8 | 2.2 |
| PARA AQUI (NIGHT) | 0.4 | 123.4 | 0.9 |
| OPERACAO DE RISCO (NIGHT) 1 | 0.4 | 108.9 | 0.5 |
| MEGA SONHO | 0.3 | 92.6 | 0.4 |
| LEITURA DINAMICA (LATE NIGHT) | 0.3 | 90.7 | 1.0 |

SBT

Consolidated ranking

15 markets

| | Household Audience | Individual Audience | Individual COV % |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| DOMINGO LEGAL 2 | 5.6 | 1,695.4 | 4.2 |
| PROGRAMA SILVIO SANTOS | 5.6 | 1,667.6 | 7.2 |
| DOMINGO LEGAL 3 | 5.2 | 1,555.1 | 4.0 |

| | | | |
|---|---|---|---|
| DOMINGO LEGAL 1 | 4.0 | 1,157.6 | 4.9 |
| A PRACA E NOSSA (NIGHT) | 3.7 | 1,149.5 | 2.5 |
| PROGRAMA DO RATINHO | 3.4 | 1,017.5 | 8.4 |
| WORLD CUP (AFTERNOON) | 3.3 | 979.3 | 9.1 |
| SBT BRASIL | 2.9 | 868.0 | 7.9 |
| AFTERNOON SOAP OPERA 2 PM – MEU CORACAO E TEU | 2.5 | 754.5 | 5.1 |

PNT (National Television Panel) Source
Source: Instar. From 07/06/2026 to 07/12/2026. Top-rated programs in the PNT Region. Every day from 06:00 AM to 05:59 AM. Universes: 27,766,950 households and 69,996,184 individuals. One rating point corresponds to 1% of these respective universes.

GSP (Greater São Paulo) Source
Source: Instar. From 07/06/2026 to 07/12/2026. Top-rated programs in the GSP Region. Every day from 06:00 AM to 05:59 AM. Universes: 7,878,053 households and 19,963,267 individuals. One rating point corresponds to 1% of these respective universes.

GRJ (Greater Rio de Janeiro) Source
Source: Instar. From 07/06/2026 to 07/12/2026. Top-rated programs in the GRJ Region. Every day from 06:00 AM to 05:59 AM. Universes: 4,977,836 households and 12,205,361 individuals. One rating point corresponds to 1% of these respective universes.

Your window into what the world is watching

## Get in touch for a clear vision of your audience

Get in touch

São Paulo Office

Avenida Francisco Matarazzo,
1350 – água branca
05 001 100
Brazil
São Paulo – São Paulo
Phone 55 11 3066 1500

Platform & Services

Audience Measurement & Insight

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I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: August 11, 2026.

**Audiência TV – 3 min read**

# Audiência de TV PNT TOP 10 – 06/07/26 a 12/07/26

**15 julho, 2026**

## Dados do IBOPE sobre os programas mais assistidos no Brasil. Veja o ranking completo.

| BAND | Ranking consolidado | | |
|---|---|---|---|
| | 15 praças | | |
| | Audiência Domiciliar | Audiência Individual | COV % Individual |
| | Rat% | Rat# | Cov% |
| PLANETA SELVAGEM NOT | 2,0 | 575,9 | 2,4 |
| JORNAL DA BAND | 2,0 | 584,0 | 4,6 |

| | | | |
|---|---|---|---|
| FUTEBOL VES | 1,5 | 438,0 | 4,6 |
| BRASIL URGENTE SB LOC | 1,1 | 303,3 | 1,7 |
| JORNAL DA BAND SB | 1,1 | 292,8 | 0,9 |
| NOVELA II NOT – GUERRA DAS ROSAS | 1,0 | 305,8 | 3,2 |
| MASTER CHEF AMADORES | 1,0 | 329,0 | 1,0 |
| MELHOR DA TARDE | 0,8 | 243,5 | 3,4 |
| BRASIL URGENTE 1 | 0,8 | 226,0 | 3,1 |

GLOBO

Ranking consolidado

15 praças

| | Audiência Domiciliar | Audiência Individual | COV % Individual |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| NOVELA III SS – QUEM AMA CUIDA | 24,3 | 7.281,9 | 27,0 |
| JORNAL NACIONAL SS | 23,6 | 7.012,8 | 27,6 |

| | | | |
|---|---|---|---|
| NOVELA II SS – CORACAO ACELERADO | 22,2 | 6.554,4 | 26,7 |
| NOVELA I SS – A NOBREZA DO AMOR | 20,3 | 5.902,3 | 20,5 |
| NOVELA III SB – QUEM AMA CUIDA | 19,9 | 5.776,8 | 11,5 |
| JORNAL NACIONAL SB | 19,1 | 5.537,6 | 11,7 |
| COPA DO MUNDO VES | 18,2 | 5.302,6 | 31,4 |
| SHOW DE TERCA QUINTA 1 | 17,6 | 5.317,9 | 15,7 |
| NOVELA II SB – CORACAO ACELERADO | 16,0 | 4.616,7 | 8,6 |

RECORD

Ranking consolidado

15 praças

| | Audiência Domiciliar | Audiência Individual | COV % Individual |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| JORNAL DA RECORD | 6,3 | 1.840,3 | 10,6 |

| | | | |
|---|---|---|---|
| ACERTE OU CAIA | 5,3 | 1.496,4 | 5,4 |
| NOVELA 3 – CORACAO DE MAE | 5,2 | 1.506,0 | 8,1 |
| RELIGIOSO VES | 4,3 | 1.275,3 | 4,4 |
| CIDADE ALERTA | 4,3 | 1.188,2 | 9,8 |
| JORNAL DA RECORD ED SB | 4,1 | 1.129,2 | 3,0 |
| CIDADE ALERTA ED SB | 4,1 | 1.148,7 | 5,2 |
| CINE MAIOR VES – FILME 1 – CORTINA DE FOGO 2 | 4,0 | 1.243,1 | 4,1 |
| PROGRAMAÇÃO LOCAL | 3,6 | 1.034,2 | 21,8 |

REDE TV!

Ranking consolidado

15 praças

| | Audiência Domiciliar | Audiência Individual | COV % Individual |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| OPERACAO DE RISCO NOT 2 | 0,9 | 260,8 | 0,9 |

| | | | |
|---|---|---|---|
| SENSACIONAL NOT | 0,6 | 148,0 | 0,6 |
| BASTIDORES DO CRIME NOT | 0,5 | 146,6 | 0,4 |
| TV FAMA | 0,5 | 139,0 | 1,7 |
| A TARDE E SUA | 0,4 | 116,8 | 2,2 |
| PARA AQUI NOT | 0,4 | 123,4 | 0,9 |
| OPERACAO DE RISCO NOT 1 | 0,4 | 108,9 | 0,5 |
| MEGA SONHO | 0,3 | 92,6 | 0,4 |
| LEITURA DINAMICA SSX | 0,3 | 90,7 | 1,0 |

SBT

Ranking consolidado

15 praças

| | Audiência Domiciliar | Audiência Individual | COV % Individual |
|---|---|---|---|
| | Rat% | Rat# | Cov% |
| DOMINGO LEGAL 2 | 5,6 | 1.695,4 | 4,2 |
| PROGRAMA SILVIO SANTOS | 5,6 | 1.667,6 | 7,2 |
| DOMINGO LEGAL 3 | 5,2 | 1.555,1 | 4,0 |

| | | | |
|---|---|---|---|
| DOMINGO LEGAL 1 | 4,0 | 1.157,6 | 4,9 |
| A PRACA E NOSSA NOT | 3,7 | 1.149,5 | 2,5 |
| PROGRAMA DO RATINHO | 3,4 | 1.017,5 | 8,4 |
| COPA DO MUNDO VES | 3,3 | 979,3 | 9,1 |
| SBT BRASIL | 2,9 | 868,0 | 7,9 |
| NOVELA TARDE 14H – MEU CORACAO E TEU | 2,5 | 754,5 | 5,1 |

Fonte PNT
Fonte: Instar. De 06/07/2026 a 12/07/2026. Programas de maior audiência na Região PNT. Todos os dias das 06:00 às 05:59hs. Universos: 27.766.950 domicílios e 69.996.184 indivíduos. Um ponto de audiência corresponde a 1% destes respectivos universos.

Fonte GSP
Fonte: Instar. De 06/07/2026 a 12/07/2026. Programas de maior audiência na Região GSP. Todos os dias das 06:00 às 05:59 hs. Universos: 7.878.053 domicílios e 19.963.267 indivíduos. Um ponto de audiência corresponde a 1% destes respectivos universos.

Fonte GRJ
Fonte: Instar. De 06/07/2026 a 12/07/2026. Programas de maior audiência na Região GRJ. Todos os dias das 06:00 às 05:59hs. Universos: 4.977.836 domicílios e 12.205.361 indivíduos. Um ponto de audiência corresponde a 1% destes respectivos universos.

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# AUDIENCE DATA

MARCH, 2022



imirante.com

# AUDIENCE DATA

imirante.com

## USERS
**Unique visitor**
An individual user who visits the website

**1.155.788**
Total per month

## SESSIONS
**Visitor session**
The number of times users visited the website

**2.036.715**
Total per month

## PAGE VIEWS
**Page views**
Total number of pages viewed

**4.134.224**
Total per month

## HOMEPAGE
**Home views**
Total number of homepage impressions

**1.734.434**
Total per month

## INTERNAL PAGES
Total number of impressions on internal pages

**1.735.231**
Total per month

## AVERAGE TIME
Length of visit
Average time users spent on the website

**02:38**
Total per month

# SOCIAL MEDIA

And Imirante.com's high numbers go even further. On social media, the portal is the champion in article shares and gathers thousands of followers on Instagram, Facebook, and Twitter.

***252.666***
Facebook

***151.336***
Twitter

***510.801***
Instagram

Source: Google Analytics. Period: March, 2022

Commercial Sales: (98) 3215-5021 / 3215-5046 | www.imirante.com/comercial

# AUDIENCE DATA

imirante.com

| | NA MIRA | imirante esporte .com | VC no imirante .com |
|---|---|---|---|
| USERS | 258.445 | 131.181 | 149 |
| SESSIONS | 307.043 | 203.766 | 152 |
| PAGE VIEWS | 351.850 | 245.906 | 194 |
| HOMEPAGE | 1.849 | 7.625 | 92 |
| AVERAGE DURATION | 0:35 | 0:50 | 0:25 |

| | MIRANTE AM 600 KHz | imirante fm 96,1 | |
|---|---|---|---|
| USERS | 37.565 | 7.842 | |
| SESSIONS | 67.188 | 13.008 | |
| PAGE VIEWS | 173.894 | 60.646 | |
| HOMEPAGE | 85.263 | 27.717 | |
| AVERAGE DURATION | 4:56 | 9:40 | |

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Date: August 12, 2026.

# DADOS DE AUDIÊNCIA

MARÇO 2022



imirante.com

# DADOS DE AUDIÊNCIA

imirante.com

## USUÁRIOS
Unique visitor
É o usuário individual que realiza uma visita

**1.155.788**
Total mensal

## SESSÕES
Visitor session
Quantidade de vezes que os usuários visitaram o site

**2.036.715**
Total mensal

## PÁGINAS VISTAS
Page views
Total de páginas visualizadas

**4.134.224**
Total mensal

## CAPA
Home views
Quantidade de impressões da capa

**1.734.434**
Total mensal

## INTERNAS
Quantidade de impressões das páginas internas

**1.735.231**
Total mensal

## TEMPO MÉDIO
Length of visit
Tempo médio que os usuários ficaram no site

**02:38**
Total mensal

# REDES SOCIAIS

E os altos números do Imirante.com vão além. Nas redes sociais o portal é campeão em compartilhamentos de suas matérias e reúne milhares de seguidores no Instagram, Facebook e Twitter.

***252.666***
Facebook

***151.336***
Twitter

***510.801***
Instagram

Fonte: Google Analytics. Período: Março 2022

Atendimento comercial: (98) 3215.5021/5046 | www.imirante.com/comercial

# DADOS DE AUDIÊNCIA

imirante.com

| | na mira | imirante esporte .com | VC no imirante .com |
|---|---|---|---|
| USUÁRIOS | 258.445 | 131.181 | 149 |
| SESSÕES | 307.043 | 203.766 | 152 |
| PÁGINAS VISTAS | 351.850 | 245.906 | 194 |
| CAPA | 1.849 | 7.625 | 92 |
| TEMPO MÉDIO | 0:35 | 0:50 | 0:25 |

| | MIRANTE AM 600KHz | mirante fm 96,1 | |
|---|---|---|---|
| USUÁRIOS | 37.565 | 7.842 | |
| SESSÕES | 67.188 | 13.008 | |
| PÁGINAS VISTAS | 173.894 | 60.646 | |
| CAPA | 85.263 | 27.717 | |
| TEMPO MÉDIO | 4:56 | 9:40 | |

# People-based audience data

Understand exactly who is watching. Our panel offers the demographic and behavioral insights that device data alone could not deliver.

## Benefits



### Know your audience beyond devices

Understand exactly who your audiences are with demographic data that device data alone cannot deliver.



### Monitor actual consumption and exposure

Get a clear perspective of who is watching what, how, and with whom – across all platforms.



### Create audience segments that reflect real people

Create richer, more reliable audience groups using people-based demographic and behavioral data.

### Decide with confidence

Get transparent measurement with guaranteed privacy – so every decision is backed by clarity.

# Devices don't watch content and advertising, people do.

Our people-based audience data delivers real demographics and behaviors from representative panels, giving you the clarity needed to make decisions with greater confidence.

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Date: August 12, 2026.

# Dados de audiência baseados em pessoas

Entenda exatamente quem está assistindo. Nosso painel oferece os insights demográficos e comportamentais que dados de devices sozinhos não poderiam entregar.

## Benefícios



### Conheça sua audiência além dos devices

Entenda exatamente quem são suas audiências com dados demográficos que os devices sozinhos não podem entregar.



### Monitore o real consumo e exposição

Tenha uma perspectiva clara de quem assiste o quê, como e com quem – em todas as plataformas.

### Crie segmentos de audiência que reflitam pessoas reais

Crie grupos de audiência mais ricos e mais confiáveis usando dados demográficos e comportamentais baseados em pessoas.

### Decida com confiança

Obtenha mensuração transparente e com privacidade garantida – para que cada decisão seja apoiada com clareza.

## Devices não assistem conteúdo e publicidade, pessoas sim.

Nossos dados de audiência baseados em pessoas entregam demográficos reais e comportamentos de painéis representativos, dando a clareza necessária para decisões com maior confiança.

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# TV Mirante celebrates 33 years telling stories about Maranhão

Globo's affiliate, the station is responsible for the most journalistic coverage in Maranhão.

By CCMA — São Luís
03/04/2025 14:42 (UTC) | Updated 8 years ago



TV Mirante completes 33 years of existence this Sunday (6th), showcasing creativity and looking toward the future always valuing the viewers of each of the 217 municipalities in Maranhão, with a potential audience of over five million. Affiliated with TV Globo, the Maranhão station is responsible for the state's most prestigious programming and main journalistic coverage.

Currently, it has eight local programs in its lineup: Repórter Mirante, Mirante Rural, Bom Dia Mirante, DM, JAC, Globo Esporte (local edition), Expedir 30, and G1 em 1 Minuto.



## History of TV Mirante

Founded on March 13, 1987, as an SBT affiliate, TV Mirante has invested – since its very first reports – in the quality of information, constantly expanding and viewer well-being. In 1991, TV Mirante left SBT and became responsible for broadcasting TV Globo's programming lineup in Maranhão.

In 2009, TV Mirante launched – on an experimental basis – its first digital broadcast. One year later, the station began broadcasting in high definition. Repórter Mirante was the first TV show to air in high definition, and by 2013, the station began broadcasting all of its programs in this quality standard.

To produce programs with high image resolution, an important step for the station's development and its adaptation to modern demands, TV Mirante invested in more equipment. For this stage, R$ 10 million was invested in new editing gear, cameras, cutting storage servers, and computers. Currently, TV Mirante's registered office is in São Luís and has five affiliates (Imperatriz, Santa Inês, Zutelê Caxias, Açailândia, and Balsas).

## Vision

In addition to valuing the quality of information, TV Mirante has always been guided by the need to keep pace with technological innovations. "Our reporters can report facts from anywhere, all it takes is a computer and an internet connection. Technology has greatly eased our work and also increased our responsibility, since it expands our coverage area and our audience. We used to enter people's homes, now we are in their cars, on their cell phones, in many different places," noted the Chairman of the Board of Grupo Mirante, Fernando Sarney.

This mindset is shared by the director of TV Mirante, Roberto Pinto. "We are constantly working to improve our professionalism and to get closer and closer to the community. We always focus on what the viewer wants to see on television, which allows us to have a growing community-focused journalism," he said.

## See also



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Joelma lives up 'Domingão'



'Viver Sertanejo' brings together André & Andrade and Irmão Freitas, artists from the same family



Campeonato Brasileiro begins this Wednesday with major coverage by Globo



The season finale of 'Cabeleira do Vardo' features Chico César, Mariana Ximenes, and Rubi Fernsita



Ronaldo & Solimões, Luiza Sonza, Roberto Mendocal, and Chico Chico are among the guests on 'Altas Horas'



'Domingão' features Zeca Veloso and Xoxoldinda

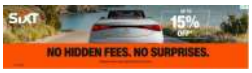


'Viver Sertanejo' promotes a multigenerational meeting with Iduntes & Mariana and Duduca & Dalvan

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Date: August 12, 2026.




# TV Mirante celebra 33 anos contando histórias sobre o Maranhão

Afiliada da Globo, emissora é responsável pelos principais cobertura jornalísticas do Maranhão.

Por Gil Mir — São Luís
17/05/2023 18:02 - Atualizado há 4 meses



TV Mirante completa, neste domingo (17), 33 anos de existência, estampando credibilidade e se afirmando, futuro, valorizando sempre o telespectador de cada um dos 217 municípios maranhenses e com mais de cinco milhões de potenciais telespectadores em potencial. Afiliada à TV Globo, a emissora mantém-se reconhecida pela programação de maior prestígio e estado nas principais coberturas jornalísticas do Maranhão.

Atualmente, possui três programas próprios na grade: Repórter Mirante, Mirante Rural, Bom Dia Mirante, JMT, JMS, Globo Esporte (exclusivo), Esporte 10 e G1 em 1 Minuto.



## História da TV Mirante

Criada em 15 de março de 1987 como afiliada da SBT, a TV Mirante primeira — sendo as primeiras reportagens — ela caracterizada da informação, priorizando a imparcialidade e o bem-estar do telespectador. Em 1991, a TV Mirante deixou o SBT e tornou-se responsável pela transmissão da grade de programação da TV Globo no Maranhão.

Em 2009, A TV Mirante colocou no ar — em caráter experimental — a primeira transmissão digital. Um ano depois, a emissora fez a transmissão com imagem em alta definição. O Nagô me Mostra foi o primeiro programa da TV exibido em alta definição e a partir de 2013 a emissora passou a manter todos os seus programas nessa padrão de qualidade.

Para conseguir prosseguir com a evolução de imagem, passo importante para o desenvolvimento da emissora e sua adequação às exigências da modernidade, a TV Mirante investiu em novos equipamentos. Para esta etapa, foram aplicados R$ 15 milhões em novos aparelhos de edição, câmeras, servidores de armazenamento e controle e comutadores. Atualmente, a TV Mirante tem sede em São Luís e cinco afiliadas (Imperatriz, Santa Inês, Costa Caicara, Açailândia e Balsas).

## Visões

A TV Mirante, além de valorizar a qualidade da informação, sempre se pautou pela necessidade de acompanhar as inovações tecnológicas. "Nossos repórteres podem notícias fotos de diversos lugares, basta um computador com acesso à internet. A tecnologia com isso bastante o nosso trabalho e aumentado também a nossa responsabilidade, uma vez que aumenta a nossa área de abrangência, nosso público. Antes a gente entrava na casa das pessoas, agora a gente está no carro, no celular, em diversos lugares", pontuou o presidente do Conselho de Administração do Grupo Mirante, Fernando Sarney.

O pensamento seguido pelo diretor da TV Mirante, Roberto Prazo. "Temos um trabalho constante na busca da profissionalização e de cada vez integrar mais parte da população. A gente trabalha sempre no foco de perder o que o telespectador quer ver na televisão, assim temos um jornalismo comunitário presente", disse.

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**'Altas Horas' recebe Liniker, Lexa na Prado, Vanessa Camargo e Salboca**



**Joelma anima "Domingão"**



**'Viver Sertanejo' reúne André & Andrade e irmãs Freitas, artistas da mesma família**



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**Rionegro & Solimões, Luiza Sonza, Roberto Menescal e Chico Chico estão entre os convidados do 'Altas Horas'**



**'Domingão' tem Zeca Veloso e Sasi Brielle**



**'Viver Sertanejo' promove encontro entre gerações com Munhoz & Mariano e Duduca & Dalvan**

ASSISTIR AO AO

# Jornal Hoje Sets Audience Record and Outperforms Globo Soap Operas

06/30/2026



**Jornal Hoje** enjoyed a dream Monday in terms of television ratings. Airing outside its usual time slot and sandwiched between soccer matches, the news program hosted by **Roberto Kovalick** attracted its largest audience in nearly four years, delivering prime-time-level performance during the afternoon, when fewer television sets are typically in use -- *Quem Ama Cuida*, the current prime-time soap opera, only outperformed the news program in ratings during just two episodes.

According to the consolidated television ratings for Greater São Paulo, obtained by the column's reporters from industry sources, Monday's (29) edition of **Jornal Hoje** achieved an average rating of 23.56 points and a 40.45% audience share (percentage of televisions in use) between 4:17 p.m. and 5:01 p.m.

The news program had not recorded such high ratings since the 2022 FIFA World Cup -- on December 9, the broadcast reached 25.0 rating points, also following a match involving the Brazilian national team.

Compared with the previous four Mondays, **Roberto Kovalick**'s program increased its audience by 117%, attracting more viewers than most of Globo's current soap operas. *A Nobreza do Amor*, airing at 6:00 p.m., has yet to match *Jornal Hoje*'s audience (its highest rating is 21.8 points), while *Coração Acelerado*, shown at 7:00 p.m., has peaked at 22.7 points on two occasions.

*Quem Ama Cuida*, broadcast in the 9:00 p.m. time slot, exceeded *Jornal Hoje*'s audience on only two occasions: when it achieved its highest rating on June 2 (24.0 points) and on that same Monday, when it averaged 23.7 points. The soap opera also benefited from the 28.2-point audience achieved by *Jornal Nacional*, its strongest Monday performance since August 2023.

Among the day's other ratings, *Cine Record Especial* averaged just 0.9 points, recording the network's weakest performance against the competition from Brazil's soccer matches. *Primeiro Impacto* averaged 2.9 points, peaked at 3.5 points, and secured second place throughout its broadcast. Meanwhile, *Apito Final* recorded 0.3 points, marking the lowest audience in the program's history and ranking behind even TV Cultura's programming.

Photo: Reproduction/Internet

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08/05/2026 – São José dos Pinhais hosted the opening of the 11th Paraná Congress on Digital and Smart Cities this Wednesday (5)....

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Marina Viana

**Date: August 7, 2026**

# Jornal Hoje bate recorde de audiência e supera novelas da Globo

30/06/2026



O **Jornal Hoje** teve uma segunda-feira dos sonhos no quesito audiência. Exibido fora de seu horário habitual e ensanduíchado por jogos de futebol, o noticiário de **Roberto Kovalick** angariou o seu maior público em praticamente 4 anos, conquistando uma performance digna de novela das 9 em plena faixa da tarde, que conta com um número menor de televisores ligados -- Quem Ama Cuida, a atual trama do horário nobre, só teve mais ibope que o noticioso em apenas 2 capítulos.

Os índices consolidados de audiência da Grande São Paulo, obtidos pela reportagem da coluna com fontes do mercado, sinalizam que a edição de segunda (29) do **Jornal Hoje** emplacou 23,56 pontos de média, com share (percentual de televisores ligados) de 40,45% das 16h17 às 17h01.

O telejornal não tinha tanto ibope justamente desde a Copa do Mundo de 2022 -- em 9 de dezembro daquele ano, o noticioso marcou 25,0 pontos, também sucedendo uma partida do Brasil.

Com um crescimento de 117% na comparação com as quatro segundas anteriores, **Roberto Kovalick** conseguiu atrair mais público do que boa parte dos folhetins da atual programação da Globo. A Nobreza do Amor, na faixa das 18h, ainda não conseguiu emplacar o número obtido pelo Jornal Hoje (o recorde dela é de 21,8 pontos), assim como Coração Acelerado, em cartaz no slot das 19h (recorde de 22,7 em duas ocasiões).

Quem Ama Cuida, em cartaz na faixa das 21h, só conseguiu angariar mais telespectadores que o Jornal Hoje em duas ocasiões: em seu recorde de audiência, na noite de 2 de junho (24,0 pontos), e justamente nesta segunda-feira, em que a trama conquistou 23,7 de média. A trama acabou beneficiada pelos 28,2 anotados pelo Jornal Nacional, seu melhor desempenho neste dia da semana desde agosto de 2023.

Entre os demais resultados do dia, o Cine Record Especial registrou apenas 0,9 ponto de média e teve o pior desempenho da emissora diante da concorrência dos jogos do Brasil. O Primeiro Impacto marcou 2,9 pontos, atingiu pico de 3,5 e garantiu a vice-liderança em sua faixa completa. Já o Apito Final anotou 0,3 ponto, estabelecendo a pior audiência de sua história e ficando atrás até da programação da TV Cultura.

Foto: Reprodução/Internet

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# O GLOBO is Brazil's most widely read and trusted newspaper, finds a University of Oxford survey

Digital News Report shows that 22% of respondents regularly read the brand; credibility of Brazilian media surpasses global average

By **Rafael Garcia** - São Paulo
06/18/2025 08:31 AM Updated 7 months ago

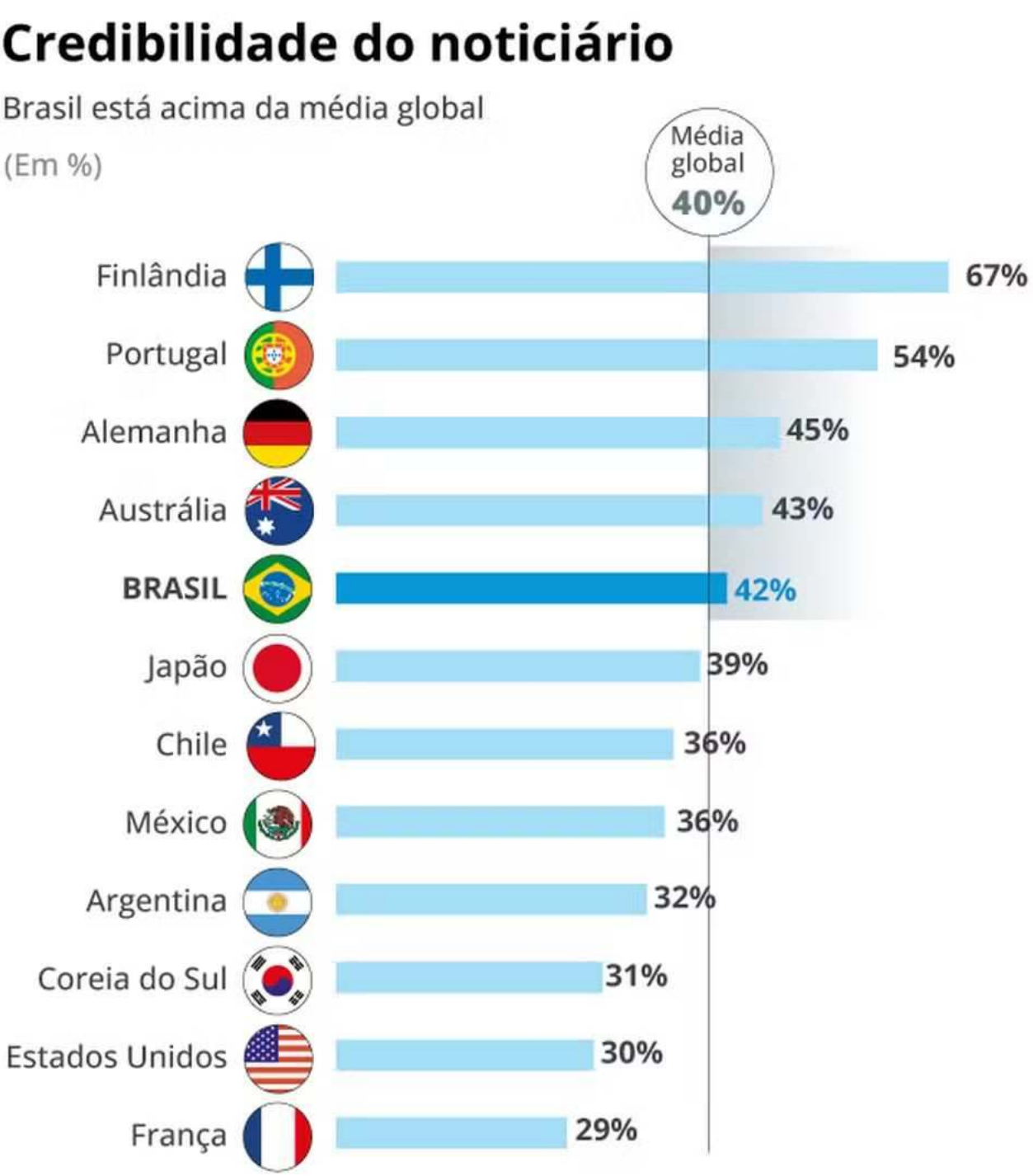


O GLOBO is the most consumed and trusted newspaper in the country, research shows. — Photo: Agência O Globo

The Digital News Report, **the most extensive media consumption survey** globally, highlights O GLOBO's significant position in its 2025 edition among Brazilian media outlets. In its centennial year, the newspaper is noted by 22% of surveyed individuals as their weekly read, earning the title of the most reliable in its category in Brazil. O GLOBO's preference ratings surpass its major competitors, "Folha de S.Paulo" (10%) and "O Estado de São Paulo" (8%). The newspaper also leads in online preferences, with 22% readership among Brazilian readers.

This year, the survey interviewed 97,000 people worldwide (2,000 of whom were in Brazil). The report was published by the Reuters Institute for the Study of Journalism, affiliated with the University of Oxford (UK). The Digital News Report has been conducted annually since 2012 and represents a key reference for industry analysts monitoring news consumption trends across 40 countries.

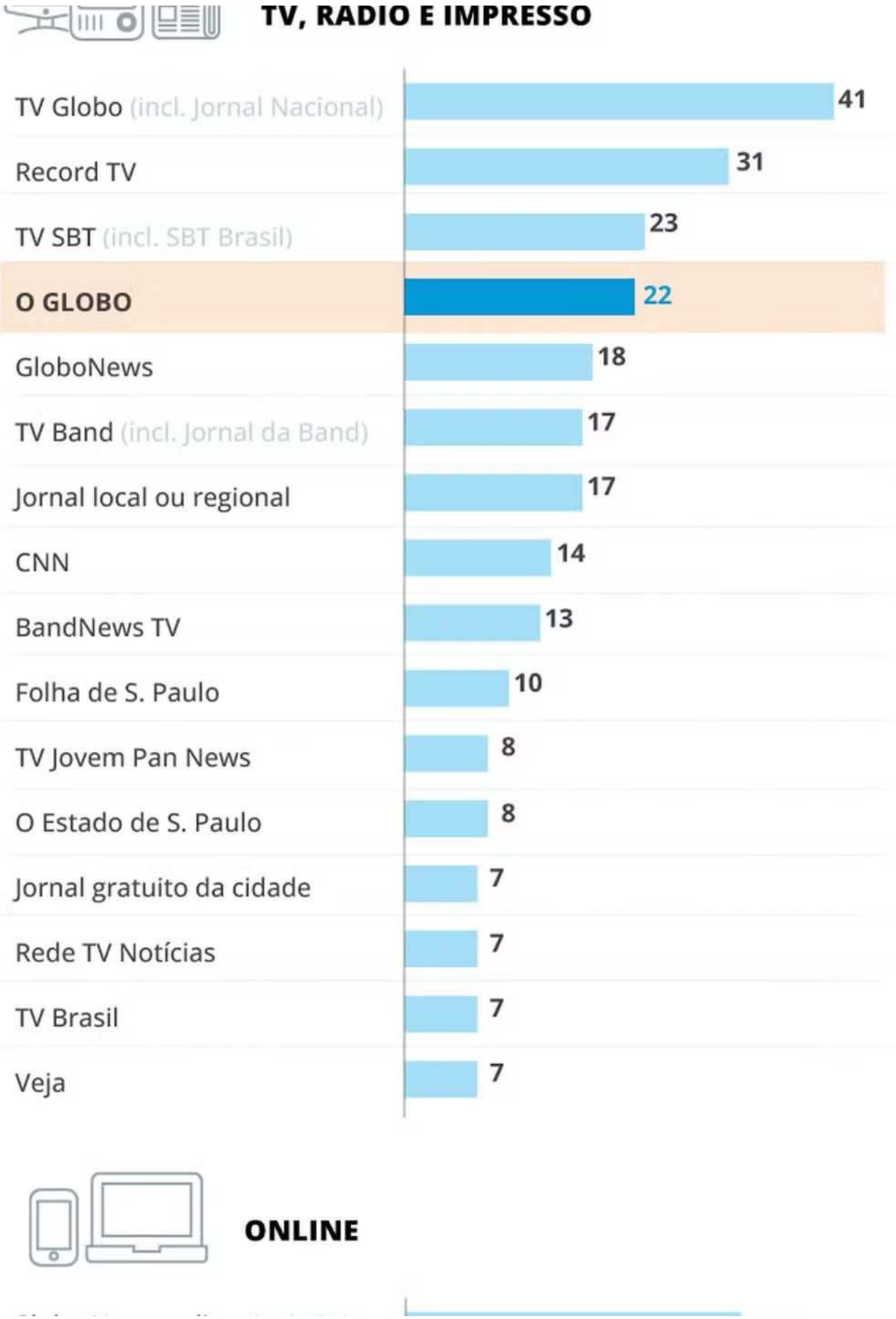
The report also examines public trust in newspapers and the journalism profession worldwide. In 2025, O GLOBO is also the leading Brazilian newspaper in terms of public trust. It is considered trustworthy by 54% of the Brazilian respondents, ahead of "Estadão" (53%) and "Folha" (52%), other Brazilian newspapers.

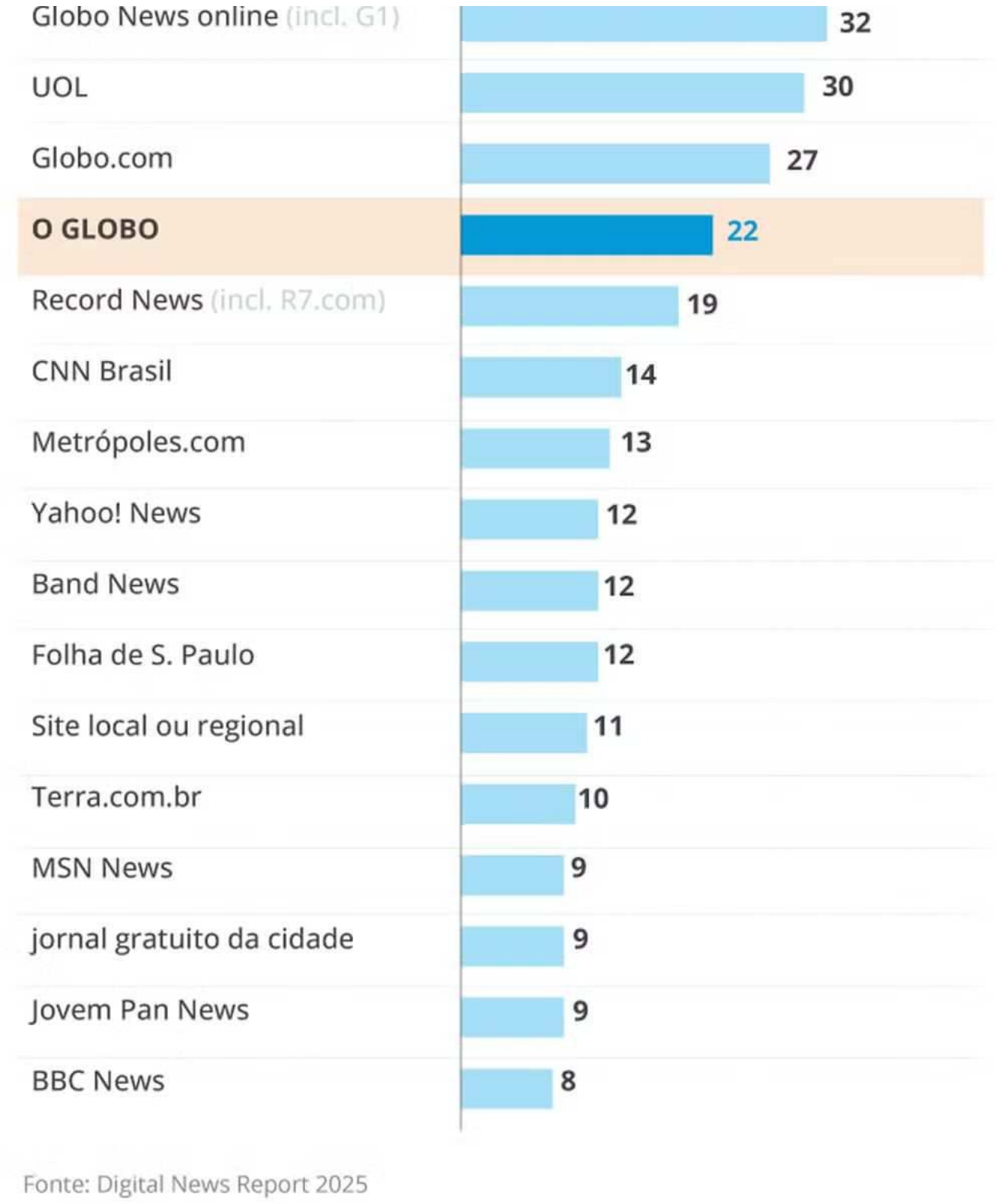



## ALCANCE SEMANAL

Os resultados deste ano do Digital News Report sobre veículos brasileiros online e offline

(Em %)


TV, RADIO E IMPRESSO
TV Globo (incl. Jornal Nacional) 41
Record TV 31
TV SBT (incl. SBT Brasil) 23
O GLOBO 22
GloboNews 18
TV Band (incl. Jornal da Band) 17
Jornal local ou regional 17
CNN 14
BandNews TV 13
Folha de S. Paulo 10
TV Jovem Pan News 8
O Estado de S. Paulo 8
Jornal gratuito da cidade 7
Rede TV Notícias 7
TV Brasil 7
Veja 7
ONLINE




News Credibility — Photo: Art Department

All three media outlets boast a respectability level above the industry average, which stands at 42% nationally. Journalism lost trust after 2015, partly due to the

proliferation of misinformation on social media; however, this decline stabilized over the past three years in Brazil, surpassing the global average of 40%.

"News consumers largely remain skeptical about the information found on social media and through AI apps, partly due to concerns about the reliability of such content," says Rodrigo Carro, journalist and a former fellow at the Reuters Institute that is currently responsible for the analysis of Brazil’s data in the Digital News Report. "These doubts present opportunities for publishers, as audiences still seek out established news outlets to verify information."

Brazilians are the most trusting of news among Latin Americans, according to the report. In Latin America, Argentina is where people trust journalism the least (32%), ten percentage points below the Brazilian level of trust in the media. Worldwide, Finland (67%), Nigeria (68%), and Thailand (55%) are the countries with the highest news trust.

A concerning statistic is that a significant share of the audience still struggles to distinguish between real and fake news. In Brazil, this percentage is 67%, lower than in Nigeria (84%), South Africa (73%), and the United States (73%).

Report authors highlight that the Brazilian media is still undergoing a transformation, particularly in the audiovisual sector, as streaming services attempt to encroach on the dominance of television.

O GLOBO also performs well within the Brazilian media landscape. The newspaper ranks fourth overall in both traditional media (TV, radio, and newspapers) and online media. In the traditional media category, it trails only TV Globo, which is consumed weekly by 41% of respondents, followed by Record (31%) and SBT (23%). In online media, it is surpassed only by G1/Globo News online, which leads with 32%, followed by UOL (30%) and globo.com (27%).

The report also revealed that 17% of the interviewed people paid for news in some form this year in Brazil. There is a significant circulation of news shared via the internet, with 33% of people claiming to share articles on social media networks. The top three platforms for news consumption in Brazil are YouTube (37%), Instagram (37%), and WhatsApp (36%).

Among traditional online outlets, a major development is the impact of new artificial intelligence tools on how people stay informed. Approximately 9% of respondents report using AI chatbots to search for news.

O GLOBO is highlighted as a media outlet that effectively harnesses the AI revolution positively, using it creatively in journalism.

"For instance, O GLOBO published a series based on 600,000 speeches made in the Chamber of Deputies and Senate from 2001 to 2024," the Digital News Report notes. "Over 255 million words and expressions were analyzed over four months using AI tools." The series "Com a Palavra" was published last August.

The survey indicates that despite AI's growing popularity among news consumers, the audience still places special trust in content curated by humans.

"In a world increasingly filled with synthetic content and misinformation, all generations still value reliable brands with a history of accuracy, even if they don't use them as frequently as before," point out the report's authors.

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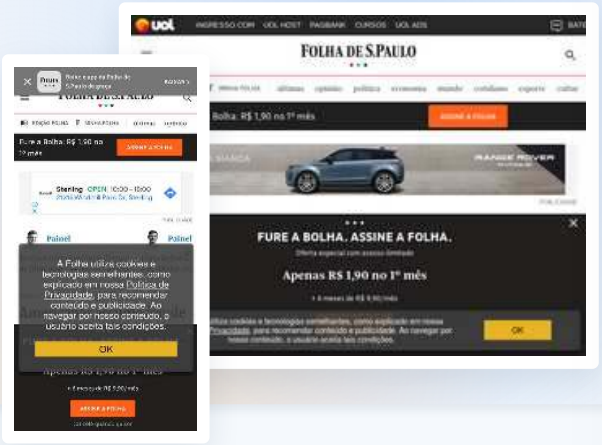
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## Traffic & Engagement

### Total visits

Jun 2025 Worldwide

29.55M

↑0.42% from last month

### Device distribution

Jun 2025 Worldwide



Desktop 38.47%

Mobile Web 61.53%

| | |
|---|---|
| Global rank | #1,675 |
| Country rank<br>Brazil | #89 |
| Industry rank<br>News_and_Media | #229 |

### Engagement overview

Jun 2025 Worldwide All Traffic

| | | | | | |
|---|---|---|---|---|---|
| Monthly visits | 29.55M | Deduplicated audience | | Pages / Visit | 3.55 |
| Monthly Unique Visitors | N/A | Visit Duration | 00:04:44 | Bounce Rate | 67.39% |

## Visits over time

Jun 2025 Worldwide All traffic

folha.uol.com.br 29.55M

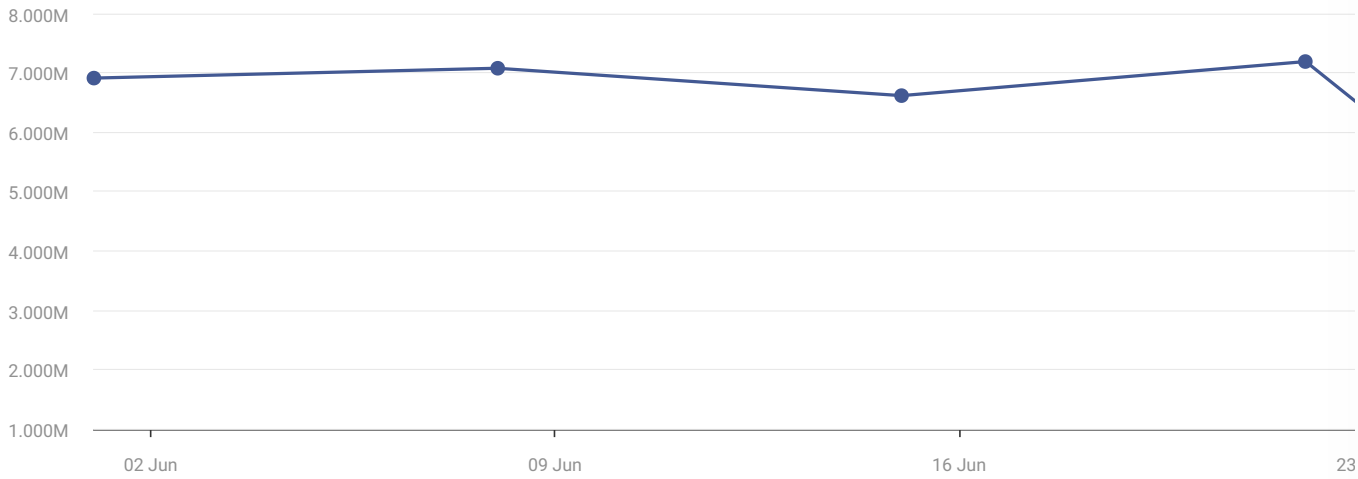
VS.

estadao.com.br 27.01M

istoe.com.br 1.840M

cartacapital.com.br 13.39M

metropoles.com 53.51M




# Geography

## Top Countries

Jun 2025 All traffic

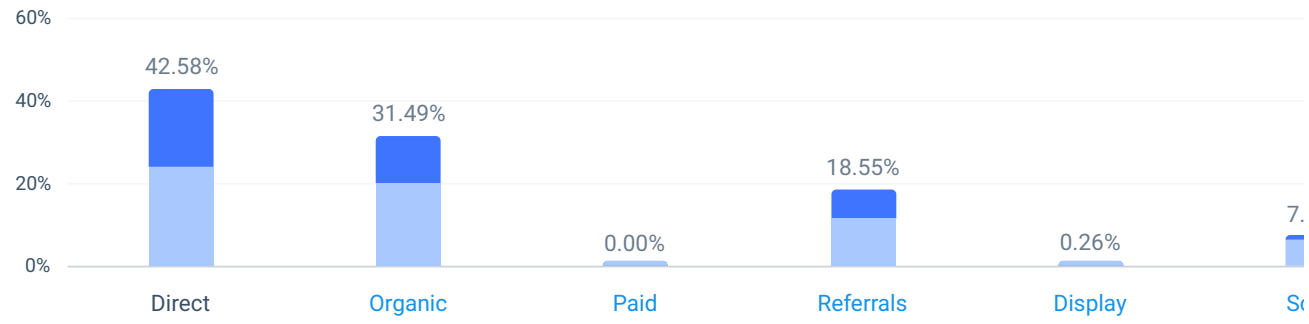


| Country | Traffic Share | Change |
|---|---|---|
| Brazil | 92.72% | ↑ 0.81% |
| Portugal | 2.22% | ↑ 4.80% |
| United States | 1.64% | ↓ 7.38% |
| Spain | 0.39% | ↑ 2.99% |
| Canada | 0.33% | ↓ 3.42% |

# Marketing Channels

## Channels overview

Jun 2025 Worldwide All traffic

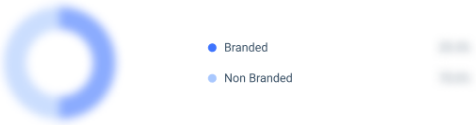



# Organic Search

Organic search makes up **30.34%** of website traffic

## Branded vs. non-branded

Jun 2025 Worldwide All traffic




## Top organic non-branded search terms

Jun 2025 Worldwide All traffic

# Exhibit D.III – Participation as a Judge

CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA
Rua dos Castanheiros, No. 01, Jardim Renascença, MA
CITY: SÃO LUÍS, ZIP CODE: 65.075-120
CNPJ: 23.689.763/0003-59

# PROFESSIONAL EXPERIENCE VERIFICATION CERTIFICATE

We hereby certify, for all due purposes, that Mr. **002899 – YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**, registered with CPF No. **832.461.003-06**, PIS No. **128.46092.37-2**, and Employment Record Book (CTPS) No. **88342, SERIES 0021/MA**, residing at **RUA DAS LETRAS, BLOCK A02, HOUSE 11, COHAFUMA, NO. 0, SÃO LUÍS, MA, ZIP CODE: 65.074-780**, was employed by us, having been admitted on **March 19, 2010**, and served in the position of **Professor** from the date of admission until **December 17, 2018**. Said employment was governed by the General Social Security System (RGPS).

We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** supervised some experimental surgery projects in the Medical Program, including the following:

| PROJECT TITLES | STUDENTS |
|---|---|
| Evaluation of gastric vascularization in experimental models subjected to ischemic gastric conditioning | Jéssica Santana Pereira |
| Comparative analysis of the pre- and postoperative glycemic profile in restrictive bariatric surgeries – experimental study in rats | Érika Maria do Nascimento Sá |
| Comparative analysis of the pre- and postoperative lipid profile in restrictive bariatric surgeries – experimental study in rats | Ridailda de Oliveira Amaral |

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

_____

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 22, 2025.**

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Declaramos ainda, que o **Prof. Dr. Yglésio Luciano Moysés Silva Souza**, supervisionou alguns projetos de cirurgia experimental no Curso de Medicina, tais como:

| TÍTULOS DOS PROJETOS | ALUNOS |
|---|---|
| Avaliação da vascularização gástrica em modelos experimentais submetidos a condicionamento gástrico isquêmico | Jéssica Santana Pereira |
| Análise comparativa do perfil glicêmico pré e pós-operatório em cirurgias bariátricas restritivas-estudo experimental em ratos | Érika Maria do Nascimento Sá |
| Análise comparativa do perfil lipídico pré e pós-operatório em cirurgias bariátricas restritivas – estudo experimental em ratos | Ridailda de Oliveira Amaral |

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

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# PROFESSIONAL EXPERIENCE VERIFICATION CERTIFICATE

We hereby declare, for all due purposes, that **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUZA** was invited to serve as a member of the examining committees for the following topics, as already stated in individual declarations.

- THERAPEUTIC TARGETS OF ACUTE KIDNEY INJURY IN SEPTIC PATIENTS: A LITERATURE REVIEW – STUDENT: LORENA CRUZ COELHO DE SOUSA

- PROSPECTIVE DOUBLE-BLIND STUDY WITH TRANSCRANIAL MAGNETIC STIMULATION AS ADJUVANT TREATMENT FOR DEPRESSION – STUDENT: LUDMILA BACELAR PALHANO

- ASSESSMENT OF COMPLICATIONS RELATED TO ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY IN A PRIVATE CLINIC IN SÃO LUÍS, MA – STUDENT: LINDOMAR DE MOURA BARBOSA FILHO

- EPIDEMIOLOGICAL PROFILE OF LOWER LIMB AMPUTATIONS IN DIABETIC PATIENTS IN AN EMERGENCY HOSPITAL – STUDENT: VANESSA LISBOA TELES

- PREVALENCE OF RISK FACTORS FOR OBSTRUCTIVE SLEEP APNEA SYNDROME IN BUS DRIVERS – STUDENT: GIULIANA BALLUZ DA CUNHA SANTOS ARÔSO

- PRE- AND POSTOPERATIVE ASSESSMENT OF RENAL FUNCTION IN PATIENTS UNDERGOING ROUX-EN-Y GASTRIC BYPASS BY VIDEO LAPAROSCOPY – STUDENT: ERIKA VERONESI CAMILO

- CRITICAL ANALYSIS OF THE EPIDEMIOLOGICAL PROFILE OF EMERGENCY ROOM HOSPITALIZATIONS IN 2014 – THE PROFILE OF THE CAPITAL – STUDENT: BRUNA PANDOLFO

- NUTRITIONAL THERAPY APPROACH IN PATIENTS WITH ACUTE PANCREATITIS – STUDENT: JOÃO FELIX DE ANDRADE NETO

- CRITICAL ANALYSIS OF THE EPIDEMIOLOGICAL PROFILE OF EMERGENCY ROOM HOSPITALIZATIONS IN 2014 – THE PROFILE OF THE CAPITAL – STUDENT: VANESSA COURAS REGADAS

- CLINICAL AND EPIDEMIOLOGICAL PROFILE OF PATIENTS WITH OBSTRUCTIVE ACUTE ABDOMEN IN A PUBLIC EMERGENCY HOSPITAL IN SÃO LUÍS, MA – STUDENT: PAOLO MENEZES MIRANDA

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# PROFESSIONAL EXPERIENCE VERIFICATION CERTIFICATE

- COLLOIDS VERSUS CRYSTALLOIDS IN SEPTIC PATIENTS: A LITERATURE REVIEW – STUDENT: HIAGO SOUSA BASTOS

- BRONCHIAL THERMOPLASTY IN ASTHMA – A SYSTEMATIC REVIEW – STUDENT: PATRÍCIA EDUARDO PORFIRIO DA SILVA

- EFFICACY OF SEDATION WITH DEXMEDETOMIDINE IN CRITICAL PATIENTS: A LITERATURE REVIEW – STUDENT: LUCIANA SOUSA SILVA

- IMPACT OF REALISTIC SIMULATION ON THE LEARNING OF MEDICAL STUDENTS – STUDENT: AUGUSTO GRANADO BOTTINO

- ASSESSMENT OF THE IMPACT OF REALISTIC SIMULATION IN THE TEACHING-LEARNING PROCESS OF MEDICAL STUDENTS – STUDENT: NATÁLIA NOBRE DE ALENCAR.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

---

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# DECLARAÇÃO DE COMPROVAÇÃO DE EXPERIÊNCIA PROFISSIONAL

Declaramos para os devidos fins, que o **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUZA** , foi convidado para participar das bancas examinadora, com os temas a seguir, conforme já enviado em declarações individuais.

· ALVOS TERAPÊUTICOS DA INJÚRIA RENAL AGUDA EM PACIENTES SÉPTICOS: REVISÃO DE LITERATURA- ALUNA: LORENA CRUZ COELHO DE SOUSA

· ESTUDO DUPLO CEDO PROSPECTIVO COM ESTIMULAÇÃO MAGNÉTICA TRANSCRANIANA NO TRATAMENTO COADJUVANTE DA DEPRESSÃO - ALUNA: LUDMILA BACELAR PALHANO

· AVALIAÇÃO DE COMPLICAÇÕES RELACIONADAS À COLANGIOPANCREATOGRAFIA RETRÓGRADAS ENDOSCÓPICA EM UMA CLÍNICA PARTICULAR DE SÃO LUÍS-MA- ALUNO: LINDOMAR DE MOURA BARBOSA FILHO

· PERFIL EPIDEMIOLÓGICO DE AMPUTAÇÃO DE MEMBROS INFERIORES EM PACIENTES DIABÉTICOS EM HOSPITAL DE URGÊNCIA E EMERGÊNCIA-ALUNA VANESSA LISBOA TELES

· PREVALÊNCIA DOS FATORES DE RISCO PARA SÍNDROME DA APNÉIA OBSTRUTIVA DO SONO EM MOTORISTAS DE ÔNIBUS- ALUNA GIULIANA BALLUZ DA CUNHA SANTOS ARÔSO

· AVALIAÇÃO PRÉ E PÓS OPERATÓRIO DA FUNÇÃO RENAL DOS PACIENTES SUBMETIDOS A BYPASS GÁSTRICO EM Y-DE-ROUX POR VÍDEO LAPAROSCOPIA- ALUNA: ERIKA VERONESI CAMILO

· ANÁLISE CRÍTICA DO PERFIL EPIDEMIOLÓGICO DA INTERNAÇÃO NO PRONTO SOCORRO NO ANO DE 2014 - O PERFIL DA CAPITAL- ALUNA: BRUNA PANDOLFO

·ABORDAGEM DA TERAPIA NUTRICIONAL EM PACIENTES COM PANCREATITE AGUDA- ALUNO: JOÃO FELIX DE ANDRADE NETO

· ANÁLISE CRÍTICA DO PERFIL EPIDEMIOLÓGICO DO ATENDIMENTO NO PRONTO SOCORRO NO ANO DE 2013-O PERFIL DA CAPITAL- ALUNA: VANESSA COURAS REGADAS

· PERFIL CLINICO-EPIDEMIOLOGICO DE PACIENTES COM ABDOME AGUDO OBSTRUTIVO EM UM HOSPITAL PÚBLICO DE EMERGENCIA DE SÃO LUIS-MA- ALUNO: PAOLO MENEZES MIRANDA

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· COLÓIDES VERSUS CRISTALÓIDES EM PACIENTES SÉPTICOS: REVISÃO DE LITERATURA- ALUNO: HIAGO SOUSA BASTOS

· TERMOPLASTIA BRÔNQUICA NA ASMA - UMA REVISÃO SISTEMÁTICA- ALUNA: PATRÍCIA EDUARDO PORFIRIO DA SILVA

· EFICACIA DA SEDAÇÃO COM DEXMEDETOMIDINA EM PACIENTES CRÍTICOS: REVISÃO DE LITERATURA- ALUNA: LUCIANA SOUSA SILVA

· IMPACTO DA SIMULAÇÃO REALISTICA NO APRENDIZADO E ESTUDANTES DE MEDICINA- ALUNO: AUGUSTO GRANADO BOTTINO

· AVALIAÇÃO DO IMPACTO DA SIMULAÇÃO REALISTA NO PROCESSO ENSINO APRENDIZAGEM EM ESTUDANTES DE MEDICINA- ALUNA: NATÁLIA NOBRE DE ALENCAR.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

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We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** served as a member of the examining committee for the student **VANESSA LISBOA TELLES**, on **May 25, 2012**, in the Undergraduate Thesis of the Medical Program, entitled **"EPIDEMIOLOGICAL PROFILE OF LOWER LIMB AMPUTATIONS IN DIABETIC PATIENTS IN AN EMERGENCY HOSPITAL,"** in the capacity of **committee chair**, as he was the advisor of the aforementioned paper.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

_____

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
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Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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Declaramos ainda, que o **Prof. Dr. Yglesio Luciano Moysés Silva de Souza** orientou a aluna **VANESSA LISBOA TELLES**, no dia **25 de maio de 2012,** no Trabalho de Conclusão do Curso de Medicina intitulado **"PERFIL EPIDEMIOLÓGICO DE AMPUTAÇÃO DE MEMBROS INFERIORES EM PACIENTES DIABÉTICOS EM HOSPITAL DE URGÊNCIA E EMERGÊNCIA",** na condição de presidente da banca por ser o orientador do referido trabalho.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

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CNPJ: 23.689.763/0003-59

# DECLARAÇÃO DE COMPROVAÇÃO DE EXPERIÊNCIA PROFISSIONAL

Declaramos, para os devidos fins, que o(a) Sr(a). **002899 - YGLESIO LUCIANO MOYSES SILVA DE SOUZA**, inscrito no CPF sob nº. **832.461.003-06**, PIS nº. **128.46092.37-2**, CTPS nº. **88342,SERIE 0021/MA** , residente no endereço **RUA DAS LETRAS QD. A02, CASA 11, COHAFUMA, N° 0, SÃO LUÍS, MA, CEP: 65.074-780,** foi nosso(a) funcionário(a) admitido(a) em **19/03/2010**, exerceu a função de **Professor (a),** do período de admissão até a data de **17/12/2018.** Sendo vinculado ao Regime Geral da Previdência Social.

Declaramos ainda, que o **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUSA** participou da banca examinadora, da aluna **VANESSA COURAS REGADAS** no Trabalho de Conclusão do Curso de Medicina intitulado **"ANÁLISE CRÍTICA DO PERFIL EPIDEMIOLÓGICO DO ATENDIMENTO NO PRONTO SOCORRO NO ANO DE 2013- O PERFIL DA CAPITAL",** na condição de ser presidente da banca por orientadora.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA
Rua dos Castanheiros, No. 01, Jardim Renascença, MA
CITY: SÃO LUÍS, ZIP CODE: 65.075-120
CNPJ: 23.689.763/0003-59

# PROFESSIONAL EXPERIENCE VERIFICATION CERTIFICATE

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São Luís – MA, April 14, 2025.

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Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
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**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

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São Luís – MA, April 14, 2025.

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Declaramos ainda, que o **Prof. Dr. YGLÉSIO LUCIANO MOYSÉSSILVA DE SOUZA** participou da banca examinadora, do aluno **PAOLO MENEZES MIRANDA** no Trabalho de Conclusão do Curso de Medicina intitulado **"PERFIL CLINICO-EPIDEMIOLOGICO DE PACIENTES COM ABDOME AGUDO OBSTRUTIVO EM UM HOSPITAL PÚBLICO DE EMERGENCIA DE SÃO LUIS, MA".**

São Luís - MA , 14 de abril de 2025

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São Luís – MA, April 14, 2025.

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Enrollment No.: 005640
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São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
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We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** served as a member of the examining committee, on **May 25, 2012**, for the student **Ludmila Bacelar Palhano** in the Undergraduate Thesis of the Medical Program, entitled **"PROSPECTIVE DOUBLE-BLIND STUDY WITH TRANSCRANIAL MAGNETIC STIMULATION AS ADJUVANT TREATMENT FOR DEPRESSION."**

São Luís – MA, April 14, 2025.

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Felipe Henrique Pavão Almeida
Enrollment No.: 005640
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São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
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São Luís - MA , 14 de abril de 2025

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São Luís – MA, April 14, 2025.

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São Luís – MA, April 14, 2025.

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# DECLARAÇÃO DE COMPROVAÇÃO DE EXPERIÊNCIA PROFISSIONAL

Declaramos, para os devidos fins, que o(a) Sr(a). **002899 - YGLESIO LUCIANO MOYSES SILVA DE SOUZA**, inscrito no CPF sob nº. **832.461.003-06**, PIS nº. **128.46092.37-2**, CTPS nº. **88342,SERIE 0021/MA** , residente no endereço **RUA DAS LETRAS QD. A02, CASA 11, COHAFUMA, N° 0, SÃO LUÍS, MA, CEP: 65.074-780,** foi nosso(a) funcionário(a) admitido(a) em **19/03/2010**, exerceu a função de **Professor (a),** do período de admissão até a data de **17/12/2018.** Sendo vinculado ao Regime Geral da Previdência Social.

Declaramos ainda, que o **Prof. Dr. Yglesio Luciano Moysés Silva de Souza** participou da banca examinadora, no dia **25 de maio de 2012**, do aluno **Lindomar de Moura Barbosa Filho** no Trabalho de Conclusão do Curso de Medicina intitulado **"AVALIAÇÃO DE COMPLICAÇÕES RELACIONADAS À COLANGIOPANCREATOGRAFIA RETRÓGRADAS ENDOSCÓPICA EM UMA CLÍNICA PARTICULAR DE SÃO LUÍS-MA".**

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA
Rua dos Castanheiros, No. 01, Jardim Renascença, MA
CITY: SÃO LUÍS, ZIP CODE: 65.075-120
CNPJ: 23.689.763/0003-59

# PROFESSIONAL EXPERIENCE VERIFICATION CERTIFICATE

We hereby certify, for all due purposes, that Mr. **002899 – YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**, registered with CPF No. **832.461.003-06**, PIS No. **128.46092.37-2**, and Employment Record Book (CTPS) No. **88342, SERIES 0021/MA**, residing at **RUA DAS LETRAS, BLOCK A02, HOUSE 11, COHAFUMA, NO. 0, SÃO LUÍS, MA, ZIP CODE: 65.074-780**, was employed by us, having been admitted on **March 19, 2010**, and served in the position of **Professor** from the date of admission until **December 17, 2018**. Said employment was governed by the General Social Security System (RGPS).

We further declare that **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUZA** served as a member of the examining committee for the student **João Felix de Andrade Neto** in the Undergraduate Thesis of the Medical Program, entitled **"NUTRITIONAL THERAPY APPROACH IN PATIENTS WITH ACUTE PANCREATITIS,"** in the capacity of committee chair, as he was the advisor.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA
Rua dos Castanheiros, Nº 01, Jardim Renascença, MA
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Declaramos ainda, que o **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUSA** participou da banca examinadora, do aluno **João Felix de Andrade Neto** no Trabalho de Conclusão do Curso de Medicina intitulado "**ABORDAGEM DA TERAPIA NUTRICIONAL EM PACIENTES COM PANCREATITE AGUDA",** na condição de presidente da banca por ser orientador do mesmo.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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We further declare that **Prof. Dr. YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA** served as a member of the examining committee for the student **Hiago Sousa Bastos** in the Undergraduate Thesis of the Medical Program, entitled **"COLLOIDS VERSUS CRYSTALLOIDS IN SEPTIC PATIENTS: A LITERATURE REVIEW,"** in the capacity of committee chair, as he was the advisor.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
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Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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Declaramos ainda, que o **Prof. Dr. YGLESIO LUCIANO MOYSES SLVA DE SOUZA** participou da banca examinadora, do aluno **Hiago Sousa Bastos** no Trabalho de Conclusão do Curso de Medicina intitulado **"COLÓIDES VERSUS CRISTALÓIDES EM PACIENTES SÉPTICOS: REVISÃO DE LITERATURA",** na condição de presidente da banca por ser o orientador.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva Souza** served as a member of the examining committee for the student **GIULIANA BALLUZ DA CUNHA SANTOS ARÔSO** in the Undergraduate Thesis of the Medical Program, entitled **"PREVALENCE OF RISK FACTORS FOR OBSTRUCTIVE SLEEP APNEA SYNDROME IN BUS DRIVERS,"** in the capacity of committee chair, as he was the advisor.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

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Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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Declaramos ainda, que o **Prof. Dr. Yglésio Luciano Moysés Silva Souza** participou da banca examinadora, da aluna **GIULIANA BALLUZ DA CUNHA SANTOS ARÔSO** no Trabalho de Conclusão do Curso de Medicina intitulado **"PREVALÊNCIA DOS FATORES DE RISCO PARA SÍNDROME DA APNÉIA OBSTRUTIVA DO SONO EM MOTORISTAS DE ÔNIBUS",** na condição de presidente da banca por ser orientador.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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We further declare that **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUZA** served as a member of the examining committee, on **June 28, 2012**, for the student **Erika Veronesi Camilo** in the Undergraduate Thesis of the Medical Program, entitled: **"PRE- AND POSTOPERATIVE ASSESSMENT OF RENAL FUNCTION IN PATIENTS UNDERGOING ROUX-EN-Y GASTRIC BYPASS BY VIDEO LAPAROSCOPY,"** in the capacity of committee chair, as he was the advisor of the aforementioned thesis.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
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Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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Declaramos ainda, que o **Prof. Dr. YGLÉSIO LUCIANO SILVA DE SOUSA** participou da banca examinadora, no dia **28 de junho de 2012,** da aluna **Erika Veronesi Camilo** no Trabalho de Conclusão do Curso de Medicina intitulado **"AVALIAÇÃO PRÉ E PÓS OPERATÓRIO DA FUNÇÃO RENAL DOS PACIENTES SUBMETIDOS A BYPASS GÁSTRICO EM Y-DE-ROUX POR VÍDEO LAPAROSCOPIA**". na condição de presidente da banca por ser orientador do referido trabalho.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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We further declare that **PROF. DR. YGLÉSIO LUCIANO SILVA DE SOUZA** served as a member of the examining committee for the student **Bruna Pandolfo** in the Undergraduate Thesis of the Medical Program, entitled: **"CRITICAL ANALYSIS OF THE EPIDEMIOLOGICAL PROFILE OF EMERGENCY ROOM HOSPITALIZATIONS IN 2014 – THE PROFILE OF THE CAPITAL,"** in the capacity of committee chair, as he was the advisor.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

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**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
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Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** served as a member of the examining committee, **in the year 2012,** for the student **Augusto Granado Bottino** in the **Undergraduate Thesis of the Medical Program** entitled: **"THE IMPACT OF REALISTIC SIMULATION ON THE LEARNING OF MEDICAL STUDENTS."**

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
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Raphael Michels Fantinato de Moura. **Date: May 21, 2025.**

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Declaramos ainda, que o **Prof. Dr. Yglesio Luciano Moysés Silva de Souza** participou da banca examinadora, **no ano de 2012,** do aluno **Augusto Granado Bottino** no **Trabalho de Conclusão do Curso de Medicina** intitulado **"IMPACTO DA SIMULAÇÃO REALISTICA NO APRENDIZADO E ESTUDANTES DE MEDICINA".**

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** served as the advisor for the scientific research project (Undergraduate Thesis) of the student **Vanessa Lisboa Telles**, in the research area: **Diabetes and Complications**.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

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**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 22, 2025.**

CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA
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CNPJ: 23.689.763/0003-59

# DECLARAÇÃO DE COMPROVAÇÃO DE EXPERIÊNCIA PROFISSIONAL

Declaramos, para os devidos fins, que o(a) Sr(a). **002899 - YGLESIO LUCIANO MOYSES SILVA DE SOUZA**, inscrito no CPF sob nº. **832.461.003-06**, PIS nº. **128.46092.37-2**, CTPS nº. **88342,SERIE 0021/MA** , residente no endereço **RUA DAS LETRAS QD. A02, CASA 11, COHAFUMA, N° 0, SÃO LUÍS, MA, CEP: 65.074-780,** foi nosso(a) funcionário(a) admitido(a) em **19/03/2010**, exerceu a função de **Professor (a),** do período de admissão até a data de **17/12/2018.** Sendo vinculado ao Regime Geral da Previdência Social.

Declaramos ainda, que o **Prof. Dr. Yglésio Luciano Moysés Silva Souza**, atuou como orientador do trabalho científico (TCC - Trabalho de Conclusão de Curso) da aluna **Vanessa Lisboa Telles**, linha de pesquisa: **Diabetes e Complicações.**

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA
Rua dos Castanheiros, No. 01, Jardim Renascença, MA
CITY: SÃO LUÍS, ZIP CODE: 65.075-120
CNPJ: 23.689.763/0003-59

# PROFESSIONAL EXPERIENCE VERIFICATION CERTIFICATE

We hereby certify, for all due purposes, that Mr. **002899 – YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**, registered with CPF No. **832.461.003-06**, PIS No. **128.46092.37-2**, and Employment Record Book (CTPS) No. **88342, SERIES 0021/MA**, residing at **RUA DAS LETRAS, BLOCK A02, HOUSE 11, COHAFUMA, NO. 0, SÃO LUÍS, MA, ZIP CODE: 65.074-780**, was employed by us, having been admitted on **March 19, 2010**, and served in the position of **Professor** from the date of admission until **December 17, 2018**. Said employment was governed by the General Social Security System (RGPS).

We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** served as the advisor for the scientific research project (Undergraduate Thesis) of the student **Érika Veronesi Camilo**, in the research area: **Obesity and Renal Function**.

São Luís – MA, April 14, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 22, 2025.**

CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA
Rua dos Castanheiros, Nº 01, Jardim Renascença, MA
CIDADE: SÃO LUÍS, CEP: 65.075-120
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Declaramos ainda, que o **Prof. Dr. Yglésio Luciano Moysés Silva Souza**, atuou como orientador do trabalho científico (TCC - Trabalho de Conclusão de Curso) da aluna **Érika Veronesi Camilo**, linha de pesquisa: **Obesidade e função renal**.

São Luís - MA , 14 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
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CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA
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We hereby certify, for all due purposes, that Mr. **002899 – YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**, registered with CPF No. **832.461.003-06**, PIS No. **128.46092.37-2**, and Employment Record Book (CTPS) No. **88342, SERIES 0021/MA**, residing at **RUA DAS LETRAS, BLOCK A02, HOUSE 11, COHAFUMA, NO. 0, SÃO LUÍS, MA, ZIP CODE: 65.074-780**, was employed by us, having been admitted on **March 19, 2010**, and served in the position of **Professor** from the date of admission until **December 17, 2018**. Said employment was governed by the General Social Security System (RGPS).

We further declare that **Prof. Dr. Yglésio Luciano Moysés Silva de Souza** served as the technical director (physician) of the **Experimental Surgery Laboratory** and the **Realistic Simulation Center**.

We hereby declare, finally, that the professor made a significant contribution to the development of the Institution.

São Luís – MA, April 15, 2025.

-----// signature //-----
Felipe Henrique Pavão Almeida
Enrollment No.: 005640
CEUMA University

_____

**CEUMA HIGHER EDUCATION ASSOCIATION – RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 22, 2025.**

CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA
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Declaramos ainda, que o **Prof. Dr. Yglésio Luciano Moysés Silva Souza**, foi o responsável técnico (médico) do **Laboratório de Cirurgia Experimental** e **Centro de Simulação Realística**.

Declaramos finalmente, que o professor teve uma contribuição significativa para o desenvolvimento da Instituição.

São Luís - MA , 15 de abril de 2025

Felipe Henrique Pavão Almeida
Matrícula: 005640
Universidade CEUMA

**CEUMA ASSOCIAÇÃO DE ENSINO SUPERIOR - RENASCENÇA**
**CNPJ: 23.689.763/0003-59**

YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fwd: Articulo SPR

1 mensagem

**Yglésio Luciano** <yglesio@yahoo.com> 10 de julho de 2025 às 15:21
Para: nilzo.farias@yousalaw.com

Enviado do meu iPad

Início da mensagem encaminhada:

**De:** "Sanchez, Alexis E" <Alexis.Sanchez@orlandohealth.com>
**Data:** 8 de julho de 2025 às 10:40:52 GMT-4
**Para:** "Aguirre, Lillian H." <Lillian.Aguirre@orlandohealth.com>, Yglésio Luciano <yglesio@yahoo.com>
**Assunto: FW: Articulo SPR**

Dear Yglesio,

Please find attached the initial draft of the SPR – Tamis paper.

We need to add the results

I am also cc'ing Lillian to this email chain.

Lillian, could you please send the excel spreadsheet to Yglesio.

Thank you both for your support to this project.

Best,

**Alexis Sanchez MD MS MBA**

52 W. Underwood Street | MP 61 | Orlando, FL 32806

---

**From:** Alexis Sanchez <dralexissanchez@gmail.com>
**Sent:** Tuesday, July 8, 2025 7:49 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** Fwd: Articulo SPR

WARNING! EXTERNAL SENDER!

**Stop and think before acting: Do you know and trust this sender? Were you expecting this email?**

| | |
|---|---|
| **If the email looks suspicious:** | **Do not click on links, open attachments, enter your ID, or password!**<br>***REPORT AS PHISHING IMMEDIATELY!***<br>**When in doubt report it and let the security team investigate.** |

**To report this message as Phishing click the "Report Suspicious" button.**

Report Suspicious

Begin forwarded message:

**From:** SANDRA GUTIERREZ <sandragutierrezcx@gmail.com>

**Subject: Articulo SPR**

**Date:** July 7, 2025 at 5:28:54 PM EDT

**To:** DrAlexisSanchez@gmail.com

Hola Dr. Buenas tardes. Envío la versión de Mayo solicitada. Entiendo que el Dr Caycedo quería hacerle algunos ajustes.

Un abrazo, quedamos atentas

**2 anexos**

ORLANDO HEALTH® **image001.jpg**
13K

**Single Port Robotic TAMIS_ A Novel Approach for Transanal Local Excision of Rectal Lesions. Technical Insights and Literature Review.(1).docx**
1483K

YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fwd: Attached file- First review

1 mensagem

**Yglésio Luciano** <yglesio@yahoo.com> 10 de julho de 2025 às 15:22
Para: nilzo.farias@yousalaw.com

Enviado do meu iPad

Início da mensagem encaminhada:

> **De:** Yglésio Luciano <yglesio@yahoo.com>
> **Data:** 10 de julho de 2025 às 01:49:13 GMT-4
> **Para:** Alexis E Sanchez <Alexis.Sanchez@orlandohealth.com>
> **Assunto: Re: Attached file- First review**
>
> Dear Dr. Sanchez,
>
> Please find attached the complete draft for review of the SPR-Tamis paper. I made some modifications in order to improve the discussion with our results. I've marked it in blue.
>
> Please let me know if you need any clarifications or want me in person to discuss.
>
> Thank you,
>
> Yglésio.
>
> Enviado do meu iPad
>
> > Em 9 de jul. de 2025, à(s) 08:43, Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com> escreveu:
> >
> > Dear Yglesio,
> >
> > The most important thing to finish this paper is to add the data to the results.
> >
> > Once you have done that we can review it.
> >
> > Thank you!
> >
> > **Alexis Sanchez MD MS MBA**
> >
> > <image001.jpg>
> >
> > 52 W. Underwood Street | MP 61 | Orlando, FL 32806

**From:** Yglésio Luciano <yglesio@yahoo.com>
**Sent:** Wednesday, July 9, 2025 12:07 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** Attached file- First review

WARNING! EXTERNAL SENDER!

| | |
|---|---|
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**To report this message as Phishing click the "Report Suspicious" button.**

Report Suspicious

Dear Dr. Sanchez,

Sorry, I didn't sent you the file in the previous email .

Please find it attached now.

Regards,

Yglesio

Enviado do meu iPad

Em 9 de jul. de 2025, à(s) 00:02, Yglésio Luciano <yglesio@yahoo.com> escreveu:

Dear Dr. Sanchez,

Please find attached the first review of the draft of the SPR- Tamis paper.

I've made some notes that are assigned in red and blue colors.

Please feel free to make any considerations you think necessary.

If you prefer, I am available to meet you at Orlando Health for fine adjustments in the draft, please just let me know if you want me to go and the best hour and date for you.

It is important to remember that I have not received so far the remaining information from Lilian. As soon as I get the information of the datasheet, I'll continue the draft.

Thank you once again for the opportunity,

Yglesio

Enviado do meu iPad

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> Dear Yglesio,
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>
> We need to add the results
>
> I am also cc'ing Lillian to this email chain.
>
> Lillian, could you please send the excel spreadsheet to Yglesio.
>
> Thank you both for your support to this project.
>
> Best,
>
> **Alexis Sanchez MD MS MBA**
>
> <image001.jpg>
>
> 52 W. Underwood Street | MP 61 | Orlando, FL 32806

**From:** Alexis Sanchez <dralexissanchez@gmail.com>
**Sent:** Tuesday, July 8, 2025 7:49 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** Fwd: Articulo SPR

WARNING! EXTERNAL SENDER!

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Begin forwarded message:

**From:** SANDRA GUTIERREZ <sandragutierrezcx@gmail.com>

**Subject: Articulo SPR**

**Date:** July 7, 2025 at 5:28:54 PM EDT

**To:** DrAlexisSanchez@gmail.com

Hola Dr. Buenas tardes. Envío la versión de Mayo solicitada. Entiendo que el Dr Caycedo

quería hacerle algunos ajustes.

Un abrazo, quedamos atentas

<Single Port Robotic TAMIS_ A Novel Approach for Transanal Local Excision of Rectal Lesions. Technical Insights and Literature Review. (1).docx>

**Single port with data inserted.docx**
1538K

YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Re: TELEMENTORING

1 mensagem

**Yglésio Luciano** <yglesio@yahoo.com> 10 de julho de 2025 às 15:23
Para: nilzo.farias@yousalaw.com

Enviado do meu iPad

> Em 10 de jul. de 2025, à(s) 02:13, Yglésio Luciano <yglesio@yahoo.com> escreveu:
>
> Dr. Sanchez,
>
> Graphs in fig 2 updated.
> Please take a look in a little omission in the table contents and let me know what you think is best.
>
> Thank you,
>
> Yglesio
>
> Enviado do meu iPad
>
> > Em 9 de jul. de 2025, à(s) 12:31, Yglésio Luciano <yglesio@yahoo.com> escreveu:
> >
> > Ok ! I'll work on them!
> > Thank you!
> >
> > Yglesio
> > Enviado do meu iPhone
> >
> > > Em 9 de jul. de 2025, à(s) 08:46, Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com> escreveu:
> > >
> > > The graphs in figure 2 are not up-to-date.
> > >
> > > Please use the excel file to update them.
> > >
> > > Thank you!
> > >
> > > Best,
> > >
> > > **Alexis Sanchez MD MS MBA**
> > >
> > > <image001.jpg>
> > >
> > > 52 W. Underwood Street | MP 61 | Orlando, FL 32806

**From:** Yglésio Luciano <yglesio@yahoo.com>
**Sent:** Wednesday, July 9, 2025 12:36 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** Re: TELEMENTORING

WARNING! EXTERNAL SENDER!

| | |
|---|---|
| **Stop and think before acting: Do you know and trust this sender? Were you expecting this email?** | |
| **If the email looks suspicious:** | **Do not click on links, open attachments, enter your ID, or password!** ***REPORT AS PHISHING IMMEDIATELY!*** **When in doubt report it and let the security team investigate.** |

**To report this message as Phishing click the "Report Suspicious" button.**

Report Suspicious

Dear Dr. Sanchez

I liked so much this paper. Please find attached the first review I've made with suggestions in red and blue. I'm not quite sure if I got the point about the graphics to build; if you can, please provide me aditional clarification about the data you want to report and the graph model you find best.

I've also made a draft of the legend of figure 1. Please tell me if it's ok or if changes are needed, I'll be glad to make them.

Thank you,

Yglesio

Enviado do meu iPad

Em 8 de jul. de 2025, à(s) 10:38, Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com> escreveu:

Dear Yglesio,

This paper is almost done. We just need to build the graph(s) with the results.

I have been thinking about removing some of the questions but we can decide that later.

I am also adding the image that corresponds to Figure #1.

Do not hesitate to contact me may I provide additional information.

Best,

<Screenshot 2025-05-09 at 10.32.15 PM.png>

**Alexis Sanchez MD MS MBA**

<image001.jpg>

52 W. Underwood Street | MP 61 | Orlando, FL 32806

---

**From:** Alexis Sanchez <dralexissanchez@gmail.com>
**Sent:** Tuesday, July 8, 2025 8:00 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** TELEMENTORING

<Screenshot 2025-05-09 at 10.32.15 PM.png>

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**To report this message as Phishing click the "Report Suspicious" button.**

Report Suspicious

<Robotic Surgery Training.docx>

<Tabla Cuestionario TELEM.xlsx>

**Robotic Surgery Training- FIRST REVIEW.docx**
922K

YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fwd: Attached file- First review

1 mensagem

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Para: nilzo.farias@yousalaw.com

Enviado do meu iPad

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> **Para:** Alexis E Sanchez <Alexis.Sanchez@orlandohealth.com>
> **Assunto: Re: Attached file- First review**
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Enviado do meu iPad

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Enviado do meu iPad

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> Lillian, could you please send the excel spreadsheet to Yglesio.
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> Thank you both for your support to this project.
>
> Best,
>
> **Alexis Sanchez MD MS MBA**

<image001.jpg>

52 W. Underwood Street | MP 61 | Orlando, FL 32806

**From:** Alexis Sanchez <dralexissanchez@gmail.com>
**Sent:** Tuesday, July 8, 2025 7:49 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** Fwd: Articulo SPR

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Begin forwarded message:

**From:** SANDRA GUTIERREZ <sandragutierrezcx@gmail.com>

**Subject: Articulo SPR**

**Date:** July 7, 2025 at 5:28:54 PM EDT

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Hola Dr. Buenas tardes. Envío la versión de Mayo solicitada. Entiendo que el Dr Caycedo

quería hacerle algunos ajustes.

Un abrazo, quedamos atentas

<Single Port Robotic TAMIS_ A Novel Approach for Transanal Local Excision of Rectal Lesions. Technical Insights and Literature Review. (1).docx>

**Single port with data inserted.docx**
1538K

YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fwd: Articulo SPR

1 mensagem

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Para: nilzo.farias@yousalaw.com

Enviado do meu iPad

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**De:** "Sanchez, Alexis E" <Alexis.Sanchez@orlandohealth.com>
**Data:** 8 de julho de 2025 às 10:40:52 GMT-4
**Para:** "Aguirre, Lillian H." <Lillian.Aguirre@orlandohealth.com>, Yglésio Luciano <yglesio@yahoo.com>
**Assunto: FW: Articulo SPR**

Dear Yglesio,

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We need to add the results

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**Date:** July 7, 2025 at 5:28:54 PM EDT

**To:** DrAlexisSanchez@gmail.com

Hola Dr. Buenas tardes. Envío la versión de Mayo solicitada. Entiendo que el Dr Caycedo quería hacerle algunos ajustes.

Un abrazo, quedamos atentas

**2 anexos**

ORLANDO HEALTH **image001.jpg**
13K

**Single Port Robotic TAMIS_ A Novel Approach for Transanal Local Excision of Rectal Lesions. Technical Insights and Literature Review.(1).docx**
1483K

**De:** **Yglésio Luciano** yglesio@yahoo.com
**Assunto:** Fwd: TELEMENTORING
**Data:** 26 de julho de 2026 às 22:44
**Para:** yglesio moyses yglesio@yahoo.com



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> **De:** Yglésio Luciano <yglesio@yahoo.com>
> **Data:** 10 de julho de 2025 às 15:23:32 BRT
> **Para:** nilzo.farias@yousalaw.com
> **Assunto: Re: TELEMENTORING**
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> > Em 10 de jul. de 2025, à(s) 02:13, Yglésio Luciano <yglesio@yahoo.com> escreveu:
> >
> > Dr. Sanchez,
> >
> > Graphs in fig 2 updated.
> > Please take a look in a little omission in the table contents and let me know what you think is best.
> >
> > Thank you,
> >
> > Yglesio

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> > Em 9 de jul. de 2025, à(s) 12:31, Yglésio Luciano <yglesio@yahoo.com> escreveu:
> >
> > Ok ! I'll work on them!
> > Thank you!
> >
> > Yglesio
> > Enviado do meu iPhone
> >
> > > Em 9 de jul. de 2025, à(s) 08:46, Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com> escreveu:
> > >
> > > The graphs in figure 2 are not up-to-date.
> > > Please use the excel file to update them.
> > >
> > > Thank you!
> > >
> > > Best,
> > >
> > > **Alexis Sanchez MD MS MBA**
> > > <image001.jpg>
> > >
> > > 52 W. Underwood Streetl MP 61 I Orlando, FL 32806
> > >
> > > ---
> > >
> > > **From:** Yglésio Luciano <yglesio@yahoo.com>
> > > **Sent:** Wednesday, July 9, 2025 12:36 AM
> > > **To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
> > > **Subject:** Re: TELEMENTORING
> > >
> > > **WARNING! EXTERNAL SENDER!**
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I liked so much this paper. Please find attached the first review I've made with suggestions in red and blue. I'm not quite sure if I got the point about the graphics to build;  if you can, please provide me aditional clarification about the data you want to report and the graph model you find best.

I've also made a draft of the legend of figure 1. Please tell me if it's ok or if changes are needed, I'll be glad to make them.

Thank you,

Yglesio

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> Em 8 de jul. de 2025, à(s) 10:38, Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com> escreveu:
>
> Dear Yglesio,
>
> This paper is almost done. We just need to build the graph(s) with the results.
> I have been thinking about removing some of the questions but we can decide that later.
>
> I am also adding the image that corresponds to Figure #1.
>
> Do not hesitate to contact me may I provide additional

Do not hesitate to contact me may I provide additional information.

Best,

<Screenshot 2025-05-09 at 10.32.15 PM.png>
**Alexis Sanchez MD MS MBA**
<image001.jpg>
52 W. Underwood Streetl MP 61 I Orlando, FL 32806

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**From:** Alexis Sanchez <dralexissanchez@gmail.com>
**Sent:** Tuesday, July 8, 2025 8:00 AM
**To:** Sanchez, Alexis E <Alexis.Sanchez@orlandohealth.com>
**Subject:** TELEMENTORING

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PRESS RELEASE

# Orlando Health Doctors & UCF Students Team Up to Invent AI Technology for Surgeries

**Main image: (From left to right) Rachel Leiner, Dr. Alexis Sanchez, Laura Brattain, Daleen Penoyer**

May 13, 2025

**Orlando, FL (May 13, 2025)** – On Tuesday, Orlando Health and UCF unveiled a new AI project developed by doctors, students and faculty. Orlando Health surgeons teamed up with undergraduate UCF engineering and computer science students to develop AI software to assist during surgeries.

The project is called the AIMS system (Artificial Intelligence for Medical Surgery system). This past Spring, Dr. Alexis Sanchez, Director of Robotic Surgery at Orlando Health, and Laura Brattain, UCF biomedical engineer, put their heads together in the operating room (OR). While observing a robotic surgery, the pair came up with an idea to track surgical tools in ORs. Through the new partnership, UCF students developed the idea into reality.

"This collaboration is so important. It brings the best minds together: academic innovation paired with clinical experience for the ultimate goal of improving patient care," said Dr. Alexis Sanchez, Director of Robotic Surgery at Orlando Health.

The AIMS system links a camera feed to a computer in the operating room. During surgery, the innovative AI software helps track the use of surgical staples to improve efficiency and sustainability, with the potential to be trained to track additional items, further expanding its utility. Laura Brattain is a UCF biomedical engineer and College of Medicine Associate Professor. Her research focus is developing AI solutions to improve healthcare.

"This is really a great example of how an integrated team working together makes an

impact. This is only the starting point," said Laura Brattain. "What's important is to build translational technology so we can see that technology making an impact. We don't want technology to be developed and then collecting dust on the shelf."

Rachel Leiner, recent graduate from UCF's College of Engineering and Computer Science, was one of the six students who developed the AI software.

"It's very fulfilling and rewarding to help people through our work," said Rachel Leiner.

The goal is to align scientists from each organization, creating an intersection of knowledge and practice where innovation is embraced. Working together creates synergy and provides advances in the science of medicine in Central Florida.

"The relationship between Orlando Health and UCF has helped support collaborative projects like this one that Dr. Sanchez, Dr. Brattain and the students accomplished," said Daleen Penoyer, Senior Director of Corporate Research Partnerships, Orlando Health Strategic Innovations. "We expect more projects like this to be developed between UCF and Orlando Health in the future and we're excited for what's to come."

In addition, Orlando Health is also a UCF Pegasus Partner, a program that offers opportunities for select partners to engage across the university in ways that create meaningful value for both organizations. That engagement includes talent development and recruitment, shared research projects, joint ventures and collaborations, and strategic philanthropy.

## Handout Video & Photos:

Broll **here**
Soundbites **here: Orlando Health**
Soundbites **here: UCF**

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## About Orlando Health

Orlando Health is a private not-for-profit, integrated academic healthcare system with $12 billion of assets under management, that serves the southeastern United States – including Florida and Alabama – and Puerto Rico. With corporate offices in Orlando, Florida the system provides a complete continuum of care across a network of medical centers and institutes, community and specialty hospitals, physician practices, urgent care facilities, skilled nursing facilities, home healthcare, and long-term and behavioral health care services. Founded more than 100 years ago, Orlando Health's mission is to improve the health and the quality of life of the individuals and communities we serve. The system provided nearly $1.7 billion in community impact in the form of community benefit programs and services, Medicare shortfalls, bad debt, community-building activities and capital investments in FY 23, the most recent period for which the

information is available. For more information, visit **orlandohealth.com**, or follow us on **LinkedIn**, **Facebook**, **Instagram** and **X** (formerly Twitter.)

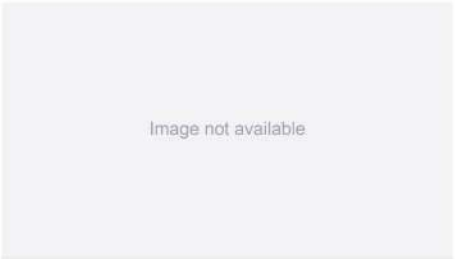
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# Exhibit D.IV.a – Research Modified Heidelberg Technique for Pancreatic Anastomosis (ABCD)

ABCDDV/1330

ABCD Arq Bras Cir Dig
2017;30(4):260-263
DOI: /10.1590/0102-6720201700040008

Original Article - Technique

# MODIFIED HEIDELBERG TECHNIQUE FOR PANCREATIC ANASTOMOSIS

*Anastomose pancreática pela técnica de Heidelberg modificada*

Orlando Jorge M **TORRES**[1], Roberto C N da Cunha **COSTA**[1], Felipe F Macatrão **COSTA**[1], Romerito Fonseca **NEIVA**[1], Tarik Soares **SULEIMAN**[1], Yglésio L Moyses S **SOUZA**[1], Shailesh V **SHRIKHANDE**[2]

From the [1]Departamento de Cirurgia Gastrointestinal, Unidade Hepatopancreatobiliar, Universidade Federal do Maranhão ([1]Department of Gastrointestinal Surgery, Hepatopancreatobiliary Unit, Federal University of Maranhão), São Luiz, MA, Brazil; [2]Department of Surgical Oncology, Tata Memorial Centre Hospital, Mumbai, India.

**HEADINGS** - Pancreatoduodenectomy. Pancreatic anastomosis. Surgical technique.

**ABSTRACT**: ***Background*:** Pancreatic fistula is a major cause of morbidity and mortality after pancreatoduodenectomy. To prevent this complication, many technical procedures have been described. ***Aim***: To present a novel technique based on slight modifications of the original Heidelberg technique, as new pancreatojejunostomy technique for reconstruction of pancreatic stump after pancreatoduodenectomy and present initial results. ***Method***: The technique was used for patients with soft or hard pancreas and with duct size smaller or larger than 3 mm. The stitches are performed with 5-0 double needle prolene at the 2 o'clock, 4 o'clock, 6 o'clock, 8 o'clock, 10 o'clock, and 12 o'clock, positions, full thickness of the parenchyma. A running suture is performed with 4-0 single needle prolene on the posterior and anterior aspect the pancreatic parenchyma with the jejunal seromuscular layer. A plastic stent, 20 cm long, is inserted into the pancreatic duct and extended into the jejunal lumen. Two previously placed hemostatic sutures on the superior and inferior edges of the remnant pancreatic stump are passed in the jejunal seromuscular layer and tied. ***Results*:** Seventeen patients underwent pancreatojejunostomy after pancreatoduodenectomy for different causes. None developed grade B or C pancreatic fistula. Biochemical leak according to the new definition (International Study Group on Pancreatic Surgery) was observed in four patients (23.5%). No mortality was observed. ***Conclusion*:** Early results of this technique confirm that it is simple, reliable, easy to perform, and easy to learn. This technique is useful to reduce the incidence of pancreatic fistula after pancreatoduodenectomy.

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**DESCRITORES -** Duodenopancreatectomia. Anastomose pancreática. Técnica cirúrgica.

**RESUMO:** ***Racional:*** Fístula pancreática é a principal causa de morbidade e mortalidade após duodenopancreatectomia. Muitos procedimentos técnicos têm sido descritos para prevenir esta complicação. ***Objetivo:*** Apresentar uma nova técnica baseada em pequenas modificações sobre a técnica original de Heidelberg para pancreatojejunostomia na reconstrução do coto pancreático após duodenopancreatectomia e apresentar os resultados iniciais. ***Método:*** Esta técnica foi utilizada para pacientes com pancreas de consistência firme ou amolecida e ducto pancreático maior ou menor que 3 mm. Os pontos são realizados com prolene 5-0, duas agulhas nas posições de 2, 4, 6, 8, 10 e 12 h, com espessura total no parênquima pancreático. Uma sutura continua é realizada com prolene 4-0 de agulha única na parede posterior e anterior do pâncreas com a camada seromuscular do jejuno. Uma sonda de silicone de 20 cm de comprimento é inserida no ducto pancreático em direção ao jejuno. As duas suturas hemostáticas previamente colocadas nas bordas superior e inferior do remanescente pancreático são passadas e amarradas com a camada seromuscular do jejuno. ***Resultados:*** Dezessete pacientes foram submetidos a pancreatojejunostomia após duodenopancreatectomia por diferentes causas. Nenhum desenvolveu fístula pancreática graus B ou C. Vazamento bioquímico, de acordo com a nova definição do Grupo Internacional de Estudo em Cirurgia do Pâncreas (ISGPS), foi observado em quatro pacientes (23,5%). Não houve mortalidade. ***Conclusão:*** Os resultados iniciais desta técnica confirmam que é simples, confiável, fácil de realizar e de aprender. Ela é útil para reduzir a incidência de fistula pancreática após duodenopancreatectomia.

## INTRODUCTION

Pancreatic fistula is a frustrating complication and remains a major cause of morbidity and mortality after pancreatoduodenectomy. The current literature reports that the incidence of this complication ranges between 3-45%, with a high associated mortality rate. To prevent pancreatic fistula, various technical procedures have been described, including invagination technique, duct-to-mucosa, Blumgart technique, Peng technique, and modifications. The desirable one should be associated with a low rate of pancreatic fistula and ease to perform regardless of the texture of the pancreas and the duct diameter[1,6,9,13,14].

Technical aspects of the pancreatic anastomosis contribute to increasing the anastomotic failure rate, particularly in patients with soft pancreas and small pancreatic duct. Shrikhande and the Heidelberg group published 10 years ago an interesting technique of pancreatic anastomosis after pancreaticoduodenectomy[11,12,16].

The objective of this study was to introduce a small modification of the Heidelberg pancreatojejunostomy technique for reconstruction of the pancreatic stump after pancreatoduodenectomy that can be used in patients with soft or hard pancreas and with duct size smaller or larger than 3 mm.

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## METHOD

**Technique**

*Transection of the pancreas*

Two stay sutures (Prolene 4-0, Ethicon®) are placed on both the superior and inferior margins of the pancreatic remnant (hemostatic sutures). The pancreatic parenchyma is then transected with a sharp knife, and hemostasis is performed with electrocautery (Figure 1A). After the resection phase by subtotal stomach-preserving pancreatoduodenectomy, the technique is completed and the specimen is retrieved. Then, a jejunal single limb is moved to the pancreatic cut end by a trans-mesocolic route and prepared for the anastomosis[15].

*Mobilization of the pancreatic remnant*

After the main pancreatic duct is identified, the cut surface of the pancreatic remnant is mobilized for approximately 1.5-2 cm of the length away from the splenic vein to allow the anastomosis. Small vessel branches are dissected and ligated (Figure 1A).

*Posterior duct-pancreatic suture*

Three sutures are placed on the posterior wall of the pancreatic duct to the posterior pancreatic parenchyma. The stitches are performed with 5-0 double needle prolene (Ethicon®) at the 4 o'clock, 6 o'clock, and 8 o'clock positions. The suture starts into the pancreatic duct traversing the full thickness of the parenchyma, until the posterior wall of the pancreas (from inside to outside). The free margin of the suture is at least 1 cm (Figure 1B).

*Anterior duct-pancreatic suture*

When all the posterior stitches are placed, three sutures are passed on the anterior wall of the pancreatic duct. The suture starts into the pancreatic duct, traversing the full thickness of the parenchyma, to the anterior wall of the pancreas (from inside to outside), similar to the posterior wall, at the 10 o'clock, 12 o'clock, and 2 o'clock positions. The posterior and anterior duct-pancreatic sutures are not knotted at this point (Figure 1C).

*Posterior outer layer*

In this step, the anterior and posterior duct-pancreatic sutures are suspended with a Kelly clamp. The pancreatic stump and the anti-mesenteric border of the jejunum are located face to face. Is performed a running suture with 4-0 single needle prolene (Ethicon®) on the posterior aspect the pancreatic parenchyma with the jejunal seromuscular layer, beginning at the lower edge of the pancreas toward the upper edge (Figure 1D).

*Posterior inner layer*

The jejunum is now opened on the anti-mesenteric side by electrocautery. The length of the enterotomy is approximately 0.5 cm long, near the pancreatic duct. The sutures in the 4 o'clock, 6 o'clock, and 8 o'clock positions (posterior duct-pancreatic suture) are passed from outside to inside in the inferior edge of the jejunum at the same positions (full thickness of the jejunum). The sutures are knotted at this time (Figure 1E).

*Stent into the pancreatic duct*

A plastic stent, 20 cm long, is inserted into the pancreatic duct and, if necessary, secured with absorbable suture at the opening of the pancreatic duct. Approximately 15 cm of the length of the stent is extended into the jejunal lumen.

*Anterior inner layer*

The sutures in the 10 o'clock, 12 o'clock, and 2 o'clock positions (anterior duct-pancreatic suture) are passed from inside to outside in the superior edge of the jejunum (full thickness of the jejunum) and are knotted with the plastic stent into the jejunal lumen (Figure 1F).

*Anterior outer layer*

A running suture is performed with 4-0 single needle prolene (Ethicon®), on the anterior aspect of the pancreatic

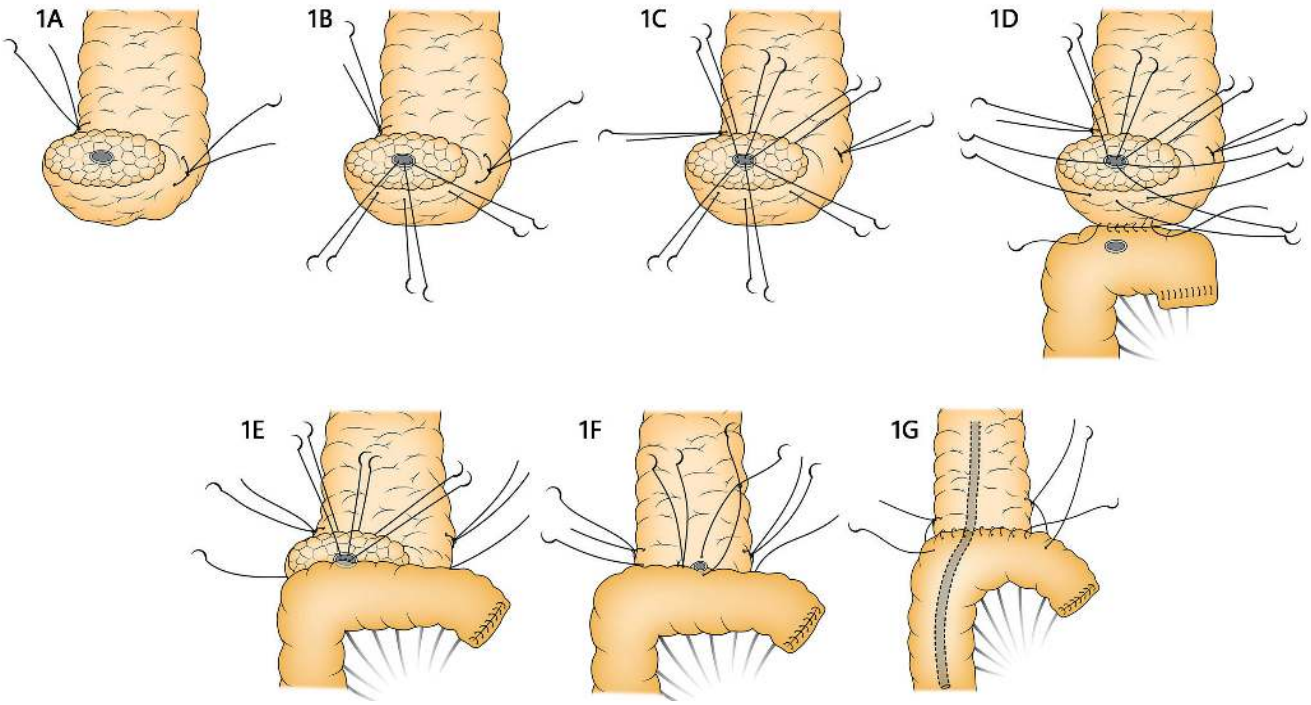



**FIGURE 1 –** A) Cut surface of the pancreas, stay sutures and pancreatic duct; B) three stitches full thickness posterior at 4 o'clock, 6 o'clock, and 8 o'clock positions; C) three stitches full thickness anterior at 10 o'clock, 12 o'clock, and 2 o'clock positions; D) running suture on the posterior aspect; E) sutures are passed in the positions 4 o'clock, 6 o'clock, and 8 o'clock; F) sutures are passed in the positions 10 o'clock, 12 o'clock, and 2 o'clock and one stent is put into the pancreatic duct; G) running anterior suture and stay stitches.

**TABLE 1-** Characteristics of the patients

| Characteristics | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Age | 61 | 47 | 28 | 40 | 70 | 20 | 59 | 60 | 70 | 60 | 56 | 36 | 76 | 38 | 70 | 62 | 67 |
| Gender | M | M | F | F | M | M | F | F | F | F | F | F | F | F | F | F | F |
| Diagnosis | AV | AD | FT | AD | AD | NE | AD | IP | AD | AD | AD | AV | NE | AD | CC | AD | NE |
| Pancreas text | S | F | S | F | F | S | F | F | F | F | F | S | S | F | F | F | S |
| Duct size (mm) | ≤3 | ≤3 | ≤3 | >3 | >3 | ≤3 | >3 | >3 | ≤3 | ≤3 | >3 | ≤3 | >3 | >3 | >3 | >3 | ≤3 |
| Op. time (min) | 315 | 484 | 310 | 499 | 393 | 590 | 485 | 343 | 395 | 400 | 355 | 406 | 475 | 340 | 380 | 350 | 365 |
| Transfusion | Y | N | Y | Y | N | N | N | N | Y | Y | N | N | Y | N | N | N | N |
| UCI time (d) | 19 | 2 | 8 | 4 | 3 | 4 | 6 | 4 | 4 | 5 | 5 | 4 | 10 | 4 | 5 | 2 | 3 |
| Fistula grade | A | - | A | - | - | A | A | - | - | - | - | - | - | - | - | - | - |
| LoS (d) | 37 | 10 | 13 | 11 | 9 | 13 | 12 | 8 | 16 | 12 | 19 | 14 | 20 | 13 | 14 | 7 | 8 |
| Mortality | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N | N |

Op=operative; ICU=Intensive Care Unit; LoS=length of stay; AD= adenocarcinoma; PA= hepatoduodenal ampulla tumor; CC=distal cholangiocarcinoma; FT=Frantz tumor; NE=neuroendocrine tumor; IP=IPMN; text=texture; S= soft; F=firm; Y=yes; N=no; d=days

parenchyma with jejunal seromuscular layer, beginning at the upper edge of the pancreas toward the lower edge (Figure 1G).

*Stay suture with the jejunum*

Finally, the two previously placed hemostatic sutures on the superior and inferior edges of the remnant pancreatic stump are passed in the jejunal seromuscular layer and tied. These additional interrupted sutures placed between the pancreatic tissue and the jejunum must reinforce the anastomosis.

Hepaticojejunostomy is performed with interrupted absorbable suture and gastrojejunostomy is performed by antecolic route, approximately 50 cm proximal to the hepaticojejunostomy. All patients have two drains placed near the pancreatico-jejunal anastomosis during the surgery.

## RESULTS

In the period from July 2016 to June 2017, a total of 17 patients underwent pancreatoduodenectomy with this technique. The characteristics of the patients are presented in Table 1. There were 13 women (76.5%), and the median patient age was 54.1 years (20-76). Ductal adenocarcinoma was observed in nine patients (52.9%); soft texture of the pancreas was present in six (35.2%); duct size larger than 3 mm was found in nine (52.9%). Increased amylase in abdominal drainage (biochemical leak) was identified in four patients (23.5%), and resolved spontaneously within a week. Grade B or C fistula was not observed. No mortality occurred in this series.

## DISCUSSION

Pancreatic fistula is one of the most severe complications after pancreatoduodenectomy. The incidence is 3-45%, and results in a high rate of related mortality. To avoid this life-threatening complication, several techniques of pancreatoenteric anastomosis have been described, and the two primary methods are the duct-to-mucosa technique and the invagination technique. The procedures can be performed with the stomach or jejunum. Although some studies suggest that pancreaticogastrostomy is superior to pancreatojejunostomy, the ISGPS recommends pancreatogastrostomy or pancreatojejunostomy for the pancreaticoenteric anastomosis[1,2,6,8].

Many factors have been associated with failure of the pancreatoenteric anastomosis, including general factors, pathological factors, and technical factors. The most important risk factors related to pancreatic fistula are the diameter of pancreatic duct of 3 mm or less and the soft texture of the pancreas. In these situations, the type of pancreatoenteric anastomosis is important to reduce pancreatic fistula[9,10].

The ideal pancreatoenteric anastomosis should have the following characteristics: a) good blood supply to the pancreatic stump; b) pancreatic juice flow into the intestinal or gastric lumen; c) suitable for all pancreatic stumps and all pancreatic ducts; d) easy to perform and easy to learn[1,3,9].

Was described a novel technique for pancreatic anastomosis after pancreatoduodenectomy. The pancreatoduodenectomies were all performed by a team of surgeons who were trained in the performance of the pancreatoenteric anastomosis by the senior surgeon (OJMT). The novel pancreaticojejunostomy presented in this study differs slightly from the original technique published by Shrikhande et al. [11], and low rates of pancreatic fistula have been observed with the original technique[11].

According to the ISGPS's new definition and grading of postoperative pancreatic fistula, grade A pancreatic fistula is now biochemical leak[1]. In the present study with the first unselected, consecutive series, none of patients developed grade B or C pancreatic fistula, and biochemical leak was observed in four patients (23.5%) after this technique.

The series presented in this study demonstrates low rates of pancreatic fistula in comparison with other recent technical modifications in the literature (Table 2) [3,5,7].

**TABLE 2** - Results of other technical modifications

| Author | Fistula | Grade A | Grade B | Grade C | Mortality |
|---|---|---|---|---|---|
| Kim et al[7] | 37,1% | 17.9% | 15.2% | 4.0% | 4.6% |
| Grobmyer et al[5] | 20.3% | 13.4% | 3.7% | 3.2% | 1.6% |
| Chen et al[3] | 24.5% | 18.9% | 5.6% | 0.0% | 0.0% |

In the current study, was analyzed the drain amylase, which was elevated in 23.5% of the patients (biochemical leak) according to the new ISGPS definition[1]. Risk factors such as pancreatic duct size of 3 mm or smaller and soft texture of the pancreatic parenchyma were observed in the present series, but the same technique was suitable even for these patients.

In this technique, the six interrupted stitches, anterior and posterior full thicknesses, involve more pancreatic tissue. In addition, the stump is covered with the jejunum, reducing the risk of rupture. The length of the jejunostomy is approximately 0.5 cm long, smaller than that described by Shrikhande et al. [11], and is adjustable based on the diameter of the pancreatic duct. In addition, was inserted a plastic stent into the pancreatic duct to achieve better internal drainage from the pancreas to the intestinal lumen. Stents are not used in the original technique, and the diameter depends on the size of the duct. This procedure avoids or reduces pancreatic juice and bile retention in the initial segment of the jejunum when the peristaltic function is not restored. Furthermore, the procedure decreases the incidence of stricture formation around the pancreatic duct and reduces the possibility of inadvertent pancreatic duct occlusion. There is no need to remove the internal drainage stent. At the end of the procedure, after the anastomosis is completed, the stay suture is used to anchor the gland to the jejunum. This modification reduces pressure on the anastomosis suture line[11].

In the classical "duct-to-mucosa" anastomosis, the sutures involve a small portion of the pancreatic duct and the mucosa of the jejunum, but the pancreatic tissue is not included. The risk to tear and cause anastomotic rupture is relatively high[5].

In invagination pancreatojejunostomy, part of the pancreatic stump is invaginated into the lumen of the jejunum. The stitches are placed in the pancreatic parenchyma and capsule, but not in the pancreatic duct with the risk of laceration on tying. The pancreatic surface is exposed to the intestinal or gastric lumen, and hemorrhagic complications can occur. Furthermore, this technique is not suitable for patients with a large pancreatic stump[4,9].

Our modification of the original technique described by Shrikhande et al[11]. seems to be safe for soft or hard pancreas and any size of pancreatic duct. The small number of patients with this new pancreatoenteric anastomosis is the limitation of this study, and others are necessary to assess the utility of this procedure in decreasing postoperative fistula rates.

## CONCLUSION

Early results of this technique confirm that it is simple, reliable, easy to perform, and easy to learn. This technique is useful to reduce the incidence of pancreatic fistula after pancreatoduodenectomy.

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ORIGINAL ARTICLE GI Cancers

# Modified Heidelberg technique of pancreatic anastomosis postpancreaticoduodenectomy – 10 years of experience

**Ramachandra Chowdappa, Ajeet Ramamani Tiwari, Namrata Ranganath[1], Rekha V. Kumar[2]**


## Abstract

**Context:** Pancreatic fistula has forever been a dreaded complication after pancreatic anastomosis (PA). We present a retrospective analysis of 10 years of experience with the Modified Heidelberg technique (MHT) that has been recently described. **Aim:** The aim of the study is to establish postoperative pancreatic fistula (POPF) rates after MHT. **Settings and Design:** This is a retrospective observational study carried out at a tertiary cancer center in South India in the Department of Surgical Oncology. **Subjects and Methods:** Two hundred and eight consecutive patients who underwent pancreaticoduodenectomy (PD) and PA with MHT for a variety of proximal pancreatic lesions from January 2008 to February 2018 were included in this study. The incidence of POPF was recorded by the International Study Group on Pancreatic Fistula 2005 and 2016 definitions. **Statistical Analysis Used:** Epidemiological and clinical data are expressed in ratios and percentage and presented in table format. **Results:** Between January 2008 and March 2016, 186 patients underwent PD, and MHT was used for PA. Five (2.7%) patients developed Grade A POPF whereas Grades B and C were seen in three (1.6%) patients each with one death. Between April 2016 and February 2018, 22 patients underwent PD. Two patients (9%) had biochemical leak whereas none of them developed clinically relevant POPF. No deaths were recorded in this period. Overall, Grade B and Grade C POPF rates were 1.4% each, whereas 30-day mortality was 0.4%. **Conclusions:** Results of this study indicate that MHT is a safe, reliable, easy to learn, and adopt technique of pancreatic reconstruction after PD.


**Key words:** Modified Heidelberg technique, pancreatic anastomosis, pancreatic fistula, pancreaticoduodenectomy, periampullary carcinoma

## Introduction

Pancreatic anastomosis (PA) has always been a perplexing issue since Allen O. Whipple first adopted a systematic approach to pancreaticoduodenectomy (PD).[1] The gradual improvement in safe anesthesia and intensive care fostered the state of art postoperative management in todays' contemporary high-volume institutes dealing with pancreatic cancer. This further incited surgeons to incessantly toil to improve surgical techniques most cardinal of which was a safe and secure PA.

Pancreaticoenteric anastomosis is the Achilles heel of PD. Pancreatic fistulas have always been a dreaded complication after PA with current literature showing incidence somewhere between 3% and 45% probably because multiple techniques of pancreatic reconstruction have been described, and few authors have candidly reported their anastomotic dehiscence rates.[2] The consideration of multiple techniques of anastomosis, however, only points to the supposition that no one technique is irrevocably better than the other. Nevertheless, the detailed duct-to-mucosa anastomosis pioneered by the Heidelberg group in 2002 and later described by Shrikhande *et al*. in 2007 continued to be one of the most commonly used techniques against which many other techniques were compared during the past decade.[3,4]

Of late, we read an adept article by Torres *et al.* describing a modified Heidelberg technique (MHT) in 17 patients.[2] We were buoyant to read this article as it describes a technique that we have been using since 2008. In the past 10 years (2008–2018), we have used this technique sans publication in 208 patients post-PD for a sundry of pancreatic head lesions. The article by Torres *et al*. has tempted us to present our experience with the same technique that has been a routine reconstruction strategy at our institute. The important aspect of our data representation was inclusion of the International Study Group on Pancreatic Surgery (ISGPS) 2005 definition of pancreatic fistula and its modification later in 2016.[5,6]

## Subjects and Methods

A total of 208 consecutive patients more than 18 years of age who underwent PD and PA with MHT for a variety of proximal pancreatic lesions from January 2008 to February 2018 were included in this study. Surgery was performed by a single surgeon, and hence, the uniformity of the technique was preserved in every case. The incidence of postoperative pancreatic fistula (POPF) was recorded by the International Study Group on Pancreatic Fistula (ISGPS) 2005 and 2016 definitions. Institution's Ethics Committee approval was taken for collection of retrospective data. Informed consent was obtained from all individuals included in the study in the preoperative period to use their clinical data for research purpose without breach of identity.

### Surgical technique

We do not prefer artery first approach and rely to a great extent on good preoperative contrast-enhanced computed tomography assessment and diagnostic laparoscopy for determining operability. Due care is taken to avoid damage to pancreatic capsule during dissection as this gives a good anchorage to sutures during PA. Mesopancreatic triangle is cleared for better R0 resection.[7] After standard pancreatic mobilization, bile duct and stomach/duodenum are divided, and the pancreatic head is prepared for transection. The jejunum is transected at the end.

Critical steps of MHT are described in Figures 1 and 2. A suitable-sized infant feeding tube is used as a pancreatic duct stent depending on the duct diameter. Two to three centimeter of the distal end of the stent outside the cut edge of pancreatic duct is cut for adequate drainage. Placement of stent at this step helps the surgeon to avoid taking the opposite wall of the duct while taking anterior and posterior ductal sutures. Its role in reducing POPF is controversial.

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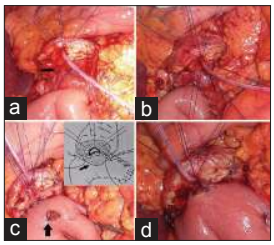



**Figure 1: (a) The pancreatic remnant is mobilized for approximately 2 cm from the underlying splenic vein (arrow). Full-thickness three sutures at 10, 12, and 2 o'clock are taken from outside (pancreatic parenchyma) to inside (pancreatic duct) without tying the knot. (b) Full-thickness sutures are taken from outside (pancreatic parenchyma) to inside (pancreatic duct) at 4, 6, and 8 o'clock position. (c) Five to six interrupted 4-0 PDS sutures are taken between posterior surface of pancreatic parenchyma and seromuscular layer of jejunum. (inset-large size of jejunal opening [horizontal arrow] in original Heidelberg technique), vertical arrow – jejunal mucosa fixation suture. (d) Needles of sutures taken on 4, 6, and 8 o'clock are passed from inside out of the jejunum to make sure the knots lie outside the anastomosis**

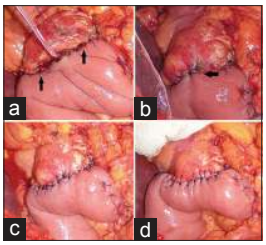



**Figure 2: (a) Lower cut edge of the pancreatic surface on either side (arrows) of duct is sutured to the seromuscular layer of jejunum as a continuation of posterior duct to mucosa second layer of sutures. (b) Anterior inner sutures are placed at 10, 12, and 2 o'clock position from inside out of jejunum to place the knots outside (arrow). (c) Anterior pancreatic cut edge is sutured to the seromuscular layer of jejunum similar to the second layer as continuation of the third layer. (d) Multiple interrupted sutures are taken involving anterior capsule of the pancreas and seromuscular layer of the jejunum**

The jejunum should lie tension-free under the cut end of the pancreas avoiding any telescopic effect at the end of anastomosis [Figure 1c]. The jejunal mucosa is fixed onto the seromuscular layer at 6 and 12 o'clock by small sutures cut just above the knot [Figure 1c (arrow)]. This avoids the retraction of jejunal mucosa and keeps its slightly everted during anastomosis. We fix the stent with pancreatic parenchyma close to the duct at its exit with 4-0 PDS suture. Two reinforcing sutures are placed at the upper and lower edge of pancreas and jejunum which help to decrease the tension on anastomosis.

Hepaticojejunostomy (HJ) is done with interrupted 4-0 PDS sutures approximately 15–20 cm from PA, and gastrojejunostomy/duodenojejunostomy is done in antecolic fashion in two layers about 40–45 cm from HJ. We do not routinely perform Braun jejunojejunostomy. The mesocolic rent is fixed over the jejunal seromuscular stitch. Two drains are placed near the anastomosis on both sides such that their tips cross beneath the anastomosis. An omental flap is placed beneath the anastomosis over superior mesenteric vessels.

POPF was defined as drainage of any measurable volume of fluid with an amylase content >3 times the serum amylase activity on or after postoperative day 3, according to the criteria of the ISGPS 2005 for all patients till March 2016.[5] However, from April 2016, the new definition was used as a drain output of any measurable volume of fluid with an amylase level >3 times the upper limit of institutional normal serum amylase activity, associated with a clinically relevant development/condition related directly to the POPF. Hence, the former "Grade A POPF" was redefined and called a "biochemical leak" because it had no clinical importance and was no longer referred to a true pancreatic fistula. POPF Grades B and C are confirmed but defined as more clinically relevant fistula. In particular, Grade B requires a change in the postoperative management; drains are either left in place >3 weeks or repositioned through endoscopic or percutaneous procedures. Grade C POPF refers to those POPF that requires reoperation or lead to single or multiple organ failure and/or mortality due to the pancreatic fistula.[6] Tables 1 and 2 display the results conforming to both the definitions.

## Results

Consecutive 208 patients underwent PD for a variety of proximal pancreatic lesions. Males (138) were almost double compared to females (70) with average age 50.5 years (24–77), 34% of patients presented with diabetes mellitus and 80.7% of the patients had BMI <25 kg/m$^2$. About 78.8% patients belonged to the American Society of Anesthesiologists Score <3 [Table 3].

Between January 2008 and March 2016, 186 patients were operated for lesions listed in Table 1 of which periampullary carcinoma (85.5%) was the most common. Five (2.7%) patients developed Grade A POPF, whereas Grades B and C were seen in three (1.6%) patients each. One patient (0.53%) who developed Grade C POPF died due to sepsis. Three patients with Grade B fistula were managed conservatively with drain *in situ* and was removed after 3 weeks in two patients and 5 weeks in one patient. Two patients with Grade C fistula required prolong ventilatory support and intensive care unit admission with multiple organ failure. None of the patients required reoperation [Table 1].

Between April 2016 and February 2018, 22 patients underwent PD. Similarly, periampullary lesions (77.27%) were the most common. Two patients (9%) had biochemical leak, whereas none of them developed clinically relevant POPF [Table 2]. Overall, Grades B and C POPF rates were 1.4% each whereas 30-day mortality was 0.4%.

## Discussion

Torres *et al*. in 2017 modified the original Heidelberg technique of pancreaticojejunostomy described by the Heidelberg group and later by Shrikhande *et al*. and published their data of 17 patients.[2-4] We have been using a similar technique although with minor technical differences since 2008 in consecutive 208 patients.

The most important change that has been made in the modified technique described by Torres *et al*. is use of a much smaller jejunal lumen [Figure 1c vertical arrow] compared to original Heidelberg technique [Figure 1c (inset horizontal arrow)] and avoidance of pushing the entire raw surface of pancreatic cut end into the jejunal lumen by meticulously creating duct to mucosa anastomosis and reinforcing this with seromuscular stitches along with anchorage stitches at the end of anastomosis.[2]

The biochemical leak reported by Torres *et al*. is much higher (23.5%) compared to what we recorded (3.3%). However, in the light of its lost clinical relevance in the new ISGPS, 2016 definition, biochemical leak comparison has no clinical pertinence. What is pretty staggering is the zero clinically relevant POPF rates observed by the authors using the same technique in which we found overall 2.8% incidence of POPF. However, in the past 2 years, none of our patients

**Table 1: Grades of postoperative pancreatic fistula and mortality after modified Heidelberg technique of pancreaticojejunostomy performed from January 2008 to March 2016 as per definition of the International Study Group on Pancreatic Surgery, 2005**

| Final pathology | Number of cases | ISGPS (2005) leaks (January 2008-March 2016) | | | Death |
|---|---|---|---|---|---|
| | | A | B | C | |
| Periampullary | | | | | |
| Duodenum | 10 | 0 | 1 | 1 | 1 |
| Cholangiocarcinoma | 32 | 0 | 0 | 0 | 0 |
| Pancreatic | 21 | 2 | 1 | 0 | 0 |
| Ampullary | 96 | 2 | 1 | 0 | 0 |
| Pancreatic head | 11 | 0 | 0 | 1 | 0 |
| Neuroendocrine | 9 | 1 | 0 | 1 | 0 |
| Chronic pancreatitis | 3 | 0 | 0 | 0 | 0 |
| Cystic neoplasm | 4 | 0 | 0 | 0 | 0 |
| Total (%) | 186 | 5 (2.7) | 3 (1.6) | 3 (1.6) | 1 (0.53) |

ISGPS=International study group on pancreatic surgery

**Table 2: Grades of postoperative pancreatic fistula and mortality after modified Heidelberg technique of pancreaticojejunostomy performed from April 2016 to February 2018 as per definition of the International Study Group on Pancreatic Surgery, 2016**

| Final pathology | Number of cases | ISGPS (2016) leaks (April 2016-February 2018) | | | Death |
|---|---|---|---|---|---|
| | | Biochemical leak (clinically not relevant) | Clinically relevant | | |
| | | | Grade B | Grade C | |
| Periampullary | | | | | |
| Duodenum | 1 | 1 | 0 | 0 | 0 |
| Cholangiocarcinoma | 2 | 0 | 0 | 0 | 0 |
| Pancreatic | 1 | 0 | 0 | 0 | 0 |
| Ampullary | 13 | 1 | 0 | 0 | 0 |
| Pancreatic head | 3 | 0 | 0 | 0 | 0 |
| Neuroendocrine | 1 | 0 | 0 | 0 | 0 |
| Chronic pancreatitis | 0 | 0 | 0 | 0 | 0 |
| Cystic neoplasm | 1 | 0 | 0 | 0 | 0 |
| Total (%) | 22 | 2 (9) | 0 | 0 | 0 |

ISGPS=International study group on pancreatic surgery

**Table 3: Demographic data of patients undergoing pancreaticoduodenectomy from January 2008 to February 2018**

| Demographic parameters | Subdivision | Total |
|---|---|---|
| Age (years) | - | 50.5 (24-77) |
| Sex ratio (male:female) | - | 2:1 (138:70) |
| Diabetes (%) | - | 71 (34) |
| BMI (kg/m$^2$) (%) | <25 | 168 (80.7) |
| | >25 | 40 (19.3) |
| ASA (%) | I | 43 (20.6) |
| | II | 121 (58.2) |
| | III | 42 (20.2) |
| | IV | 2 (1) |

ASA=American society of anesthesiologists score, BMI=Body mass index

have developed clinically relevant POPF [Table 2]. Although there were few minor technical changes between ours' and Torres *et al*.'s technique such as all the knots in the inner layer remained outside the anastomosis, anterior and posterior outer layers were interrupted sutures instead of continuous, decrease in the length of stent and fixing the stent to pancreatic parenchyma, no robust comparison can be drawn considering the small number of patients (17) analyzed by Torres *et al*.[2]

Büchler *et al*. in January 2000 published their results of Heidelberg technique in 331 patients with POPF incidence of 2.1%.[8] However, they were not classified as per the ISGPS definition as it came into being only 5 years later in 2005. Our clinically relevant POPF incidence was 2.8%. Its very difficult to compare with studies and techniques between those developed and published in pre-ISGPS definition of POPF era and those that were developed later. Only a well-conducted randomized trial comparing MHT with the original Heidelberg technique would help us draw any major conclusions.

Our technique has one of the lowest rates of POPF rates when compared to other contemporary techniques developed after 2005 like the binding PJ (Grade B –7.2% and Grade C –10.2%) and invagination PJ (clinically relevant POPF – 10%).[9,10] Although very encouraging results have been published by Yang *et al*. with their Colonial Wig PJ technique with no clinically relevant fistula, only 22 patients were included in this comparative study, and a much larger study would be required to find what really transpired such low POPF rates.[11]

The drawback of this study is that there is no comparative group of another anastomotic technique and that it is a retrospective study. However, one foremost conclusion that can be drawn from our study is reduction of clinically relevant POPF rates from 2.8% (2008–2016) to 0% (2016–2018) in past 2 years [Tables 1 and 2]. This does suggest that it is just not the technique but also surgeon's experience and attention to meticulous details during resection and anastomosis that has tremendous bearing on postoperative course of these patients.

## Conclusions

Results of this study indicate that MHT is a safe, reliable, easy to learn, and adopt the technique of pancreatic reconstruction after

PD. However, it is important to understand that experience with one particular technique and obsessive compulsion to scrupulously adhere to finer details of the surgery is more consequential.

## Financial support and sponsorship

Nil.

## Conflicts of interest

There are no conflicts of interest.

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ORIGINAL ARTICLE GI Cancers

# Modified Heidelberg technique of pancreatic anastomosis postpancreaticoduodenectomy – 10 years of experience

Ramachandra Chowdappa, Ajeet Ramamani Tiwari, Namrata Ranganath[1], Rekha V. Kumar[2]


## Abstract

**Context**: Pancreatic fistula has forever been a dreaded complication after pancreatic anastomosis (PA). We present a retrospective analysis of 10 years of experience with the Modified Heidelberg technique (MHT) that has been recently described. **Aim:** The aim of the study is to establish postoperative pancreatic fistula (POPF) rates after MHT. **Settings and Design:** This is a retrospective observational study carried out at a tertiary cancer center in South India in the Department of Surgical Oncology. **Subjects and Methods:** Two hundred and eight consecutive patients who underwent pancreaticoduodenectomy (PD) and PA with MHT for a variety of proximal pancreatic lesions from January 2008 to February 2018 were included in this study. The incidence of POPF was recorded by the International Study Group on Pancreatic Fistula 2005 and 2016 definitions. **Statistical Analysis Used:** Epidemiological and clinical data are expressed in ratios and percentage and presented in table format. **Results:** Between January 2008 and March 2016, 186 patients underwent PD, and MHT was used for PA. Five (2.7%) patients developed Grade A POPF whereas Grades B and C were seen in three (1.6%) patients each with one death. Between April 2016 and February 2018, 22 patients underwent PD. Two patients (9%) had biochemical leak whereas none of them developed clinically relevant POPF. No deaths were recorded in this period. Overall, Grade B and Grade C POPF rates were 1.4% each, whereas 30-day mortality was 0.4%. **Conclusions:** Results of this study indicate that MHT is a safe, reliable, easy to learn, and adopt technique of pancreatic reconstruction after PD.


**Key words**: Modified Heidelberg technique, pancreatic anastomosis, pancreatic fistula, pancreaticoduodenectomy, periampullary carcinoma

## Introduction

Pancreatic anastomosis (PA) has always been a perplexing issue since Allen O. Whipple first adopted a systematic approach to pancreaticoduodenectomy (PD).[1] The gradual improvement in safe anesthesia and intensive care fostered the state of art postoperative management in todays' contemporary high-volume institutes dealing with pancreatic cancer. This further incited surgeons to incessantly toil to improve surgical techniques most cardinal of which was a safe and secure PA.

Pancreaticoenteric anastomosis is the Achilles heel of PD. Pancreatic fistulas have always been a dreaded complication after PA with current literature showing incidence somewhere between 3% and 45% probably because multiple techniques of pancreatic reconstruction have been described, and few authors have candidly reported their anastomotic dehiscence rates.[2] The consideration of multiple techniques of anastomosis, however, only points to the supposition that no one technique is irrevocably better than the other. Nevertheless, the detailed duct-to-mucosa anastomosis pioneered by the Heidelberg group in 2002 and later

## Subjects and Methods

A total of 208 consecutive patients more than 18 years of age who underwent PD and PA with MHT for a variety of proximal pancreatic lesions from January 2008 to February 2018 were included in this study. Surgery was performed by a single surgeon, and hence, the uniformity of the technique was preserved in every case. The incidence of postoperative pancreatic fistula (POPF) was recorded by the International Study Group on Pancreatic Fistula (ISGPS) 2005 and 2016 definitions. Institution's Ethics Committee approval was taken for collection of retrospective data. Informed consent was obtained from all individuals included in the study in the preoperative period to use their clinical data for research purpose without breach of identity.

### Surgical technique

We do not prefer artery first approach and rely to a great extent on good preoperative contrast-enhanced computed tomography assessment and diagnostic laparoscopy for determining operability. Due care is taken to avoid damage

# Validation and Optimization of the International Study Group of Pancreatic Surgery Risk Classification of High-risk Pancreas for Postoperative Pancreatic Fistula After Pancreatoduodenectomy for Periampullary Tumors

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*and Shailesh V. Shrikhande, MS, MD*†✉*

**Objective:** To externally validate the International Study Group of Pancreatic Surgery (ISGPS) classification and test its performance for predicting clinically relevant pancreatic fistula (CRPF) for periampullary (P-amp) tumors.

**Background:** The ISGPS is a simple 2-factor, 4-tier classification of pancreas-related risk for CRPF after a pancreatoduodenectomy. External validation and performance of the classification specific to P-amps are lacking. P-amps have different disease biology, lesser need for neoadjuvant therapy, softer pancreas, and a higher rate of CRPF, underscoring the importance of site-specific prediction.

**Methods:** Validation was performed in a cohort of 1422 patients, with CRPF as the primary outcome. Model performance was tested by plotting the receiver operating curve and calibration plots. After analyzing the factors predicting CRPF, the model was optimized for P-amps.

**Results:** CRPF rate was 22.2% (315/1422), for P-amps being 25.8%. The ISGPS model performed moderately [area under the curve (AUC) = 0.632, 95% CI: 0.598–0.666, $P < 0.001$], with worse performance for P-amps (AUC = 0.605, 95% CI: 0.566–0.645, $P < 0.001$). On multivariate analysis, soft pancreas [odds ratio (OR): 1.689, 95% CI: 1.136–2.512, $P = 0.010$], body mass index $\geq$ 23 kg/m$^2$ (OR: 2.112, 95% CI: 1.464–3.046, $P < 0.001$) and pancreatic duct $\leq$ 3 mm (OR: 2.113, 95% CI: 1.457–3.064, $P < 0.001$) emerged as independent predictors, and the model was optimized. The adjusted ISGPS for P-amps showed improved discrimination (AUC = 0.672, $P < 0.001$, 95% CI: 0.637–0.707), with adequate performance on internal validation.

**Conclusions:** The adjusted ISPGS performs better than the original ISGPS in predicting CRPF for P-amps. Large-scale multicenter data are needed to generate and validate site-specific predictive models.

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Deeksha Kapoor and Yajushi Desiraju contributed equally to the development of the manuscript and are considered joint first authors.
The authors report no conflicts of interest.
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**Key Words:** Clinically relevant pancreatic fistula, ISGPS classification for pancreas-related risk, pancreatoduodenectomy, periampullary tumors, site-specific risk prediction

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Pancreatoduodenectomy (PD) is a routinely offered surgery for malignant and benign disease of the pancreatic head and confers a curative procedure for malignancies of the ampulla, duodenum, and the lower end of the bile duct. Despite an improved understanding of pancreatic surgery, postoperative pancreatic fistula (POPF) remains the most feared complication after a PD. With the rates of clinically relevant pancreatic fistula (CRPF) stagnating at 12% to 15% worldwide,[1,2] accurate prediction of CRPF remains a much coveted but unaccomplished goal. The International Study Group of Pancreatic Surgery (ISGPS) 2016 update on POPF was a paradigm shift in the understanding, reporting, and management of POPF.[2] It consolidated the then-available evidence and management strategies of POPF and succinctly highlighted the knowledge gaps and deficiencies. While many modifiable factors contribute to the development of a fistula, like intraoperative blood loss, anastomotic technique, surgeon's experience, and the surgical volume, many factors, such as pancreatic texture, primary pathology, and the size of the main pancreatic duct (MPD), are nonmodifiable.[3–5] Much emphasis has recently been placed on the tailored management of patients with a high risk of CRPF.[6–8] Moreover, accurate prediction of CRPF has prognostic importance in terms of perioperative outcomes and the financial burden of the operation. In 2021, the ISGPS acknowledged that though multiple scoring systems[5,9,10] were available for predicting CRPF, a uniform reporting of "pancreas-specific" risk was lacking.[1] A simple 2-factor, 4-tier classification was described, which uses pancreatic texture and MPD diameter to predict the pancreas-related risk of a CRPF.[1] Type A was deciphered to have the lowest risk, with a non-soft pancreas and MPD > 3 mm, whereas type D was found to have the highest risk of CRPF, with a soft pancreatic texture and MPD $\leq$ 3 mm.[1] The novelty of this classification lies in its simplicity and a progressively increasing risk of CRPF with increasing grades. However, the model must be externally validated



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and tested against previously used scoring systems. It is also probable that the performance of any risk prediction system may vary for diseases primarily of the pancreas versus the periampullary (P-amp) region. The authors hypothesized that the model had varied predictive powers for clinico-radiological head of pancreas (HOP) lesions versus P-amp lesions. The present study aimed to externally validate the ISGPS classification of "high-risk" pancreas (HRP) in a large cohort of Asian patients and assess its performance in clinico-radiological P-amps in predicting CRPF.

## METHODS

This is a retrospective analytical study assessing the data of consecutive PDs from January 2014 to December 2023 at Tata Memorial Center, Parel, Mumbai, India. Approval from the Institutional Review Board and the Ethics Committee was obtained (OIEC/4537/2024/00001). The data were presented per the strengthening the reporting of observational studies in epidemiology checklist for reporting data in observational studies.[11]

### Patients and Data Collection

All patients undergoing an elective PD were included in the study. The data were retrieved from a prospectively maintained pancreatic surgery database, and missing variables were obtained from the electronic medical records. All entries from the database were crosschecked with the electronic medical record to ensure the accuracy and completeness of data. Postoperative complications were relabeled as per the latest guidelines. Data of cases with one or more missing variables were eliminated from the final analysis. Basic clinicodemographic details, details of surgery, and postoperative outcomes were collected.

### Procedure and Definitions Deployed in the Study

All patients planned for a possible PD underwent routine evaluation with hemogram, blood chemistries, tumor markers, and pancreas protocol contrast-enhanced computed tomographic scan of the abdomen.[12] Patients were classified as HOP or P-amp depending upon their clinico-radiological features (clinical presentation, endoscopic ultrasound, side-viewing endoscopy, cross-sectional imaging), and management was offered accordingly. The plan of upfront surgery versus preoperative therapy was formulated based on tumor resectability and the level of tumor markers. The radiologic diagnosis was retrospectively correlated with the final histopathologic diagnosis. All patients underwent PD in a standardized manner, as described in previous publications.[13–15] A pancreato-jejunal anastomosis, duct-to-mucosa, or modified Heidelberg technique was performed, the technique of which and postoperative care protocols have been described elsewhere.[16–18] All procedures were performed by the senior author, who had over two decades of experience or under the supervision of a senior pancreatic surgeon with at least ten years of experience having negotiated the procedure's learning and proficiency curve.[19] The surgical steps undertaken by pancreatic surgery fellows were graded according to their experience level, ease of surgery, and patient comorbidities, with the senior surgeon in the assistant's role.

The on-table senior operating surgeon assessed the pancreas texture, categorized as soft/ brittle versus non-soft. The MPD diameter was assessed at the point of pancreatic neck transection. In minimal access cases, the pancreatic texture and duct size were assessed on the resected specimen.

For each patient, various risk scores, including the ISGPS 4-tier score,[1] modified 3-tier score,[20] original fistula risk score (o-FRS),[9] alternate fistula risk score (a-FRS),[5] and the updated alternate fistula risk score (ua-FRS),[10] were calculated.

The primary outcome variable was CRPF. The 2016 ISGPS update of POPF was used to define CRPF as grade B and C fistulae.[2] Postpancreatectomy hemorrhage and delayed gastric emptying were also described as per the ISGPS definitions of pancreatectomy-specific complications.[21,22] Postoperative complications were graded according to the Clavien-Dindo classification, and complications of grade 3a and above were identified as major.[23] Perioperative mortality was defined as in-hospital deaths and deaths within 30 days of the surgery.

### Statistical Methods

Normally distributed continuous variables were expressed as means and SDs. Analysis of variance (1-way ANOVA) was used to compare the mean of more than two groups. Continuous nonparametric variables were expressed as medians and interquartile range; medians were compared using the Kruskal-Wallis test. Categorial data were presented as frequencies and proportions and analyzed using the $\chi^2$ or Fischer exact tests. The model performance of each risk score was tested by plotting receiver operating characteristic (ROC) curves to assess the area under the curve (AUC) and by plotting calibration plots.[24] Calibration plots demonstrate the difference between the predicted and the observed risk of CRPF per risk decile as per the scoring systems. The performance of the ISGPS classification was tested separately for clinico-radiologically suspected HOP versus P-amps. The DeLong test was used to compare the statistical difference between the AUCs.[25]

To optimize the ISGPS 2-factor classification for the prediction of CRPF in P-amps, the data of P-amp patients were split into "training" and "testing" sets. The data set was stratified using Pandas in Python software and then shuffled to remove potential order bias. Using sci-kit-learn's "train_test_split" function, the data were split into 80-20 training and testing sets. This ensures unbiased analysis, maintaining data integrity and reliability. Quality checks were conducted to verify proportional data splitting based on the year category. The Pandas "duplicate" method was used in the file's identification column to identify and handle duplicate entries. Clinico-radiological P-amps diagnosed with pancreatic tumors or with nonadenocarcinomatous P-amp pathologies were excluded while performing the analysis to circumvent the outlier effect. The transparent reporting of a multivariable prediction model for individual prognosis or diagnosis guidelines were followed for generating multivariable prediction models, and their reporting and validation.[26] The "training" data set was used for model adjustment, and the "testing" data set was used for model validation. Factors impacting the development of CRPF for P-amps were analyzed using univariate and multivariate analyses. The ISGPS model was adjusted by assessing each component's weighted contribution and adding other variables contributing to the occurrence of an outcome. Variables were individually tested and added to the ISGPS model only when significant model improvement was found, and as few predictors as possible were used while maintaining an adequate AUC.[26] The IBM-SPSS INC. (International Business Machine - Statistical Package for the Social Sciences), Version 29.0 for Mac, was used for statistical


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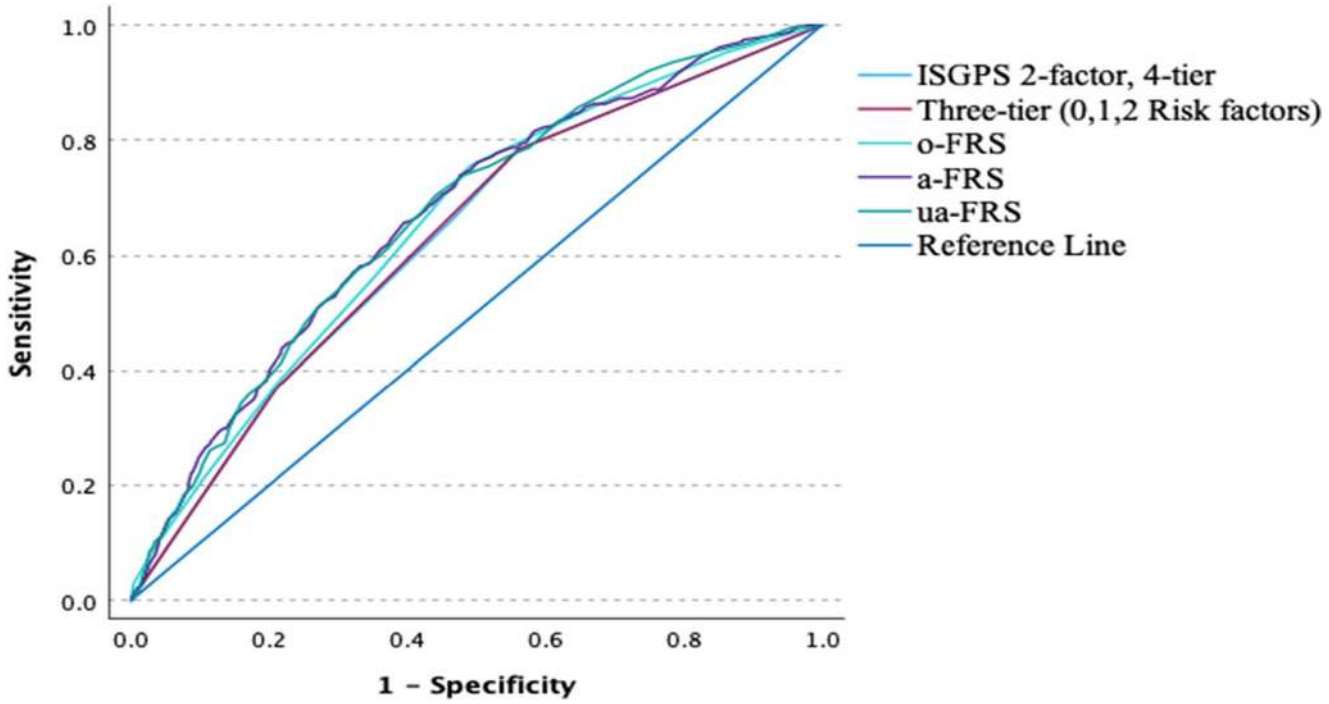



**FIGURE 1.** ROC curves for the 5 scoring systems for the prediction of CRPF. ROC indicates receiver operating characteristic.

analysis. CIs were reported at 95%, and statistical significance was set at $P < 0.05$.

## RESULTS

### Characteristics of the Overall Cohort

During the study period, 1438 patients underwent PD, of which data from 1422 patients were included in the analysis. Sixteen patients were excluded because of missing variables. The cohort's mean age was 54.6 ± 12.5 years, with 66.0% (939) being men. The clinico-radiological primary disease site was P-amp in 68.6% (976), followed by HOP in 28.8% (410). Two-thirds of patients (65.0%, 925) underwent preoperative biliary drainage, and 12.5% (178) had received neoadjuvant therapy (NAT; Supplemental Digital Content Table 1, http://links.lww.com/SLA/F257), a majority being HOP (141, 79.2%). The number of P-amps who received NAT was 3.7% (37/977). A concomitant vascular resection was performed in 7.8% (111) patients, and an additional organ resection in 3.9% (55). As per the ISGPS classification of HRP, 38.9% (553) patients were type A, 9.8% (139) type B, 27.1% (385) type C, and 24.3% (345) type D (Supplemental Digital Content Table 1, http://links.lww.com/SLA/F257). In patients with a nondilated MPD, a non-soft pancreas was found in 47.9% (67/140) of HOP and 21.2% (69/326) P-amps.

### Outcomes

The overall rate of CRPF was 22.2% (315), major morbidity rate was 35.7% (508). The respective CRPF rates in types A, B, C, and D ISGPS groups were 12.3% (68/553), 26.6% (37/139), 24.7% (95/385), and 33.3% (115/345), respectively ($P < 0.001$; Supplemental Digital Content Table 1, http://links.lww.com/SLA/F257). The overall perioperative mortality and failure to rescue rates were 2.7% (38/1422) and 7.4% (38/508), respectively, not statistically different amongst the groups ($P = 0.608$ and $P = 0.994$, respectively; Supplemental Digital Content Table 1, http://links.lww.com/SLA/F257). In patients receiving NAT, 15.2% (27/178) developed CRPF; in P-amps, 21.6% (8/37) patients receiving NAT developed CRPF.

### Initial Model Validation and Comparison With Other Systems

The 4-tier ISGPS classification had moderate discrimination (AUC = 0.631, 95% CI: 0.597–0.665, $P < 0.001$) to predict CRPF (Fig. 1, Table 2). The calibration was inadequate with systematic overprediction of CRPF when the probability rose over 30% (Supplemental Digital Content Fig. 1, http://links.lww.com/SLA/F257). The 3-tier classification suggested by Suurmeijer et al[20] performed similarly to the ISGPS 2-factor 4-tier classification (AUC = 0.632, 95% CI: 0.598–0.666, $P < 0.001$). The o-FRS, a-FRS, and ua-FRS performed better (Table 1).[5,9,10] On comparing the AUC using DeLong test, the performance of ua-FRS and a-FRS was better, compared with ISPGS (ISGPS vs ua-FRS, difference between the AUC = 0.0474, 95% CI: 0.0238–0.0710, $P = 0.0001$, ISGPS vs a-FRS, difference between the AUC = 0.0511, 95% CI: 0.031–0.0690, $P < 0.0001$).

### Performance of the International Study Group of Pancreatic Surgery Model for Prediction of Clinically Relevant Pancreatic Fistula for Periampullary Lesions Versus Lesions in the Head of the Pancreas

The risk scores were compared per the clinico-radiological disease site, HOP versus P-amps. All scores performed better for HOP than P-amps (ISGPS classification, AUC = 0.651 vs AUC = 0.605, Table 1, Supplemental Digital Content Fig. 2, http://links.lww.com/SLA/F257). Though the difference in AUC for the ISGPS model for HOP versus P-amps was not statistically significant ($AUC_{HOP} - AUC_{P\text{-}amp} = 0.045$, $P = 0.346$), the sensitivity of the ISGPS model for predicting CRPF in P-amps was

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**TABLE 1.** AUC for the 5 Scoring Systems for Predicting CRPF

| Scoring systems | Overall cohort (n = 1422) | | | Clinico-radiologic site of disease - head of pancreas (n = 410) | | | Clinico-radiologic site of disease - ampullary/P-amps (n = 976) | | |
|---|---|---|---|---|---|---|---|---|---|
| | AUC | *P* | 95% CI | AUC | *P* | 95% CI | AUC | *P* | 95% CI |
| ISGPS 2-factor, 4-tier score | 0.631 | **< 0.001** | 0.597–0.665 | 0.651 | **< 0.001** | 0.569–0.732 | 0.605 | **< 0.001** | 0.566–0.645 |
| 3-tier (0,1, or 2 risk factors) score | 0.632 | **< 0.001** | 0.598–0.666 | 0.642 | **0.001** | 0.559–0.721 | 0.616 | **0.001** | 0.577–0.656 |
| o-FRS | 0.654 | **< 0.001** | 0.621–0.688 | 0.641 | **0.001** | 0.558–0.723 | 0.635 | **0.001** | 0.597–0.673 |
| a-FRS | 0.669 | **< 0.001** | 0.636–0.702 | 0.665 | **< 0.001** | 0.582–0.748 | 0.656 | **< 0.001** | 0.618– 0.694 |
| ua-FRS | 0.671 | **< 0.001** | 0.637–0.703 | 0.692 | **< 0.001** | 0.619–0.765 | 0.653 | **< 0.001** | 0.614–0.691 |

Bold values indicate *P* values significant at $< 0.05$.

80.56%, and specificity was 38.67%. For HOP, the sensitivity was 55.56% and specificity 71.91%.

## Model Adjustment for Periampullary Lesions

Considering the underperformance of the ISGPS model in P-amps, the model was adjusted for risk prediction specific to P-amps. Using the training data of 717 P-amps, factors associated with CRPF were assessed using univariate analysis (Table 2). Preoperative biliary stenting, soft pancreas, MPD $\leq$ 3 mm, NAT, and body mass index (BMI) emerged significant at 10%. BMI was dichotomized at 23 kg/m$^2$ using ROC curve analysis (AUC = 0.616, sensitivity = 66.09%, specificity = 51.66%). Multiple logistic regression using the "enter" method was performed using these variables to calculate their odds ratio (OR) and ß coefficient. A weightage of 1.5 points to soft pancreas, 2 points to BMI $\geq$ 23 kg/m$^2$ and 2 points to MPD $\leq$ 3 mm were respectively assigned, per the ratio of ß coefficients generated, and the model was adjusted. Using this, the predictive potential, as assessed by ROC curves, improved from AUC = 0.618 for ISGPS to AUC = 0.672 for the adjusted ISGPS for P-amps ($AUC_{ISGPS\ adjusted\ for\ P\text{-}amp} - AUC_{ISGPS}$ = 0.0492, *P* = 0.0061, 95% CI: 0.0140–0.0843; Fig. 2A). Every point increase in the score was associated with an increased risk of CRPF by 44.5% (OR: 1.445, 95% CI: 1.296–1.611).

## Internal Validation of the Revised Score

This scoring was internally validated using the "testing" data of 183 patients. The predictive potential for this scoring, as assessed by plotting ROC, was AUC = 0.675, *P* < 0.001, 95% CI: 0.601–0.741 (Fig. 2A, B), with an improvement in the calibration (Fig. 3).

# DISCUSSION

The study reports the external validation of the ISGPS 2-factor 4-tier classification of HRP for predicting CRPF in a large cohort of consecutive PDs in 1422 Asian patients. The ISGPS model was found to have moderate discrimination (AUC = 0.631, 95% CI: 0.597–0.665, *P* < 0.001) with worse performance for P-amps than HOP. After adjusting the model for P-amps by adding BMI $\geq$ 23 kg/m$^2$ and assigning simple weighted scores as their respective ß coefficients, the model performance improved to 0.672 for the training set and 0.675 for the testing set (Table 2, Figs. 2A, B, and 3).

The ISPGS has been at the forefront of standardizing the reporting of procedures and complications in pancreatic surgery. The 2-factor, 4-tier classification, reported in 2021, primarily aimed at standardizing how pancreas-related risk was reported.[1] The strength of the classification lies in its simplicity and the ability to predict CRPF using the 2 most important factors without a complex calculation or an online risk calculator. The meta-analysis evaluated the pancreatic texture and MPD as risk factors and reported an increasing risk of CRPF across the ISGPS grades. Suurmeijer et al[20] externally validated the classification and noted that the rate of CRPF was similar in ISGPS types B and C, suggesting a 3-tier, 0, 1, 2 risk factor classification with similar discrimination (AUC = 0.701 vs AUC = 0.679, *P* = 0.770). This is also reflected in the present study, wherein the rate of CRPF increases with the grade, with no significant difference between ISGPS types B and C (26.6% vs 24.7%, *P* = 0.662). On comparing the various models, the ua-FRS and a-FRS performed better than the ISGPS.


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**TABLE 2.** Univariate and Multiple Logistic Regression Analysis for Factors Predicting CRPF in Patients With P-amps Tumors

| | Univariate Analysis | | | Multivariate Analysis | | | |
|---|---|---|---|---|---|---|---|
| **Clinical Parameter** | **CRPF - No; n (%)** | **CRPF - Yes; n (%)** | ***P*** | **ß coefficient** | **OR** | **95% CI** | ***P*** |
| Preoperative biliary drainage | 394 (73.8) | 140 (26.2) | **0.045** | 0.407 | 1.502 | 0.972–2.320 | 0.067 |
| Soft/brittle pancreas | 304 (70.7) | 126 (29.3) | **< 0.001** | 0.524 | 1.689 | 1.136–2.512 | **0.010** |
| PD diameter ≤ 3 mm | 155 (64.3) | 86 (35.7) | **< 0.001** | 0.748 | 2.113 | 1.457–3.064 | **< 0.001** |
| BMI ≥ 23 kg/m$^2$ | 262 (69.5) | 115 (30.5) | **< 0.001** | 0.748 | 2.112 | 1.464–3.046 | **< 0.001** |
| NAT | 21 (91.3) | 2 (8.7) | 0.086 | — | — | — | — |

Bold values indicate *P* values significant at < 0.05.

Clinical experience with P-amps versus HOP lesions differs significantly. P-amps may or may not cause MPD dilatation and are often associated with a soft pancreas. In contrast, HOP lesions are more frequently associated with an atrophic, firm-to-hard pancreas. In the present study, the proportion of non-soft pancreas was higher in HOPs than P-amps, even in patients with a nondilated MPD (47.9% vs 21.2%, $P < 0.001$), suggesting that the pancreatic texture was not the sole derivative of an obstructed duct, but a continuum of the disease process in HOP, which induces fibrosis of the gland itself. The risks associated with pancreatic anastomosis in P-amps have been well-known for over 3 decades.[27] In 1996, Hamanaka et al[28] elucidated the concerns in such a scenario: functional pancreatic lobules, lesser fibrosis, and thin, elastic, often nondilated MPD. As early as 1991, Bartoli et al[27] emphasized the 'disease site' for the development of POPF. The o-FRS by Callery et al[9] is also prominent for including the primary disease site in risk prediction. Still, the importance of the disease site was somehow underplayed in subsequent risk stratification models. The pathophysiological and oncological differences between HOP and P-amps have also been recognized in the literature.[29–32] Site-specific predictions have not been constructed previously. This is not a complete surprise as almost all scoring systems have been developed in the western populations, the o-FRS from the American cohort[9] and the a-FRS and ua-FRS from European cohorts.[5,10] There are inherent differences in the patient profile from the western to the eastern world, with a higher percentage of P-amps in the East being noticeable, lower age at presentation, and a lower BMI.[1,5,10,13,15,18,33] These differences have been previously reported in the literature, possibly explaining the suboptimal performance of these predictive models in eastern cohorts.[18,32,34] Considering these differences, the predictive discrimination of these models for P-amps was evaluated and found to be worse than for HOP.

The data from the present study accentuates some important differences, such as the greater contribution of MPD ≤ 3 mm than pancreatic texture in the development of CRPF in P-amps. Though previous literature has noted the importance of pancreatic texture, duct, and BMI in predicting CRPF, the published ISGPS classification found a greater statistical association of the pancreatic texture than the MPD for CRPF (soft pancreas—OR: 4.24, 95% CI: 2.62–5.12; MPD ≤ 3 mm—OR: 3.66, 95% CI: 2.61–5.12).[1] However, in the present study, the contribution of pancreatic texture and MPD size was similar (soft pancreas—OR: 1.928, 95% CI: 1.461–2.546; MPD ≤ 3 mm—OR: 1.827, 95% CI: 1.390–2.401). When only P-amps were considered, MPD diameter had a higher OR than pancreatic texture (OR: 2.113, 95% CI: 1.457–3.064 vs OR: 1.689, 95% CI: 1.136–2.512; Table 2).

Though the primary purpose of the ISGPS model was not to assess an individual patient's risk, its predictive potential has been expressed and validated previously.[1,20] After assessing the model's performance for P-amps, it was

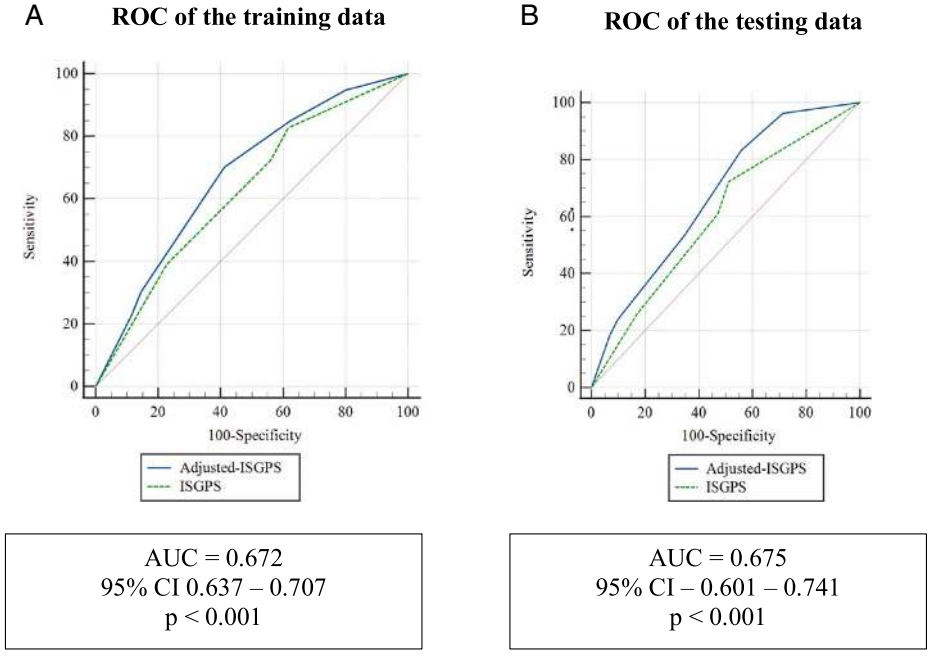



**FIGURE. 2.** A and B, ROC curves for the P-amp specific risk model (Weighted scores - Soft pancreas = 1.5 points, BMI ≥ 23 kg/m$^2$ = 2 points, PD diameter ≤ 3 mm = 2 points). ROC indicates receiver operating characteristic

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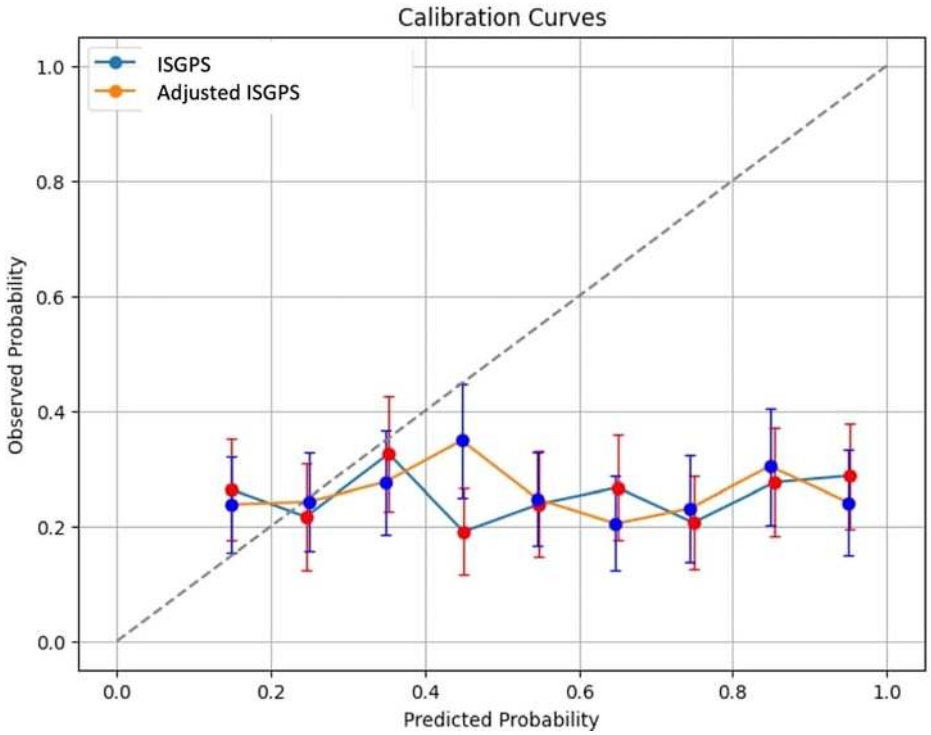



**FIGURE 3.** Calibration plots for the observed versus predicted CRPF in patients with P-amp tumors, using the ISGPS model versus the adjusted ISGPS for P-amps.

adjusted to improve its predictive power. BMI with a lower threshold ($\geq$ 23 kg/m$^2$), compared with previously reported western data,[34,35] emerged as an independent predictor. With weighted scores, the adjusted ISGPS model for P-amp performed better, with improved calibration. The current score is reminiscent of the a-FRS, with a seminal difference that a-FRS uses continuous variables. Unlike other available risk predictive tools that require complex online calculations, limiting their clinical utility,[5,10,35] the adjusted ISPGS uses three simple factors, dichotomized to represent maximum predictive power and not requiring complex calculations, increasing its utility in regular clinical care.

A risk score has some inherent disadvantages. An ideal score would have an absolute agreement on a calibration plot, with observed rates matching predicted rates. Though alluring, this is an overtly simplistic and limited proposition, ignoring the more real-time concerns like fluid balance, blood loss, intraoperative assistance, tissue quality, and other unaccountable intangibles at interplay, for "that" patient, "that" day.[35] An important roadblock of risk stratification models is understanding what should be done once a high-risk case is identified. An ideal approach for dealing with a "high-risk" pancreatic anastomosis has yet to be agreed upon and may differ among surgeons and institutes.[36] However, some documented practices include the placement of external pancreatic stents, multiple drains during the surgery, and a lower threshold for imaging in the postoperative period.[37,38] The addition of somatostatin analogues has been suggested, and the rare indication of a "prophylactic" total pancreatectomy remains controversial and is debated.[36,39–42] Irrefutably, the single most important preventive strategy is to have a high index of suspicion, which mandates a good preoperative risk scoring system.

## Strengths and Limitations

The study is limited by its retrospective nature. However, the data are prospectively maintained and updated weekly. This is reflected in that only 0.1% (16/1422) of entries were incomplete, with missing data points. Being single-centre data, the results may not be extrapolatable to other centres. The reported incidence of CRPF is higher than in many other studies, possibly because of a higher proportion of P-amps. The institutional protocol maintains a low threshold for percutaneous aspiration and drainage for collections detected on postoperative computed tomographic scans, thereby uncovering previously undetected POPF.[43]

This is possibly the first study to report the differential performance of predictive models for HOP versus P-amps. Given the large sample size and 315 events, the study is adequately powered to validate and adjust the model.[44] Commonly available prognostic variables were used,[1,5,10] well-established guidelines were used for model improvement, and adjustment was pursued by adding as few predictors as possible,[26] requiring only simple calculations to increase utility.

## CONCLUSIONS

The ISGPS model had moderate discrimination in predicting CRPF in P-amps. It was adjusted by adding BMI ($\geq$ 23 kg/m$^2$) as a predictor and assigning weighted scores to each variable. The adjusted ISGPS performed better, with improved calibration in predicting CRPF in P-amps.

The practice of pancreatic surgery is heterogeneous, and most would agree that the practices of drain management, antibiotics, duct stents, and somatostatin analogues are nonuniform, with substantial emphasis on the surgeon's experience and institutional practices. Large-scale multicenter data are required to validate such models, with a directed focus on site-specific prediction in the preoperative setting, with the development of risk-adjusted preventive measures, modified enhanced recovery regimens, and policies for drain removal. This enables risk-adjusted


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comparisons and may assist in proper patient selection for minimal access PDs.

An important direction of future research is the probable testing of these predictive models against the preoperative imaging characteristics of an HRP and the initiation of preventive measures before a surgical insult occurs.

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comparisons and may assist in proper patient selection for minimal access PDs.

An important direction of future research is the probable testing of these predictive models against the preoperative imaging characteristics of an HRP and the initiation of preventive measures before a surgical insult occurs.

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maintained pancreatic surgery database, and missing variables were obtained from the electronic medical records. All entries from the database were crosschecked with the electronic medical record to ensure the accuracy and completeness of data. Postoperative complications were relabeled as per the latest guidelines. Data of cases with one or more missing variables were eliminated from the final analysis. Basic clinicodemographic details, details of surgery, and postoperative outcomes were collected.

## Procedure and Definitions Deployed in the Study

All patients planned for a possible PD underwent routine evaluation with hemogram, blood chemistries, tumor markers, and pancreas protocol contrast-enhanced computed tomographic scan of the abdomen.[12] Patients were classified as HOP or P-amp depending upon their clinico-radiological features (clinical presentation, endoscopic ultrasound, side-viewing endoscopy, cross-sectional imaging), and management was offered accordingly. The plan of upfront surgery versus preoperative therapy was formulated based on tumor resectability and the level of tumor markers. The radiologic diagnosis was retrospectively correlated with the final histopathologic diagnosis. All patients underwent PD in a standardized manner, as described in previous publications.[13–15] A pancreato-jejunal anastomosis, duct-to-mucosa, or modified Heidelberg technique was performed, the technique of which and postoperative care protocols have been described elsewhere.[16–18] All procedures were performed by the senior author, who had over two decades of experience or under the supervision of a senior pancreatic surgeon with at least ten years of experience having negotiated the procedure's learning and proficiency curve.[19] The surgical steps undertaken by pancreatic surgery fellows were graded according to their experience level, ease of surgery, and patient comorbidities, with the senior surgeon in the assistant's role.

The on-table senior operating surgeon assessed the pancreas texture, categorized as soft/ brittle versus non-soft. The MPD diameter was assessed at the point of pancreatic neck transection. In minimal access cases, the pancreatic texture and duct size were assessed on the resected specimen.

the $\chi^2$ or Fischer exact tests. The model performance of each risk score was tested by plotting receiver operating characteristic (ROC) curves to assess the area under the curve (AUC) and by plotting calibration plots.[24] Calibration plots demonstrate the difference between the predicted and the observed risk of CRPF per risk decile as per the scoring systems. The performance of the ISGPS classification was tested separately for clinico-radiologically suspected HOP versus P-amps. The DeLong test was used to compare the statistical difference between the AUCs.[25]

To optimize the ISGPS 2-factor classification for the prediction of CRPF in P-amps, the data of P-amp patients were split into "training" and "testing" sets. The data set was stratified using Pandas in Python software and then shuffled to remove potential order bias. Using sci-kit-learn's "train_test_split" function, the data were split into 80-20 training and testing sets. This ensures unbiased analysis, maintaining data integrity and reliability. Quality checks were conducted to verify proportional data splitting based on the year category. The Pandas "duplicate" method was used in the file's identification column to identify and handle duplicate entries. Clinico-radiological P-amps diagnosed with pancreatic tumors or with nonadenocarcinomatous P-amp pathologies were excluded while performing the analysis to circumvent the outlier effect. The transparent reporting of a multivariable prediction model for individual prognosis or diagnosis guidelines were followed for generating multivariable prediction models, and their reporting and validation.[26] The "training" data set was used for model adjustment, and the "testing" data set was used for model validation. Factors impacting the development of CRPF for P-amps were analyzed using univariate and multivariate analyses. The ISGPS model was adjusted by assessing each component's weighted contribution and adding other variables contributing to the occurrence of an outcome. Variables were individually tested and added to the ISGPS model only when significant model improvement was found, and as few predictors as possible were used while maintaining an adequate AUC.[26] The IBM-SPSS INC. (International Business Machine - Statistical Package for the Social Sciences), Version 29.0 for Mac, was used for statistical


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# Exhibit D.IV.b – Research NOTES Transvaginal Video-Assisted Cholecystectomy: First Series, published in Endoscopy (Endoscopy)

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# NOTES transvaginal video-assisted cholecystectomy: first series

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**Background and study aims:** Extensive research has been conducted to develop natural-orifice transluminal endoscopic surgery (NOTES) as a new approach to less invasive surgery. Our aim is to present the technique and initial prospective results of a transvaginal video-assisted laparoscopic approach to NOTES cholecystectomy in order to perform minimally invasive surgery without visible scars.

**Patients and methods:** From July 2007 to March 2008, 32 women underwent transvaginal video-assisted laparoscopic cholecystectomy using a transvaginal 10-mm 45° rigid bariatric optic through a 12-mm bariatric trocar and two abdominal trocars (2-mm and 5-mm). Data on the history, surgical time, complications, and recovery were recorded prospectively in each case.

**Results:** Mean age was 33 years (range 22 – 47 years); mean body mass index was 29 (range 20 – 42). Mean operative time was 38 minutes (range 18 – 50 minutes). Patients were discharged 6 hours after the procedure without the need for pain medication in the following days and returned to normal working activities within 24 hours of the procedure.

**Conclusions:** Transvaginal video-assisted NOTES cholecystectomy seems to be an efficient and safe approach to minimally invasive surgery, providing patients with a comfortable recovery with virtually no abdominal scars as a bridge to exclusively NOTES procedures.

## Introduction

Gallbladder stones are one of the most common surgical diseases affecting the world population, chiefly because its risk factors such as obesity are very common in modern society [1]. The open cholecystectomy technique was first performed late in the nineteenth century [2] and developed in the twentieth century as described by O'Conor in 1922 [3]. Later, advances in surgical technique led to an urge to minimize the surgical approach to less invasive surgery. In 1982 Dubois and Berthelot proposed the minicholecystectomy as an open approach to cholecystectomy by an abdominal incision smaller than 6 cm [4]; they were later followed by others [5,6]. Since the first laparoscopic cholecystectomy was reported by Mühe in 1985 [7] and Mouret et al. in 1987 [8,9], laparoscopy has become the procedure of choice for treating symptomatic biliary lithiasis [10]. In recent years, extensive research has been conducted to overcome laparoscopy by using a flexible scope via a transluminal access to the abdominal cavity to perform surgery without scars [11].

In order to ensure a safe approach to the abdominal cavity, several accesses to performing natural-orifice transluminal endoscopic surgery (NOTES) have been tested in animal models [12]. Transgastric NOTES appendectomies [13] and transvaginal NOTES cholecystectomies have been reported in animals [14] and in humans [15 – 18]. Some authors have proposed using a standard laparoscope transvaginally in order to overcome the problems of operating the flexible scope inside the abdominal cavity to perform cholecystectomies without visible scars as a bridge to developing human NOTES procedures [19]. Our purpose is to present a transvaginal video-assisted laparoscopic approach to NOTES cholecystectomy, to discuss technical aspects and report initial results of this first series.

## Patients and methods

From July 2007 to March 2008, 86 patients were selected for gallbladder surgery at our service. Of these, 21 patients (24%) had symptomatic cholelithiasis and 65 (76%) had gallbladder stones diagnosed during follow-up after bariatric surgery and were scheduled to undergo cholecystectomy because they had a bypassed stomach and risked developing lithiasis in the main biliary duct. Transvaginal video-assisted laparoscopic cholecystectomy (TVG-chole) was offered to all female patients within this group (60 patients, 70%) as an alternative to laparoscopic cholecystectomy (LAP-chole) in a controlled protocol. There were no exclusion criteria relating to age, morbid conditions, or previous operations. Thirty-two women (53%) accepted TVG-chole. They were informed of all the risks and benefits related to the transvaginal access and about the experience of the authors with this access in the experimental setting [20]. All of them signed an informed consent form in order to be included in the study, and the procedure was approved by the hospital's ethics committee and institutional review board. The procedures were performed by a single surgeon in an operating room suitable for advanced laparoscopic procedures. As part of the study, all patients underwent a gynecological examination by a specialist prior to procedure.

Patients were operated on in the lithotomy position. The abdomen was prepared antiseptically using a chlorhexidine solution and the vagina with a topical iodine solution. The surgeon stood in between the patient's legs; the first and second assistants were on the left and right side of the patient respectively. In this setting, we used two laparoscopic sets, one for the abdominal and the other for the transvaginal laparoscopic camera.

The procedure started with a Verres puncture through an incision in the umbilicus in order to avoid a visible scar. A 12-mmHg pneumoperitoneum was then induced. A 5-mm trocar was inserted and a 5-mm 30° laparoscopic optic used to inspect the abdominal cavity. In order to avoid the risk of injuring pelvic organs, we started with a thorough examination of the pelvis, looking for adhesions that might prohibit the transvaginal cul-de-sac puncture. In one patient who had had a hysterectomy, we found too many adhesions within the sigmoid colon and the small bowel, obliterating the pouch of Douglas, so we converted to laparoscopic cholecystectomy.

Under intra-abdominal laparoscopic direct guidance, the uterus was retracted anteriorly using an intrauterine manipulator, and a 12-mm bariatric trocar was placed in the posterior vaginal fornix to attain the peritoneal cavity. Later, this trocar was used as the camera port for the procedure, using a 10-mm 45° rigid bariatric laparoscopic optic. In order to develop a safe technique for vaginal puncture, the first ten procedures were supervised by a fellow gynecologist experienced in the treatment of deep endometriosis, respecting a triangular zone known to be avascular and without innervation in between the two uterosacral ligaments. In addition, a 2-mm trocar was inserted at the right abdominal flank to retract the gallbladder (surgeon's left hand). The abdominal optic was retrieved from the umbilical port, which was used as the working port for dissection and clipping (surgeon's right hand) (**Fig. 1**).

Calot's triangle was dissected using a laparoscopic 5-mm Harmonic scalpel (Harmonic ACE 5 mm shears, Ethicon Endo-Surgery, Cincinnati, Ohio, USA). The cystic artery was ligated and sectioned with the Harmonic scalpel and the cystic duct ligated and sectioned in between 5-mm laparoscopic clips (M-L Ligamax 5 mm Endoclips applier, Ethicon Endo-Surgery, Cincinnati, Ohio, USA). In three cases we performed intraoperative cholangiography using a 22-gauge peridural catheter inserted in the umbilical incision and then through the cystic duct under continuous fluoroscopic guidance.

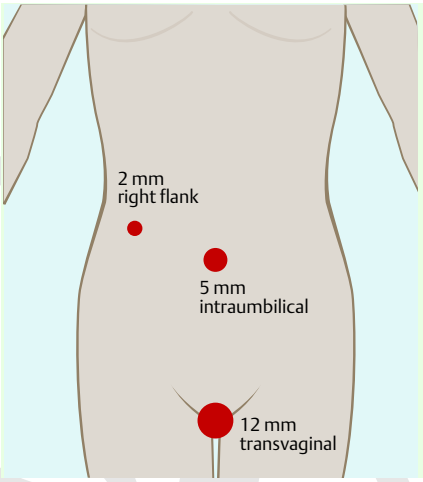



**Fig. 1** Position of trocars: 2-mm on the right flank, 5-mm intraumbilical, 12-mm transvaginal.



**Fig. 2** Transvaginal retrieval of the gallbladder.

After sectioning of the cystic artery and cystic duct, a cautious retrograde cholecystectomy was performed using the harmonic scalpel. Once the gallbladder was completely removed from the liver it was held still by the left-hand 2-mm grasper. The 5-mm optic was inserted through the umbilical port to guide optic retrieval and the insertion of a 5-mm grasper through the vaginal trocar. Under direct vision, the gallbladder was grasped and removed from the abdominal cavity through the posterior fornix (**Fig. 2**). Hemostasis of the liver and artery and duct clips were reviewed via the 5-mm optic. After that, residual gas from the pneumoperitoneum was removed. Suturing of the vaginal opening was performed transvaginally using absorbable thread (Vicryl 2 – 0).

Postoperative analgesia was obtained with an intravenous nonsteroidal anti-inflammatory drug and dipyrone. At the time of discharge all patients were advised to take a combination of dipyrone, promethazine, and adiphenine (Lisador) if they had pain at home, and to avoid sexual activity for the following 2 weeks. Patients were advised to return to their routine life activities the day after hospital discharge.

Follow-up visits were scheduled for postoperative days 7 and 30 and then every 2 months throughout the first year. Patients were asked how many times they needed to take pain medication and answered a specific questionnaire addressing dyspareunia issues, designed by a fellow gynecologist, on the visit on postoperative day 30.

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## Results

Over an 8-month period, 32 women were underwent TVG-chole. Mean age was 33 years (range 22 – 47 years); mean body mass index was 29 (range 20 – 42). Two women (6%) were morbidly obese.

Operating time ranged from 18 to 50 minutes (mean 38 minutes). There were three cases (9%) in which intraoperative cholangiography was performed and showed no signs of common bile duct stones (**Fig. 3**). There was one conversion (3%) to LAP-chole in this series, in a patient who had had a previous hysterectomy and in whom initial laparoscopy revealed adhesions within the pelvic organs, prohibiting the transvaginal puncture.



**Fig. 3** Intraoperative cholangiography. No signs of duct stones.

All patients were discharged 6 hours after the procedure without complaints relating to the transvaginal instrumentation. During the visit on postoperative day 7, patients were asked about their need for pain medication, but all of them had had a good recovery without the need for analgesics. We observed no abdominal or vaginal complications. On the subsequent visit on postoperative day 30, patients responded to a questionnaire on dyspareunia, and none of them had suffered from it. In addition, they underwent a gynecological examination by our gynecologist, who found no signs of sequelae from the vaginal puncture.

All patients were able to return to normal daily activities within 24 hours after the procedure and had been symptom-free for a mean follow-up period of 5 months (range 1 – 8 months). There were no deaths.

## Discussion

After its first description by Mouret et al. [8,9] in 1987, laparoscopic cholecystectomy has rapidly developed as the procedure of choice for gallbladder surgery and was the first step in the development and acceptance of laparoscopic surgery. With the advantages of the minimally invasive approach to the abdominal cavity of shortened hospital stays and minimum operative trauma, laparoscopy set the trend for modern surgery. During recent years research in surgery appointed endoscopy as an alternative to less invasive surgery avoiding abdominal scars. Since then an extensive literature has been produced to address its development, risks, and benefits [11].

Although an endoscopic transluminal approach to the peritoneal cavity seems a relative simple and rational way to undertake abdominal surgery, much concern has arisen about breaking the barrier of a healthy organ in terms of safe closure and the risk of infection. Another dilemma faced by endoscopic surgeons was the limitations on the instruments used to carry out endoscopic surgery, and the restrictions of movement and the stability of a flexible scope inside the peritoneal cavity [11 – 13].

The transvaginal access to the abdominal cavity has been widely used, mostly by gynecologists, to perform resection of intraperitoneal organs without complications and diagnostic and interventional procedures such as fertiloscopy and transvaginal hydrolaparoscopy. In 2001 Gordts et al. [21] reported the results of a multinational retrospective survey on fertiloscopy and transvaginal hydrolaparoscopy, covering 3667 procedures, to evaluate the prevalence of bowel injury. The overall bowel injury rate was 0.65%, decreasing from 1.25% to 0.25% when operators had experience of more than 50 procedures. Later, in 2005, Gordts et al. [22] reported a personal series of 663 transvaginal laparoscopies with five inadvertent punctures of the posterior wall of the uterus, one bleeding from the vaginal insertion point, and five (0.7%) needle perforations of the rectum without consequences. They also postulated that the transvaginal route is of particular interest for some procedures such as the treatment of ovarian endometriosis and polycystic ovaries. Of note in the TVG-chole procedure was that the initial transumbilical laparoscopy inspected and guided the transvaginal puncture, diagnosing obliteration of the pouch of Douglas that would prohibit safe access to the abdominal cavity and orientating the insertion of the trocar in between the uterosacral ligaments, avoiding bowel lesions. In addition, some surgeons have combined laparoscopic abdominal surgery with transvaginal specimen retrieval [19].

Some groups have advocated a transvaginal approach for a NOTES procedure as a safe access because there is a minimal risk of infection and safe closure. Transvaginal endoscopic and endoscopy-assisted cholecystectomies have been described in experimental animals and human protocols [14 – 18]. Of note, Bessler et al. [14] have developed an animal model to perform a laparoscopically assisted transvaginal endoscopic cholecystectomy. Zornig et al. [19] have recently described the use of both a laparoscopic optic and a grasper inserted through the posterior vaginal fornix to perform cholecystectomy, reporting a short operative time that outweighs the initial difficulties of instrumentation of abdominal viscera and space orientation inside the peritoneal cavity with a flexible scope.

An early original report by Palanivelu et al. [23] proposed a transumbilical approach to hybrid NOTES cholecystectomy using a flexible double-channel scope through a 15-mm transumbilical trocar and a 2-mm left hypochondrium trocar for gallbladder retraction and maintenance of pneumoperitoneum. They reported a feasibility study with 10 well-selected patients and found a mean operating time of 148 minutes and a conversion rate of 40% (4 patients). Conversions were due to uncontrolled hemorrhage, difficulty in identifying the cystic duct, and artery and bile leak. The authors regarded these results as representing an initial learning curve and problems in orientation and triangulation inherent to endoscopic surgery. Natural-scar surgery through the umbilicus avoids the risks relating to safe closure and infection and brings the benefits of surgery without a visible scar to both men and women. These results accord with the reports in the literature and with our experience that to perform a purely NOTES procedure that would be equivalent to the standard laparoscopic surgery would require too much development in the field of flexible endoscopy instrumentation.

Our NOTES experience started in an experimental environment with the transgastric approach to NOTES cholecystectomy, salpingectomy, and oophorectomy in a porcine model which was

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presented as a video oral presentation at SAGES 2007. Later we developed a porcine animal model for a hybrid transvaginal sleeve gastrectomy presented as a poster at SAGES 2008 [20]. We have learned that the development of a totally NOTES procedure was dependent on the creation of specific instruments for stable navigation and instrumentation inside the peritoneal cavity. The transvaginal access grew as a safe and reproducible approach to pure and hybrid NOTES procedures as reported in the recent literature [14 – 19]. Combining our experience as a high-volume bariatric surgery service performing over 1000 bariatric procedures a year, and with a high incidence of cholecystectomy indications in our postoperative population (over 100 per year), we hypothesized that using a 12-mm bariatric trocar to operate a laparoscopic rigid optic through the vagina in order to assist a laparoscopic cholecystectomy using a 5-mm umbilical port and a 2-mm right-flank port could mostly avoid visible scars and allow performance of a safe hybrid NOTES procedure. No problems related to the vaginal incision were observed, nor any with the initial Verres puncture. Previous abdominal surgery such as cesarean sections or bariatric procedures did not restrict this approach; only in one case did a previous hysterectomy prohibit the insertion of the vaginal trocar due to adhesions. Initial concern about the feasibility of TVG-chole in the morbidly obese was not confirmed as two patients in this series (6%) had a BMI over 40 but we had no added difficulty in safely performing the procedure in them.

Regarding postoperative recovery, patients were discharged 6 hours after the procedure without needing pain medication and were able to return to routine life activities within 24 hours after the procedure. There were no complaints of dyspareunia as identified by a standardized questionnaire administered on the follow-up visit on postoperative day 30.

The transvaginal approach to intra-abdominal surgery seems a safe option for NOTES procedures as described in the literature and confirmed in our experience. Since specific endoscopic instruments are under development for advanced endoscopic surgery, NOTES transvaginal video-assisted laparoscopic cholecystectomy using regular laparoscopic instruments can be a safe alternative to perform surgery without visible abdominal scars and with the added benefit of a more comfortable postoperative recovery. Further studies with larger series and randomized studies comparing this technique to standard laparoscopic techniques must be carried out to reproduce and confirm this first experience of this approach to minimally invasive surgery.

**Competing interests:** Yes. Almino Cardoso Ramos and Manoel Galvão Neto are consultants for and receive meeting travel expenses from Ethicon Endo-Surgery.

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CASE SERIES JSLS

# Laparoscopic-Assisted Transvaginal Cholecystectomy – the US Military Experience With Long-Term Follow Up

Carolyn Judge, MD, Jesse Bandle, MD, Andrew Wang, MD, Kyle Gadbois, MD, Amanda Simsiman, Robin Wood, MD, Gordon Wisbach, MD

## ABSTRACT

**Objectives:** We present our initial clinical experience applying Natural Orifice Transluminal Endoscopic Surgical (NOTES) technique to perform cholecystectomy in ten patients at a military institution.

**Methods:** A posterior colpotomy was created to accommodate a single site working port used to facilitate dissection and gallbladder mobilization under direct visualization via an infraumbilical port. The specimen was retrieved through the vagina and the colpotomy was closed with absorbable suture under direct visualization. Long-term follow up was performed over the phone to assess quality of life with 2 widely used health-related quality of life (HRQoL) surveys including RAND-36 Health Item Survey (Version 1.0),[1] and the Female Sexual Function Index (FSFI).[2]

**Results:** Ten women underwent a laparoscopic-assisted transvaginal cholecystectomy (TVC) with 7 available for long-term follow-up. The average age was 28.9 years (20–37) and the indications for surgery included symptomatic cholelithiasis (9) and biliary dyskinesia (1). The mean operative time was 129 mins (95–180), and median blood loss was 34 ml (5–400). There were no conversions and the average length of stay was 9.98 hours (2.4–28.8). Pain (analogue scale 1–10) on postoperative day three was minimal (mean 2.3) and was limited to the infraumbilical incision. On average patients returned to work by postoperative day six and resumed normal daily activities at seven days. Immediate postoperative complications included one incident of postoperative urinary retention requiring bladder catheterization. One intra-operative cholangiogram was successfully performed due to elevated preoperative liver enzymes without significant findings. Long-term complications included one asymptomatic incisional hernia repair at the infraumbilical port site. The RAND-36 survey demonstrated an average physical and mental health summary score of 82.2 and 63.7 with an average general health score of 63.6. The average FSFI total score was 21.8.

**Conclusion:** TVC is safe and effective. Implementation may improve operational readiness by returning service members to normal activities more expeditiously than conventional laparoscopy.

**Key Words:** Endoscopic surgery, Natural orifice transluminal endoscopic surgery, NOTES, Transvaginal cholecystectomy.

## INTRODUCTION

Natural orifice transluminal endoscopic surgery (NOTES) is a technique defined by surgery performed through a natural orifice and has been successfully applied to many procedures including appendectomy, sigmoidectomy, peroral esophageal myotomy, necrosectomy, and cholecystectomy.[3] NOTES was first described by Kalloo et al in 2004 in response to the 1998 meeting of the Apollo Group, intended to drive innovation in endoscopic therapies.[4] In 2005, SAGES and the ASGE created the Natural Orifice Surgery Consortium for Assessment and Research (NOSCAR), a framework for advancement in the field.[3] Shortly thereafter, the first successful transvaginal cholecystectomies (TVCs) were described by several pioneering groups.[5–8]

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All authors fulfill ICMJE authorship criteria.

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Ethical approval: All procedures performed in this study that involved human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

Since 2005, several large registries have demonstrated most NOTES procedures to be hybridized TVCs.[9–12] While innovative in cholecystectomy, the TV route for specimen extraction, has historical precedent for both gynecologic and nongynecologic procedures.[13–15] The first TV hysterectomy was reported 200 years ago[16] and the technique of achieving entry to the abdominal cavity via posterior colpotomy has been described since the 1940s.[17]

Hybridized NOTES is differentiated from pure NOTES by virtue of a laparoscopic assist.[3] While pure NOTES has been described,[8,18–20] it is rarely performed due to concern for inadequate instruments and increased technical difficulty.[21] The primary technical challenges are thought to be associated with inability to achieve triangulation to facilitate safe and effective retraction, exposure, and dissection.[21] Several randomized controlled trials have demonstrated the safety, efficacy, and noninferiority of TVC, but have not proven a clear benefit over conventional laparoscopic cholecystectomy (CLC).[22–25] TVC may cause less postoperative pain than CLC[25–33] and has been associated with a shorter LOS[9,26] and faster recovery,[30,31,34–36] but this remains controversial in the literature.

We sought to evaluate the safety and efficacy of TVC performed in a population of active duty service members and their families at a military treatment facility. We studied the impact of TVC on patients returning to work. Our primary objective ascertained if this technique, as compared to CLC, can expedite the return of the patient to work – or the return of the warfighter to the battlefield, to improve operational readiness, reduce periods of vulnerability, and support military lethality.

## MATERIALS AND METHODS

A prospective institutional review board (IRB) approved study of 10 women with nonurgent indications for cholecystectomy was performed. From Dec 2009 through Jan 2016 TVC was offered to female active duty, retired military personnel and their beneficiaries. There was significant delay in publishing these results due to war-time operational tempo, military training demands, and a recent pandemic. Inclusion criteria included between ages 18 to 50 years old, with a clinical indication for cholecystectomy and American Society of Anesthesiologists (ASA) classification of I. Exclusion criteria included radiographic evidence of possible gallbladder malignancy or choledocholithiasis, prior open abdominal or TV surgery, body mass index (BMI) $\geq$ 35, pregnancy, history of pelvic inflammatory disease, ectopic pregnancy, severe endometriosis, or use of anticoagulant therapy.

All patients participating in this protocol received counseling by the principal investigator (PI) on the TVC technique as well as potential risks and benefits as compared to CLC. The PI was the primary surgeon and had fellowship training in minimally invasive surgery as well as NOTES techniques. Prior to initiation of the study, the team, consisting of general surgery and support from the Department of Gynecology trained in the TV approach, honed the technique in a series of cadaver and swine training sessions. Postoperatively all patients maintained logs for one week following surgery and were questioned as to whether they would recommend the procedure to a friend.

Five year follow up included all patients also receiving a RAND 36-Item Health Survey (Version 1.0).[1] The RAND is a widely used health-related quality of life (HRQoL) survey, which assesses the impact of health on an individual's perceived well-being across 8 domains: physical functioning, bodily pain, role limitations due to physical health problems, role limitations due to personal or emotional problems, emotional well-being, social functioning, energy/fatigue, and general health perceptions.[1] Each item is scored linearly from 0 to 100 such that a higher number represents a more desirable state of health.[1] A physical health summary score is calculated by averaging the scores of physical functioning, physical role limitations, pain, and general health.[37] A mental health summary score is calculated by averaging the scores of energy, social functioning, emotional role limitations, and mental health.[37]

The Female Sexual Function Index (FSFI) questionnaire first described by Rosen in 2000,[38] is a 19-item self-report of female sexual function across 6 domains including arousal,

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Data availability: data are available upon request for the methods and materials related to this project.

Podium presentations: 5th Annual UCSD NOTES Surgical Symposium, San Diego, California in 2011; Society of American Gastrointestinal and Endoscopic Surgeons, San Diego, California in 2012; Academic Research Competition, Navy Medical Center San Diego in 2015; Third Military Surgical Symposium, SAGES in Boston, Massachusetts in 2016.

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desire, lubrication, orgasm, satisfaction, and pain. The sum of each domain is multiplied by a domain-specific factor to calculate the domain total.[2] Domain totals are then summed to calculate the FSFI total, shown to be suggestive of female sexual dysfunction over the preceding 4 weeks if ≤26.55 (specificity 0.733, sensitivity 0.889).[39] Of note, the FSFI cannot be used in isolation to diagnose female sexual dysfunction because there is no assessment of distress. It can give meaningful data over time reflecting response to intervention or treatment. The domain of desire can be evaluated independently using the established cutoff value of 5 to indicate hypoactive sexual disorder.[40] All other domains do not have proven cutoff values and therefore cannot be assessed independently.[2] The FSI has been validated on clinically diagnosed samples of women with female sexual arousal disorder (FSAD), female orgasmic disorder (FOD), and hypoactive sexual desire disorder (HSDD). All patients were also specifically examined for the presence of incisional hernia at 6 months postoperatively.

### Operative Techniques

Following intubation, patients were placed in lithotomy (**Figure 1**) and a urinary catheter was inserted. The vaginal vault was prepared followed by the abdomen in the standard fashion.

Pneumoperitoneum was established using a Veress needle in an infraumbilical position followed by introduction of an optically guided 5 mm trocar. After an initial visual assessment, the patient was placed in Trendelenburg. With the assistance of the gynecology team, the uterus was manipulated anteriorly to expose the posterior vaginal fornix.

Under direct visualization, a posterior colpotomy was created using a 15-mm Ethicon Endopath XCEL Bladeness Trocar™ port, which was then removed and replaced with a Triport™ (TriPort, Olympus, Center Valley, PA) single site port (**Figure 2**). The patient was placed in the standard cholecystectomy left decubitus position with reverse Trendelenburg.

Dissection proceeded via the umbilical trocar facilitated by retraction and optics using a 10-mm 45°F laparoscope via the TV port. After the critical view of safety was obtained, the cystic duct and artery were ligated and divided between 5-mm metallic clips placed through the 5-mm umbilical port. Standard bariatric-length rigid and reusable instruments were used except for the Endograb™, intra-corporeal gallbladder retractor (Endograb, Virtual Ports, Caesarea, Israel). The specimen was removed transvaginally under laparoscopic visualization via the umbilical port. Colpotomy closure was performed with a running absorbable suture under direct visualization.

Patients were monitored for 2 hours postoperatively and were discharged in accordance with standard criteria. The patients were provided with a log to record their pain levels and medication use for 7 days postoperatively. Follow-up was arranged with the operating surgeon 1 and 2 weeks postoperatively and separately with the Department of Gynecology.

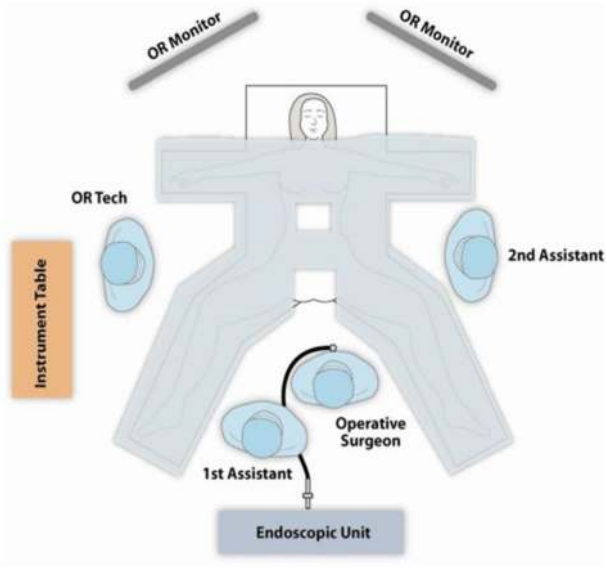



**Figure 1.** Patient and surgical team positioning. Endoscopic unit is a Stryker Tower™.



**Figure 2.** Olympus Triport™ (TriPort, Olympus, Center Valley, PA) single site port.

**Table 1.**
Patient Outcomes

| Patient | f/u Years | Hernia | Pain |
|---|---|---|---|
| 1 | 5 | No | 6.0 |
| 2 | 5 | No | 6.0 |
| 3 | 5 | No | 3.6 |
| 4 | 5 | No | 3.6 |
| 5 | 5 | No | 0.0 |
| 6 | 5 | No | 5.6 |
| 7 | 4 | Yes | 5.2 |

## RESULTS

Successful TVC was performed in all ten patients although only 7 were able to be reached for long-term follow-up. There was one intra-operative cholangiogram for elevated preoperative liver enzymes without significant findings and one planned concomitant tubal ligation. The mean operating time was just over two hours and decreased over the course of the study. There was an average estimated blood loss of 34 mL and no intra-operative complications. The average length of stay was 9.98 hours. Postoperative complications were limited to one incident of urinary retention requiring bladder catheterization.

Patient logs were inventoried and supplemented with virtual interviews as well as the FSFI and RAND-36 surveys at one month and 5 years postoperatively respectively. The average pain on postoperative day 3 was 2.25 on a visual scale of 1–10 (**Table 1**). The average time to return to normal activities was reported as 7.33 days with an average time to return to work of 6 days. Postoperative pain patient logs did not quantify pain medication requirement. Complications included one asymptomatic umbilical port site hernia reported 1 year postoperatively. Of note, the patient who developed an umbilical hernia had a pre-existing hernia through which the 5-mm port was placed. There were no reports of postoperative fever or weight change.

The average FSFI total score was 21.8 (**Table 2**). The only independently assessable domain, desire, had an average score of 3.8. The RAND-36 survey demonstrated an average physical and mental health summary score of 82.2 and 63.7 with an average general health score of 63.6 (**Table 3**).

## DISCUSSION

TVC has been widely demonstrated to be noninferior to CLC and may be associated with decreased postoperative pain,[26–30] shorter length of stay,[26] and possible faster return to work,[30,34–36,41] as well as improved cosmesis.[26,27,34] Additionally, complications have been comparable to CLC.[22,24–26,28–30,34] Despite the potential advantages and proven safety profile, there has been declining interest over the almost 20 years since the technique was first described.[9,42]

In a systematic review of patient's perception of NOTES procedures, Pucher et al observed an overall 41%–41% acceptance rate suggesting strong interest.[43] Of those patients who have had TVC, 93% would recommend the procedure to another patient.[22] Motivating factors include the perception of reduced pain and recovery time, improved cosmesis, and reduced risk of hernia.[43] Patient concerns, including those of male partners, have primarily centered on uncertainty regarding the effect on future pregnancies and sexual function particularly among younger women.[44–48] Interestingly, patients with a medical education have been shown to be significantly less likely to choose NOTES procedures than those without.[44] In a survey of 600 resident and attending surgeons, 91.5%

**Table 2.**
FSFI Questionnaire Results

| Patient | FSFI | Desire | Arousal | Lubrication | Orgasm | Satisfaction | Pain |
|---|---|---|---|---|---|---|---|
| 1 | 31.4 | 3.6 | 5.4 | 6 | 5.2 | 5.2 | 6 |
| 2 | 34.2 | 4.8 | 5.7 | 5.7 | 6 | 6 | 6 |
| 3 | 22.4 | 3.6 | 3.3 | 5.1 | 4 | 2.8 | 3.6 |
| 4 | 12.9 | 1.2 | 1.5 | 3 | 2 | 1.6 | 3.6 |
| 5 | 6 | 4.8 | 0 | 0 | 0 | 1.2 | 0 |
| 6 | 26 | 2.4 | 3.6 | 3.6 | 5.2 | 5.6 | 5.6 |
| 7 | 19.4 | 6 | 4.2 | 0 | 0 | 4 | 5.2 |

**Table 3.**
RAND 36 Health Survey (Version 1) Results

| Patient | PCS | MCS | Physical Function | Physical Role Limits | Emotional Role Limits | Energy | Emotional Well-Being | Social Function | Pain | General Health |
|---|---|---|---|---|---|---|---|---|---|---|
| 1 | 88.8 | 90.8 | 100.0 | 100.0 | 100.0 | 75.0 | 88.0 | 100.0 | 80.0 | 75.0 |
| 2 | 84.4 | 88.5 | 95.0 | 100.0 | 100.0 | 70.0 | 84.0 | 100.0 | 77.5 | 65.0 |
| 3 | 69.4 | 37.9 | 100.0 | 75.0 | 0.0 | 25.0 | 64.0 | 62.5 | 57.5 | 45.0 |
| 4 | 69.4 | 41.5 | 80.0 | 75.0 | 33.3 | 30.0 | 40.0 | 62.5 | 67.5 | 55.0 |
| 5 | 95.0 | 64.3 | 100.0 | 100.0 | 33.3 | 65.0 | 84.0 | 75.0 | 100.0 | 80.0 |
| 6 | 82.5 | 59.1 | 90.0 | 100.0 | 33.3 | 60.0 | 68.0 | 75.0 | 90.0 | 50.0 |
| 7 | 86.3 | 82.1 | 80.0 | 100.0 | 100.0 | 65.0 | 76.0 | 87.5 | 90.0 | 75.0 |
| Mean: | 82.2 | 63.7 | 92.1 | 92.9 | 57.1 | 55.7 | 55.7 | 80.4 | 80.4 | 63.6 |

*Abbreviations:* PCS, physical composite score, MCS, mental composite score.

reported they would not choose a single-incision or NOTES procedure for themselves.[49]

The primary patient concerns regarding sexual health and future pregnancies have been largely disproven in the literature. Colpotomy in the setting of TVC has not been shown to have any negative affect on female sexual function, quality of life,[26,50–54] or pregnancy.[54] In a retrospective cohort study of 88 patients, Bulian et al observed no significant changes in postoperative sexual function, menorrhea, or vaginal discharge at an average of two years postoperatively from TVC.[35] A subsequent systematic review by Donatsky et al reported rates of de novo dyspareunia and vaginal pain or discomfort following TVC between 0% and 12.5% with no impairment of sexual function noted.[53] Additionally, there is no evidence that NOTES procedures using TV access have any negative effect on conception, pregnancy, or delivery.[54]

NOTES procedures have also been shown to cause less pain than conventional laparoscopy,[12] however, data pertaining to TVC specifically in support of this finding is limited to meta-analyses[26–30] and prospective cohort studies[31–33] and has not been reproduced in randomized controlled trials.[22,24,25] The International Multicenter Trial on Clinical Natural Orifice Surgery (IMTN) Registry captured 362 patients from 16 centers across 9 countries having undergone NOTES procedures and demonstrated less pain in NOTES patients than in those having had conventional laparoscopy.[12] While this study is inclusive of all NOTES procedures, Ghezzi et al demonstrated significantly less pain following TV specimen extraction than transumbilical extraction suggesting a consistent relationship.[55] While randomized controlled trials comparing TVC to CLC have not detected a difference in postoperative pain, they may have been limited by inconsistent methods of pain assessment and ineffective poor blinding procedures.[22,24,25] Furthermore, pain assessment methods such as having the patient cough while lying in bed may not accurately elicit pain which might be evident with activity.[24]

Incisional pain is of particular interest to our study because it is the primary factor related to delay of discharge and return to normal activity in patients after CVC.[56] While some studies have shown a reduced length of stay[26] and faster recovery,[30,34–36,41] others have not.[22,24,25,28,29] Of note, these findings may be confounded by institutional mandates such as the routine two-day hospital stay following laparoscopic cholecystectomy in Germany.[34,57] Medication use, perhaps a better indicator of postoperative pain, may be reduced in patients following TVC as compared to CLC.[26,31,33,41] Lehmann et al reported that 25% of NOTES patients captured in the German National Registry (GNR) had no pain medication requirement at all.[10] While analgesia use has been inconsistently reported and not clearly associated with a universally decreased length of stay, there are multiple large series demonstrating no postoperative analgesia in significant portions of patients.[10,12]

Another factor potentially contributing to pain is variability in the number of additional abdominal trocars used beyond the single port for hybridized assist. Additional trocars have been reported in up to 8.6% of TVC[26] with a mean of between 1.3 and 1.45 in large series.[10,22,32] Although the conversion rate to conventional laparoscopy is between 2%–2%,[22,26] the definition of conversion is unclear. Further studies are needed to determine if, given the known learning curve, experience with NOTES procedures is correlated with decreased number of additional abdominal trocars and perhaps reduced pain. Regardless,

the overall patient satisfaction and cosmetic result has been shown to be significantly improved amongst TVC patients as compared to CLC.[25–27,57–59]

In addition to reduced or equivalent postoperative pain, there is no evidence of increased complications in TVC as compared to CLC.[22,24–26,28–30,34] In a retrospective analysis of 571 TVCs over a 10-year period, Rössler et al observed a major complication rate of 1.6%.[60] The incidence of bile duct injuries has been reported as 0.7%, slightly higher than in conventional laparoscopy.[61] Interestingly, all bile duct injuries occurred in elective surgeries and were treated successfully with ERCP and stenting.[60] In a systematic review and meta-analysis Sodergren et al did not note any significant differences in the rate of bile duct injury between TVC and CLC, although it is a rare event irrespective of approach and the studies included may not have been adequately powered to detect a difference.[34] Minor complications such as vaginal bleeding have been reported but observed to stop spontaneously or with direct pressure.[26] Theoretical complications include bowel herniation and vaginal cuff dehiscence,[18] but have not been reported in the literature to our knowledge. Complication reporting in NOTES procedures has lacked standardization, which may create variability in interpretation.[62]

Access-related complications including injuries to the rectum, small bowel, and bladder have been reported,[10] but there is significant data to support the safety of TV access.[63] In a retrospective review of 102 TV access procedures, Woods et al reported an overall complication rate of 9.8% with a significant decrease after 50 cases.[64] In a multinational retrospective study of 3,667 TV procedures performed by 44 gynecologists from 18 different countries, Gordts et al demonstrated a full thickness bowel injury rate of 0.65% which decreased to 0.25% after 50 cases and were all managed conservatively.[63] A learning curve of 10–15 cases amongst laparoscopic surgeons performing TVC has been reported.[65–67] Becerra et al noted greater improvement in those with less laparoscopic experience suggesting the importance of this skill and translation to NOTES using rigid instruments as opposed to flexible endoscopy.[66] Van Den Boezem et al reported a decrease in operative time from 90 minutes to 55 minutes after 10 cases.[65] The operative time has generally been shown to be longer in NOTES procedures and TVC specifically,[22,24–26,28,29,34] but may decrease significantly with experience.

TV access has been further criticized for being limited to the female population, however, females are at increased risk of gallbladder pathology.[68] Although universally available, transgastric (TG) access may be associated with a more difficult closure than TV access which can be performed under direct visualization.[69–72] In the setting of cholecystectomy, TG access often involves visual inversion,[58] retroflexion, and additional laparoscopic suturing to facilitate gastrostomy closure.[12,71] There may be a greater learning curve in TG cholecystectomy due to the requirement for advanced endoscopic skills.[12] In their review of the IMTN Registry, Zorron et al found that TG surgery was associated with a higher rate of complications and longer operative time than TV access procedures.[12] The European clinical NOTES registry, captured an operative time in TG cholecystectomy almost double that of TVC and further associated with an increased requirement for additional trocar placement, and conversion to laparoscopy.[9] TG surgery is also limited by the esophageal diameter to the extraction of relatively smaller specimens than the TV access.[12] Conversely, extraction of pelvic masses up to 19 cm via posterior colpotomy has been reported without access-related morbidity.[55]

There has been additional hesitancy to pursue TV access as it requires incision of an otherwise uninvolved organ and was thought to potentially contaminate the peritoneum. While the colpotomy is typically five times as large as standard laparoscopic ports,[28] there have been no reports to our knowledge of prolapse or complications associated with the incision itself. Peritoneal contamination following TV procedures has been demonstrated in preclinical models to be low.[73–75] Lomanto et al specifically compared TV to TG access and found a lower risk of intra-abdominal contamination and sepsis in TV procedures.[73] Preclinical studies have further demonstrated minimal and abridged systemic inflammation and a decreased immunologic response relative to CLC.[75–77]

Contraindications to TVC access are widely variable, but generally extend to infectious and inflammatory disease of the abdomen or pelvis to include acute cholecystitis, as well as prior surgery.[12,18,34,65,78] TVC has also historically not been offered to patients with a BMI over 35,[79] due to data associating obesity with increased operative time in laparoscopic cholecystectomy[80–82] and increased risk of conversion from laparoscopic to open cholecystectomy,[83,84] suggesting a more difficult procedure with an increased risk of complications. The safety and efficacy of NOTES TVC as an alternative to conventional laparoscopy in the morbidly obese has been proven.[69,85–88] The available data suggest there is no increased risk of complications or pain in TVC performed in obese patients as compared to non-obese.[10,85–87] Increasing BMI may be associated increased rates of conversion to open, longer operative time, higher number of percutaneous trocars, and increased length of

stay.[10,86] Some studies, however, observed no relationship between operative time and BMI.[85]

TVC has also been successfully performed in patients with prior abdominal surgery to include hysterectomy as well as gastric bypass and sleeve procedures.[33,60,79,89] Given the altered anatomy and potential for adhesions especially in vicinity of the posterior vaginal vault, hysterectomy may increase the risk of complications particularly those related to access such as urinary bladder perforation.[89] The GNR demonstrated an increased incidence of bladder injury amongst patients with prior hysterectomy.[11] Rössler et al, however, in their review of 571 TVC's over a 10-year period, found no difference.[60] While the data are unclear regarding the incidence of bladder injury in this demographic, the overall complications have not been shown to be increased despite longer associated operating times.[89]

Key steps of TVC are the choice of endoscope, establishment of peritoneal access, dissection, extraction, and closure of the access site.[90] Issues surrounding NOTES include poor operative field visibility, limited instrument maneuverability, increased grasping distances, and lack of specific suturing and anastomotic devices designed for NOTES.[3] TVC typically requires adaptive curved instruments significantly longer than those for laparoscopic surgery.[91,92] There is significant heterogeneity in procedural methodology and equipment. Both flexible[6,69] and rigid[8,79,93,94] instruments have been described as has the use of modified transanal endoscopic microsurgery equipment.[91]

The primary challenges associated with TVC and, pure NOTES TVC especially, are related to the colocation of instruments. Operative instruments and endoscopes working in parallel create the possibility for interferences, hinders effective manipulation, and does not facilitate triangulation as movement is constrained to the long axis.[58,94–96] This may significantly limit exposure, dissection, and field of view potentially increasing the risk of injury while instruments are out of sight.[97] In a task-analysis of CLC versus TVC, Nemani et al demonstrated increased errors in the TVC group due to instruments being out of sight whereas the CLC group had more errors due to lack of progress.[98] It may also be more difficult to obtain the critical view of safety while working from a relatively more posterior angle.[18]

Hybridization is the predominant approach in TVC because it addresses many of these challenges.[10] It also facilitates the passage of surgical clips, which is critical as historically available endoscopic clips are not intended and should not be used for full occlusion of the cystic artery and/or duct.[18,58,72,96] Endoscopic clips may become dislodged[99–101] and cannot achieve complete occlusion due to a hinge gap such that they are only occlusive at the distal tip.[7,18,102] Some authors have described manual straightening of endoscopic clips to mitigate this issue and facilitate placement, however, while successful, this technique is inefficient and not ideal given that it requires modifying a manufactured product.[18,95] Prototype flexible clip appliers capable of complete occlusion have been described[103] including one with a zero-gap clip.[97] Of note, clip placement using this prototype took 9 minutes, significantly longer than laparoscopic clip placement.[97]

In addition to the variable approach, there is also the choice of flexible or rigid instruments, both of which have been widely reported. Flexible endoscopes offer working ports for instruments, but require an additional skill set and potentially significant cost should equipment not be readily available.[90] Furthermore, platform stability is sacrificed for maneuverability which may compromise the ability to create sufficient axial force, traction, and countertraction to facilitate efficient exposure and dissection.[90,96] While the grasper allows for some traction, the endoscope is unable to simultaneously dissect.[95] Rigid instruments allow for improved stability, resolution, field of view, and picture quality as well as independence of working instruments from visualization.[90] Conversely, they are limited to access near natural orifices and dissection in-line with the direction of access.[90] In a review of the EURO-NOTES Clinical Registry, inclusive of all NOTES procedures in the first five years of its clinical implementation, Arezzo et al demonstrated a significantly shorter operative time overall using rigid instruments as compared to flexible instruments.[9]

The lack of NOTES-specific instruments, a process significantly delayed by federal regulations, has been a major issue in limiting adoption.[3] Additional issues with current procedural terminology (CPT), coding process, third-party-payer approvals, and hospital credentialing and purchasing processes as well as the requirement for IRB approval on all NOTES procedures, have also contributed to delayed integration.[3] Instruments not only NOTES-compatible, but designed to address specific associated challenges, are available.[104] Magnetic anchoring systems (MAS), for example, may allow for triangulation by improving the stability of flexible platforms facilitating multiaxial traction and countertraction in NOTES procedures by coupling internal components to external components.[104–106] Preclinical studies of MAS experienced failures attributed to inadvertent magnetic coupling, but noted significant improvement over time as technique was refined.[104] Even with appropriate equipment, however, it has been suggested that robotization may be

necessary before more widespread adoption is possible.[107] Robotic systems specific to endoluminal procedures have been developed[108,109] and shown in randomized controlled trials to improve dissection and shorten operating time.[110]

There are several limitations to this study. This prospective study had a small sample size and the operations were completed over a decade ago. The population of patients was restricted to military personnel and their family members undergoing elective and highly selective cases. Lastly, the amount of pain medication taken postoperatively was not collected and therefore no comment on the relationship between TVC and postoperative pain medication requirement is available. Definitive conclusions from this data cannot be applied to the general population.

Importantly, the HRQoL surveys chosen for long-term follow up likely report results irrelevant to the index NOTES procedure. The results of the RAND-36 and the FSFI have limited relevance due to the collection in isolation and lack of established patient's baseline, which make it difficult to assess the effect of the operation on these outcomes. Furthermore, the RAND-36 was conducted 5 years postoperatively at which time their quality of life as assessed by the survey was likely temporally separated from the effect of the operation because they had fully recovered. The FSFI was discordant from patient logs and showed most patients to have results suggestive of female sexual dysfunction and hypoactive sexual disorder. Importantly, FSFI is not diagnostic of female sexual dysfunction because it does not assess distress and, therefore, these findings are highly unlikely that all seven women had results objectively suggestive of this disorder without any endorsing symptoms elsewhere. We recommend future research efforts conduct both the RAND-36 and the FSFI prior to study initiation and at more than one time point postoperatively, to establish a baseline and better informed data interpretation.

The military relevant benefits of this technique are primarily related to the potential for expedited return of the warfighter back to the fight and limited restrictions for service member return to work. Future use of NOTES techniques in forward deployed environment may obviate the requirement for a sterile operating room environment, provide procedures that are less resource demanding and allow for broader implementation of invasive procedures performed closer to the point of injury as well as to service members in austere environments.

In conclusion, TVC is a novel technique which may improve operational readiness by returning service members to normal activities more expeditiously than traditional laparoscopy. Further research is to understand if there are significant decreases in pain, wound infection, complications, operative times associated with NOTES TVC.

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necessary before more widespread adoption is possible.[107] Robotic systems specific to endoluminal procedures have been developed[108,109] and shown in randomized controlled trials to improve dissection and shorten operating time.[110]

There are several limitations to this study. This prospective study had a small sample size and the operations were completed over a decade ago. The population of patients was restricted to military personnel and their family members undergoing elective and highly selective cases. Lastly, the amount of pain medication taken postoperatively was not collected and therefore no comment on the relationship between TVC and postoperative pain medication requirement is available. Definitive conclusions from this data cannot be applied to the general population.

Importantly, the HRQoL surveys chosen for long-term follow up likely report results irrelevant to the index NOTES procedure. The results of the RAND-36 and the FSFI have limited relevance due to the collection in isolation and lack of established patient's baseline, which make it difficult to assess the effect of the operation on these outcomes. Furthermore, the RAND-36 was conducted 5 years postoperatively at which time their quality of life as assessed by the survey was likely temporally separated from the effect of the operation because they had fully recovered. The FSFI was discordant from patient logs and showed most patients to have results suggestive of female sexual dysfunction and hypoactive sexual disorder. Importantly, FSFI is not diagnostic of female sexual dysfunction because it does not assess distress and, therefore, these findings are highly unlikely that all seven women had results objectively suggestive of this disorder without any endorsing symptoms elsewhere. We recommend future research efforts conduct both the RAND-36 and the FSFI prior to study initiation and at more than one time point postoperatively, to establish a baseline and better informed data interpretation.

members to normal activities more expeditiously than traditional laparoscopy. Further research is to understand if there are significant decreases in pain, wound infection, complications, operative times associated with NOTES TVC.

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# Exhibit D.IV.c – Reserch Laparoscopic Duodenal-Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m² (Obesity)

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# Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m$^2$ (LBMI)

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## Abstract

### Background

The association between medical and dietetic–behavioral treatments of type 2 diabetes mellitus (T2DM) has demonstrated to have variable results. The surgical treatment of T2DM is justifiable after the observation of a successful glycemic control in patients submitted to Roux-en-Y gastric bypass and biliopancreatic diversion. Experiments have shown an important role of the proximal intestine in glycemia decrease and diabetes control.

### Methods

Twenty diabetic patients underwent laparoscopic duodenal–jejunal exclusion. The variables studied were body mass index (BMI), fasting glycemia, glycosylated hemoglobin ($HbA_1c$), and C-peptide, in the preoperative period and after 3 and 6 months.

## Results

There was a BMI decrease up to the third month and a weight stabilization between the third and sixth months. There was a significant reduction in fasting glycemia (43.8%) and $HbA_1c$ (22.8%) up to the sixth month ($p < 0.001$). C-peptide did not show any significant alteration until the third month, although there was a considerable increase (25%) between the third and the sixth months ($p < 0.001$). Only two patients were on oral medication after the sixth month.

## Conclusions

Preliminary results have shown an important effect of the laparoscopic duodenal–jejunal exclusion in the treatment of T2DM. Studies with longer follow-up and a larger number of patients are necessary to better define the role of this new and promising procedure.

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RESEARCH ARTICLE

# Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m$^2$ (LBMI)

**Almino C. Ramos · Manoel P. Galvão Neto · Yglésio Moyses de Souza · Manoela Galvão · Abel H. Murakami · Andrey C. Silva · Edwin G. Canseco · Raúl Santamaría · Trino A. Zambrano**

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**Abstract**
*Background* The association between medical and dietetic–behavioral treatments of type 2 diabetes mellitus (T2DM) has demonstrated to have variable results. The surgical treatment of T2DM is justifiable after the observation of a successful glycemic control in patients submitted to Roux-en-Y gastric bypass and biliopancreatic diversion. Experiments have shown an important role of the proximal intestine in glycemia decrease and diabetes control.
*Methods* Twenty diabetic patients underwent laparoscopic duodenal–jejunal exclusion. The variables studied were body mass index (BMI), fasting glycemia, glycosylated hemoglobin ($HbA_1c$), and C-peptide, in the preoperative period and after 3 and 6 months.
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*Conclusions* Preliminary results have shown an important effect of the laparoscopic duodenal–jejunal exclusion in the treatment of T2DM. Studies with longer follow-up and a larger number of patients are necessary to better define the role of this new and promising procedure.

**Keywords** Diabetes mellitus · Duodenal–jejunal exclusion · Surgical technique

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## Introduction

Diabetes mellitus affects nearly 150 million people all over the world. This number may double by 2025 [1]. In the USA, it is the leading cause of blindness, chronic renal insufficiency, and amputations, multiplying by three the risks of heart diseases and by two the risks of a stroke. The annual health system expenditures amount to 100 billion American dollars [2]. It is type 2 diabetes mellitus (T2DM) that predominates in about 90% of patients, usually associated with intolerance to glucose and overweight. The treatment of T2DM in the past few years has been based upon a combination of dietetic–behavioral proce-

dures and medical therapy with oral hypoglycemiants and, in more severe cases, insulinotherapy with variable success rates [3]. The large variability in clinical treatment results and the growing economic impact of the DM treatment and its complications worldwide justify the search for new and efficient treatment methods, whether clinical or surgical. In the past two decades, with the advancement of bariatric surgery and the observation of a successful glycemia control in patients who underwent Roux-en-Y gastric bypass and biliopancreatic diversion (Scopinaro & Duodenal Switch), many groups have been trying to elucidate the mechanisms associated with glycemia control [4–8]. At first, it was thought that glycemia stabilization would be a direct consequence of weight loss induced by surgery. Rubino et al. carried out a study with non-obese diabetic rats which underwent duodenal–jejunal exclusion, having found a significant glycemia decrease in about 40% of them and an improvement in tests of glucose oral tolerance (better result than clinical treatment with rosiglitazone). Independent from any ponderable weight loss, this effect was confirmed within a 3-week postoperative observation [9, 10]. In this setting, a study protocol of 20 patients with low body mass index (LBMI) was designed in which they underwent laparoscopic duodenal–jejunal exclusion, under informed consent, aiming to control glycemia and to improve the conditions associated with T2DM.

## Patients and Methods

### Patients

From August 2006 to October 2007, we started a prospective study in patients with BMI between 20 and 30 kg/m$^2$, aged between 18 and 60 years old, with diabetes being diagnosed later than two and earlier than 8 years, without a history of insulinotherapy and with C-peptide levels >1.0 ng/ml. All patients were explained the risks and benefits of this new technique and have provided informed consent term approved by the local Institutional Review Board.

Patients taking hypoglycemiants different from metformin, glimepiride, and glitazones, with a previous history of difficult glycemic control or ketoneacidosis, with a weight loss of more than 5 kg in the last 3 months or with $HbA_1c$ >11% were excluded from this protocol.

### Operative Technique

Positioning of patient, surgical team, and punctures are similar to that in a five-trocar antireflux procedure. The greater omentum is divided at the greater gastric curvature with the use of a harmonic scalpel (Harmonic ACE 5 mm shears, Ethicon Endo-Surgery, Cincinnati, OH, USA), preserving the gastroepiploic vessels until the head of the pancreas is reached. Once in the retrocavity, the dissection is extended to the lesser curvature for freeing the first duodenal portion (about 2 cm distal to the pylorus), where a 45-mm linear stapler (ETS-Flex Endoscopic Articulating Linear Cutter, Ethicon Endo-Surgery) with a vascular white load is fired (Fig. 1). Pyloric artery ligation is always performed to achieve a tension-free duodenojejunostomy.

A jejunal omega isoperistaltic loop 200 cm from the Treitz ligament is shown in an antecolic isoperistaltic fashion. A 45-mm linear stapler (vascular) performs the terminolateral duodenojejunostomy. The stapled hole is closed by a layer of continuous suture with PDS 3.0® (Fig. 2).

By mobilizing the alimentary limb on the surgeon's left side, a side-to-side enteroenterostomy is performed with a 45-mm vascular stapler 100 cm distal from the duodenojejunostomy. Roux-en-Y reconstruction is completed through stapling between the duodenojejunostomy and the enteroenterostomy with a 45-mm vascular stapler (Fig. 3). Mesenteric defects are closed with an Ethibond® 3.0 running suture. A tubolaminar drain is left next to the duodenojejunostomy until the seventh postoperative day.

A hypoglycemic/hypolipidemic diet is started on the first postoperative day. Patients are stimulated to walk, being dismissed from the hospital on the second postoperative day. Dosages of fasting glycemia, $HbA_1c$, C-peptide, and BMI calculation are taken at postoperative days 30, 90, and 180. Glycemic control at home is maintained as in the preoperative period.



**Fig. 1** Transection of the first duodenal portion

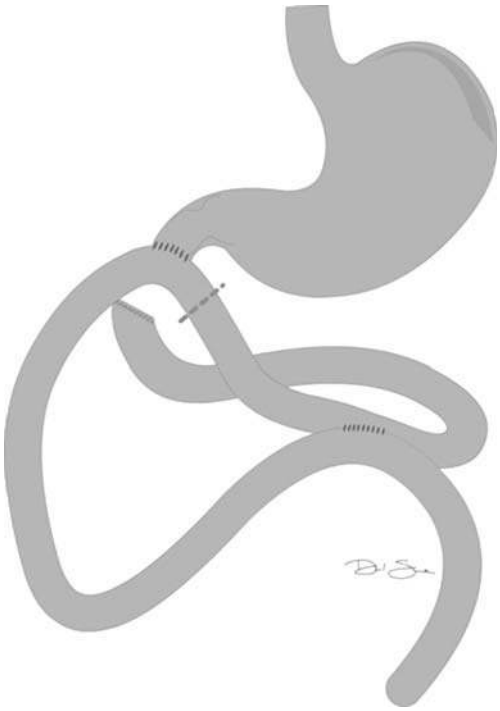


**Fig. 2** Creation of the duodenoenterostomy 200 cm from the Treitz ligament

### Statistical Methods

BMI, $HbA_1c$, fasting glycemia, and C-peptide data were checked using analysis of variance, together with multiple comparisons through the Bonferroni method when necessary. It was necessary to use the logarithmic transformation in the variable fasting glycemia. Values of $p<0.05$ were considered significant [11]. The statistical analysis were made by the software "Statistical Package for Social Sciences" version 11.0 for Windows.

## Results

Twenty patients were included in the study (11 men and nine women). Mean age was 43 (29–60) years old. The mean T2DM diagnosis time was 5.3 (2–8) years. Mean preoperative BMI was 27.1 (25–30). Mean BMI in the third and sixth postoperative months were respectively 25 (22–29) and 24.4 (20.2–28.3). A statistically significant difference was observed between BMI in the preoperative period and in the third month ($p<0.001$). However, there was no difference between the third and the sixth months ($p=0.732$), showing a weight loss stabilization, around 7.8% below the initial weight (Fig. 4).

Preoperative fasting glycemia level was 171.3 (127–242). After the third and the sixth postoperative months, there was a decrease to 107.1 (82–145) and 96.3 (78–118), with a reduction of 37.5% and 43.8% ($p<0.001$), respectively. Comparing the third and the sixth postoperative months, there was a significant difference ($p=0.047$; Fig. 5).

Concerning $HbA_1c$, the mean value in the preoperative period was 8.8% (7.5–10.2). There was a decrease to 7.8

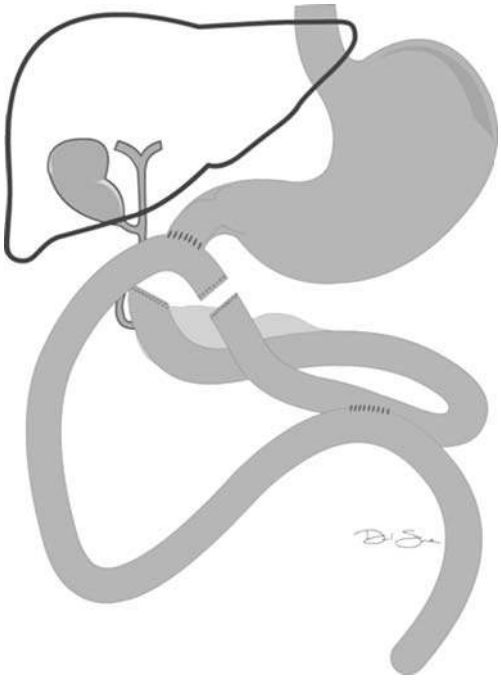


**Fig. 3** Formation of the enteroenterostomy, 100 cm from the previous anastomosis and the jejunal section for the final bypass positioning

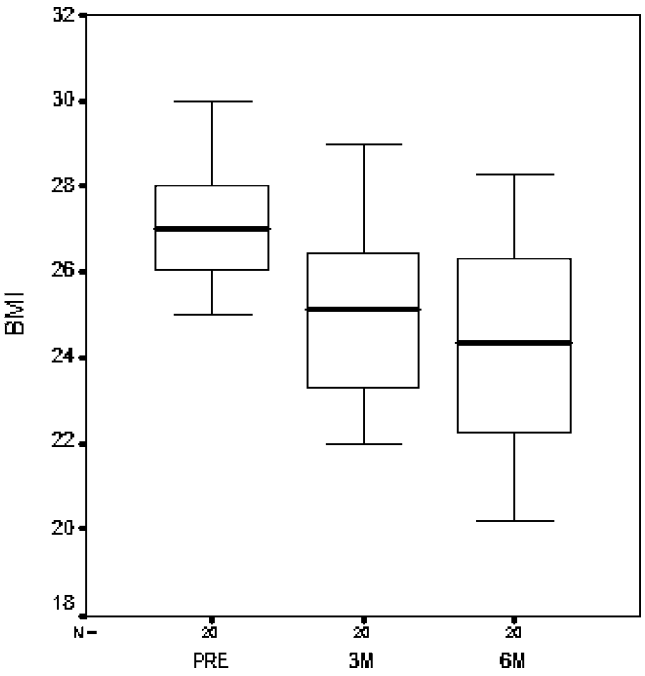



**Fig. 4** BMI evolution up to the sixth postoperative month. *PRE* preoperative data, *3M* 3 months, *6M* 6 months

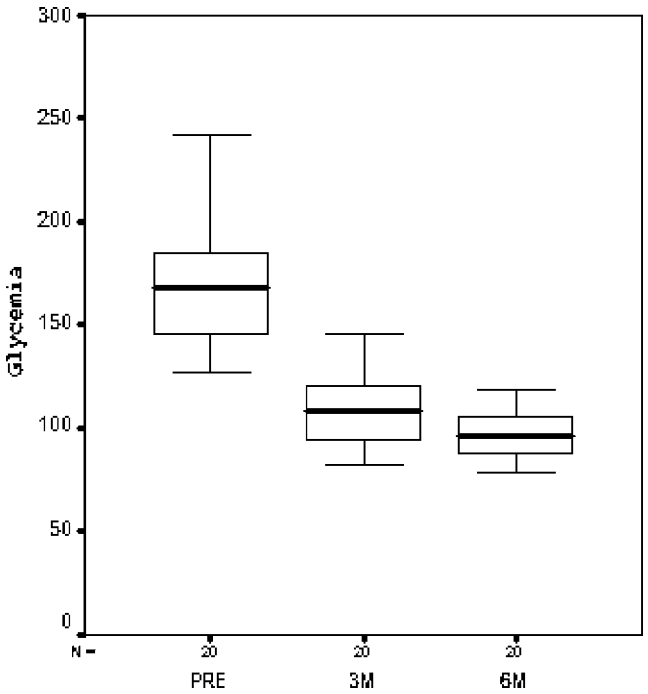



**Fig. 5** Fasting glycemia up to the sixth postoperative month. *PRE* preoperative data, *3M* 3 months, *6M* 6 months

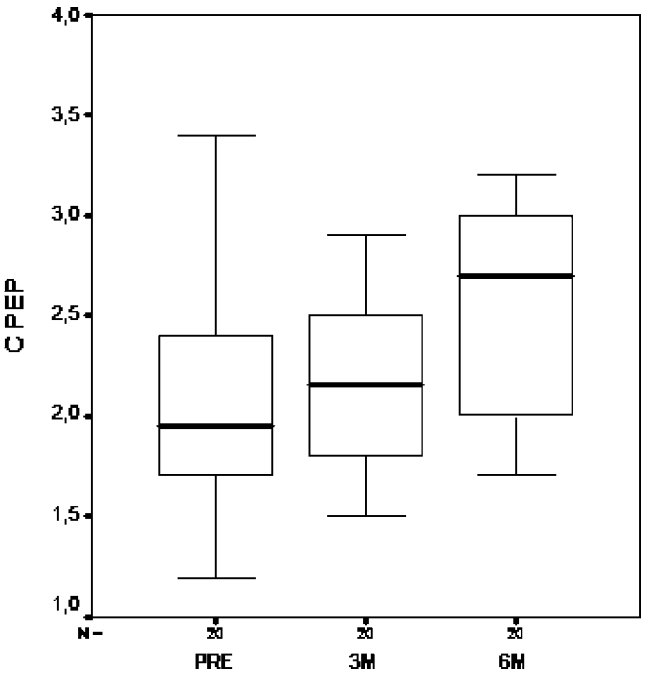



**Fig. 7** C-peptide up to the sixth postoperative month. *C PEP* C-peptide, *PRE* preoperative data, *3M* 3 months, *6M* 6 months

(6.7–9.6) and 6.8 (5.8–7.9) in the third and sixth postoperative months, respectively ($p<0.00l$; Fig. 6).

The mean value of C-peptide levels in the preoperative period was 2.0 ng/ml (1.2–3.4). In the third and sixth postoperative months, there was an increase to 2.1 (1.5–2.9) and 2.5 (1.7–3.2). However, there was no statistical significance up to the third month ($p=0.247$). In the sixth month, there was an increase of 25% in the C-peptide levels ($p<0.001$; Fig. 7). Results are summarized in Table 1.

Only two patients (10%) included in this study were kept on oral medication (metformin) after the sixth postoperative month. Patients are still on clinical follow-up aiming a long-term analysis. There have been no postoperative complications, such as fistulae or abscesses in this group of patients. No mortality was observed.

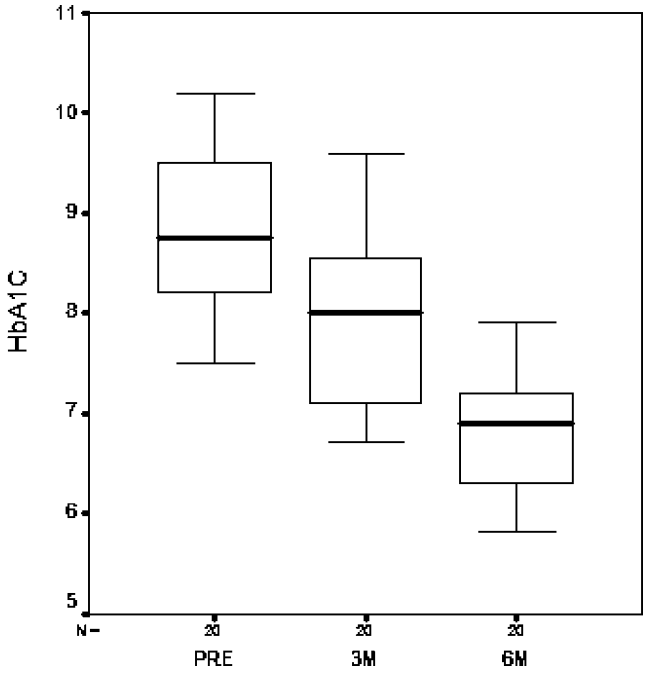



**Fig. 6** $HbA_1c$ up to the sixth postoperative month. *PRE* preoperative data, *3M* 3 months, *6M* 6 months

**Table 1** Comparative results between BMI, $HbA_1c$, glycemia, and C-peptide in different collection moments

| | Conclusion |
|---|---|
| BMI | PRE > 3M ($p<0.001$[a]) |
| | PRE > 6M ($p<0.001$[a]) |
| | 3M = 6M ($p=0.732$[a]) |
| $HbA_1c$ | PRE > 3M ($p<0.001$[a]) |
| | PRE > 6M ($p<0.001$[a]) |
| | 3M > 6M ($p<0.001$[a]) |
| Glycemia | PRE > 3M ($p<0.001$[a]) |
| | PRE > 6M ($p<0.001$[a]) |
| | 3M > 6M ($p=0.047$[a]) |
| C-peptide | PRE = 3M ($p=0.848$[a]) |
| | PRE < 6M ($p<0.001$[a]) |
| | 3M < 6M ($p<0.001$[a]) |

*PRE* preoperative data, *3M* 3 months, *6M* 6 months
[a] Analysis of variance (ANOVA) *p* value

## Discussion

In recent years, some procedures have been proposed in the literature for the treatment of T2DM in non-obese and obese patients, as the duodenal–jejunal exclusion [12] and the ileal interposition [13]. We have chosen the duodenal–jejunal exclusion based on the consistent results on glycemia control reported by Rubino et al. in an experimental protocol in Goto–Kakizaki non-obese diabetic rats [9]. The option for creating a biliopancreatic limb ranging 200 cm from Treitz and an alimentary limb of 100 cm was based in the literature data [14] and our group's experience in bariatric surgery with the Roux-en-Y gastric bypass in morbidly obese patients who also had hyperlipidemia and T2DM or glucose intolerance. We have observed a reduction in blood levels of glucose and cholesterol and the resolution of T2DM in most of our cases (unpublished data). The choice for the laparoscopic method was due to its benefits in terms of postoperative recovery, surgical infection, and cosmesis.

The inferential results showed that the BMI behavior ($p<0.001$), $HbA_1c$ ($p<0.001$), fasting glycemia ($p<0.001$), and C-peptide ($p<0.001$) are not statistically the same in the different moments of postoperative follow-up. We verified a weight loss of approximately 7.8% of the total body weight up to the third month and stabilization from the third to the sixth months. There was an important decrease in fasting glycemia up to the third month, followed by a lower reduction after the sixth month. The reduction of $HbA_1c$ levels was more stable, 11.4% and 22.8% in the third and the sixth postoperative months, respectively. C-peptide levels increased in the sixth month dosage, probably reflecting a slower recovery of the pancreatic function and insulinic activity in the postoperative period.

Six months after the duodenal–jejunal exclusion, only 10% of the patients were still taking oral hypoglycemiants. One of those has had the diagnosis of T2DM for 8 years, the longest in our series. The other patient, although after only 4 years of his T2DM diagnosis, showed no improvement in the C-peptide levels, demonstrating a lack of improvement in insulinic secretion. Cohen et al. pointed the better response to surgery in a subset of patients with shorter disease time and higher pre-operative levels of C-peptide [12].

Concerning the association between weight loss and glycemic reduction and the improvement in the levels of $HbA_1c$ and C-peptide, it can be said that weight loss and glycemic reduction were combined events up to the third month. However, there was no combination up to the sixth month, showing a possible hypoglycemiant effect through the increase of incretins. Many publications have pointed the importance of these gut hormones (GLP-1, PYY, GIP) in the regulation of glucose metabolism [12, 13, 15]. The $HbA_1c$ reduction was the result of a better glycemic control and the C-peptide increase was the result of improvement of the pancreatic function, probably as a consequence of incretinic stimulation.

The idea of bypassing the duodenum and proximal jejunum as a means of achieving glycemic control was first developed in animal models [9, 10]. This concept has evolved leading to the pioneers well-succeeded attempts of surgical [12] and endoscopic [16] duodenal–jejunal exclusions. In the former study [12], which included two patients, by the fifth week after surgery, both were euglycemic and free of all antidiabetic medications. The $HbA_1c$ levels were <6% at the last follow-up visit, 9 months postoperatively. In the latter trial [16], glycemia control occurred already 24 h after the initial procedure. De Paula et al. proposed a procedure combining an ileal interposition with sleeve gastrectomy in the treatment of T2DM. An important reduction in antidiabetic medications was observed. Nearly 87% of the patients permanently discontinued preoperative oral hypoglycemic agents, insulin, or both. A rapid normalization of fasting plasma glucose was achieved by 29% of the patients on the first 2 weeks. However, it is a technically challenging procedure, with major morbidity and mortality rates of 10.3% and 2.6%, respectively [13].

Generally, the goals to be reached in the clinical treatment of T2DM are a fasting glycemia around 100–110 mg/dl and $HbA_1c$ at the most 1% above the upper limit of the reference value [17]. In the present study, the duodenal–jejunal exclusion was efficient by achieving these goals. Despite having no clinical randomization or sample pairing for comparison with a group of patients submitted to clinical treatment in the same institution, the present study showed a remarkable hypoglycemiant effect of laparoscopic duodenal–jejunal exclusion in the treatment of T2DM in this subset of patients.

## Conclusions

The laparoscopic duodenal–jejunal exclusion is a safe procedure with low postoperative complication rates and an incretinic effect, shown through the reduction of glycemia and $HbA_1c$ and the increase of C-peptide secretion in a subset of patients. Further studies with larger samples, randomization, and longer follow-up are necessary to clarify its role in the treatment of T2DM.

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REVIEW

# Surgical cure for type 2 diabetes by foregut or hindgut operations: a myth or reality? A systematic review

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**Abstract**
*Background* Bariatric surgery results in remission of type 2 diabetes mellitus in a significant proportion of patients. Animal research has proposed the foregut and hindgut hypotheses as possible mechanisms of remission of T2DM independent of weight loss. These hypotheses have formed the basis of investigational procedures designed to treat T2DM in non-obese (in addition to obese) patients. The aim of this study was to review the procedures that utilise the foregut and hindgut hypotheses to treat T2DM in humans.
*Methods* A systematic review was conducted to identify the investigational procedures performed in humans that are based on the foregut and hindgut hypotheses and then to assess their outcomes.
*Results* Twenty-four studies reported novel procedures to treat T2DM in humans; only ten utilised glycated haemoglobin A1c (HbA1c) in their definition of remission. Reported remission rates were 20–40 % for duodenal–jejunal bypass (DJB), 73–93 % for duodenal–jejunal bypass with sleeve gastrectomy (DJB-SG), 62.5–100 % for duodenal–jejunal bypass sleeve (DJBS) and 47–95.7 % for ileal interposition with sleeve gastrectomy (II-SG). When using a predetermined level of HbA1c to define remission, the remission rates were lower (27, 63, 0 and 65 %) for DJB, DJB-SG, DJBS and II-SG.
*Conclusions* The outcomes of the foregut- and hindgut-based procedures are not better than the outcomes of just one of their components, namely sleeve gastrectomy. The complexity of these procedures in addition to their comparable outcomes to a simpler operation questions their utility.

**Keywords** Foregut theory · Hindgut theory · Remission ot type 2 diabetes

Since the publication of the first report by Pories et al. [1] showing remission of type 2 diabetes mellitus (T2DM) after surgery, conventional bariatric procedures have shown benefit in controlling T2DM in patients with BMI >35 kg/m$^2$. The mechanisms proposed for remission of diabetes are generally classified into weight loss dependent and non-weight loss dependent [2].

The improvement in control of T2DM after purely restrictive procedures such as laparoscopic adjustable gastric banding (LAGB) is largely dependent on and proportional to weight loss [3]. However, the case for weight loss-independent mechanisms is strong and based on three observations: firstly, rapid improvement in diabetes after certain types of bariatric surgery [4]; secondly, greater diabetic improvement after certain types of bariatric surgery than with equivalent weight loss from other interventions [5–8]; thirdly, cases of late hyperinsulinaemic hypoglycaemia [2].

Based on these observations, several mechanisms have been proposed to explain the weight-independent improvement and remission of diabetes after bariatric and metabolic surgery. It is postulated that bariatric surgery works through modulation of bile acids, gut microbiota or incretins to alter weight and/or insulin sensitivity. The most popular hypotheses continue to be the foregut and hindgut theories based on modulation of incretins. Both theories are strongly

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supported by evidence from animal studies [9, 10]. The foregut theory proposes that food bypassing the duodenum leads to a decrease in unknown anti-incretin hormones which leads to improved insulin sensitivity [11, 12]. The hindgut theory states that early exposure of undigested food to the hindgut leads to increased secretion of incretins with subsequent improvement in glycaemic control [13, 14].

New surgical procedures have been designed on the basis of these theories to achieve glycaemic control in non-obese T2DM patients whilst reducing morbidity and exerting a minimal effect on weight.

This article aims to systematically review the literature describing these investigational surgeries designed to treat T2DM in obese as well as the 'non-morbidly obese'. The study evaluates the usefulness and validity of the 'foregut' and 'hindgut' hypotheses in improving glycaemic control.

## Materials and methods

A two-stage systematic review of the literature was performed. The first stage aimed to identify investigational procedures based on the foregut or hindgut theories. The second stage ascertained outcomes of these operations in humans with emphasis on their outcomes in the treatment of T2DM. Using the National Health Service (NHS) evidence advanced search facility (HDAS), we searched PubMed, MEDLINE, Embase, CINAHL, British Nursing Index and AMED. The first stage of the search included the following terms: (foregut or hindgut) and diabetes. After identifying the relevant procedures, we searched the same databases for these procedures. There was no time limit on the search. The inclusion criteria are as follows: procedures based on the foregut and hindgut theories, human studies, articles written in the English language, no duplication of data. Exclusion criteria used in this study are animal studies, conference abstracts, articles not written in the English language, short-term objectives, review articles and duplication of data.

Two authors reviewed the abstracts independently. A full-text article for each relevant article was obtained, and manual cross-referencing from the bibliography was performed to ensure inclusion of all of the relevant related literature. Following this, relevant data were extracted from each paper. The data extracted are study design, procedures included in the study, inclusion criteria, successful implant, number of patients with T2DM, number of patients with T2DM completing follow-up, follow-up, baseline mean body mass index (BMI) kg/m$^2$, follow-up mean BMI kg/m$^2$, percentage excess weight loss, pre- and post-operative fasting glucose (mg/dl), pre- and post-operative HbA1c, definition of remission of diabetes in the paper and remission rate.

Blood glucose is expressed in the conventional units (mg/dl) for simplicity of comparison and where necessary has been converted from SI units (mmol/l) by multiplying it by the conversion factor 18.

The World Health Organization (WHO) classification of obesity was used to improve uniformity in comparing studies [15]. BMI cut-off points of 23, 27.5, 32.5 and 37.5 kg/m$^2$ (corresponding to BMI 25, 30, 35 and 40 of the WHO classification) have been added as points for the Asian population [16].

The American Diabetes Association's [17] definitions of remission of T2DM are used in the manuscript. Partial remission is HbA1c <6.5 %, fasting glucose 100–125 mg/dl (5.6–6.9 mmol/l)of at least 1 year's duration in the absence of active pharmacological therapy. Complete remission is a return to 'normal' measures of glucose metabolism (HbA1c in the normal range, fasting glucose <100 mg/dl or 5.6 mmol/l)of at least 1 year's duration in the absence of active pharmacological therapy.

## Results

### Data retrieval

The initial literature search identified a total of 293 papers for screening. After electronic and manual de-duplication, 177 papers were identified. Of these, 146 papers were excluded after review of the abstracts. The remaining 31 papers were fully reviewed. Subsequently, seven papers were excluded due to duplication of data and a further four papers were excluded as they were found to be reviews with no extra original data. After manual cross-referencing, no new papers were identified that met the inclusion criteria. Finally, 24 papers were included in this systematic review. Figure 1 shows a flow diagram of the review process.

Three types of surgical procedures that utilised the principles of the foregut and hindgut theory to treat T2DM in humans were identified which are duodenal–jejunal bypass (DJB), duodenal–jejunal bypass with sleeve gastrectomy (DJB-SG), endoscopic DJB sleeve (DJBS), ileal interposition with sleeve gastrectomy (II-SG).

A total of 24 papers were included that offered a novel surgery to a total of 921 patients with T2DM (Fig. 1).

## Systematic review of the procedures

### Duodenal–jejunal bypass (Fig. 2)

*Technical details*

The duodenum is transected 1–2 cm below the pylorus, and the jejunum is transected 50 cm from the ligament of Treitz. The distal end of the jejunum is anastomosed end-

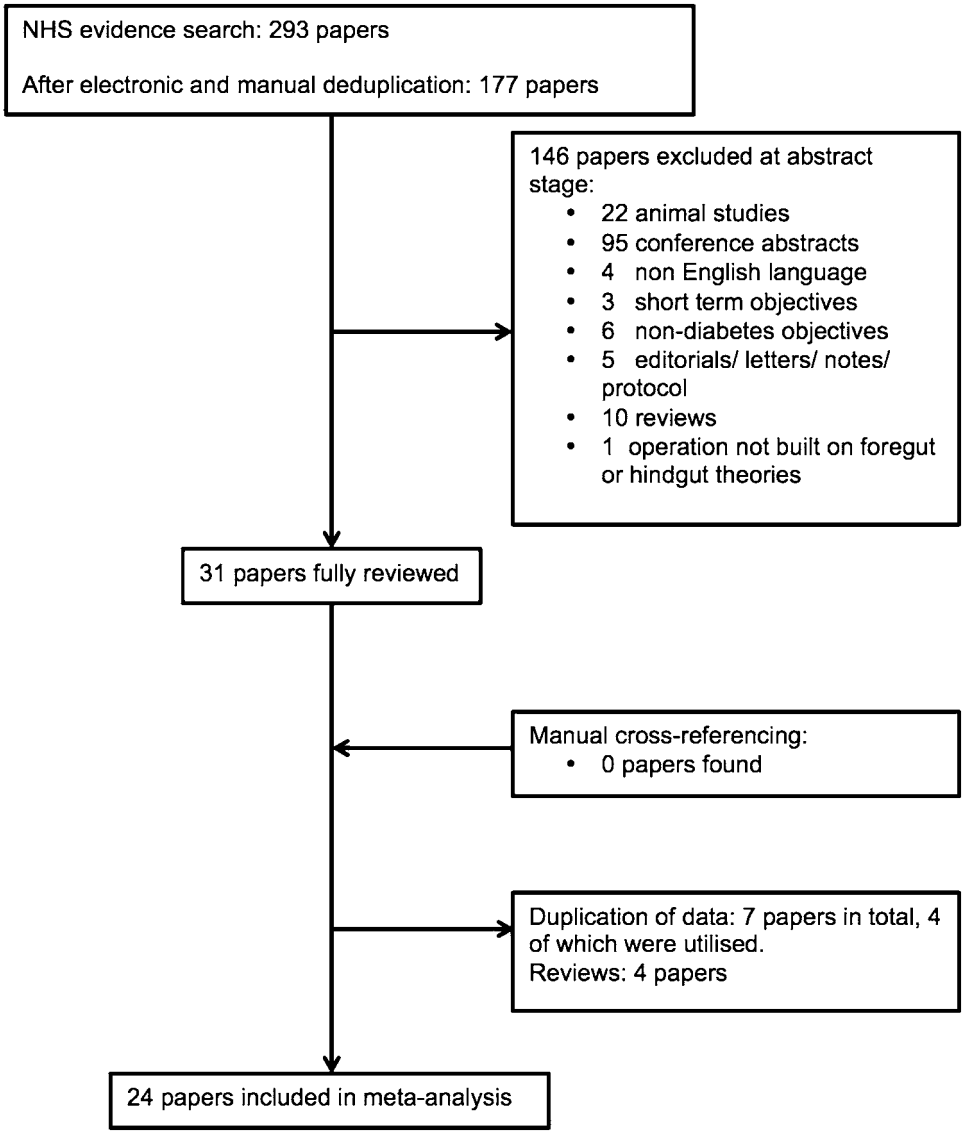



**Fig. 1** PRISMA flow diagram

to-end to the duodenum and the proximal end is anastomosed end-to-side to the jejunum, 80 cm from the duodenojejunostomy. SG is added to this operation in some studies.

*Morbidity and mortality*

One death secondary to pulmonary embolism [18] and one major post-operative complication in the form of stricture of gastric tube [19] were reported. This was treated with stricturoplasty.

Transient post-operative nausea and vomiting were the most commonly reported minor complications ranging from 20 to 42 % [18, 20, 21] Other rare complications were marginal ulcer, ileus, pancreatitis and late bowel obstruction.

*Outcomes of glycaemic control*

In nine small studies, 123 patients (all diabetic and BMI $<35$ kg/m$^2$) underwent DJB and 60 had DJB-SG (48 were diabetic and had BMI $>32$ kg/m$^2$ as per Asian guidelines for bariatric surgery). Following DJB, reported diabetes remission rate was between 16 and 100 % (see Table 1). Diabetes remission rate was 73–91 % after DJB-SG. When using the more universally acceptable definition of remission, the remission rate was 27 % in DJB and 63 % in DJB-SG (Table 2).

Only one study reported a fall in HbA1c within 1 month [22]. The rest of the studies reported remission at 6 months or later making it difficult to confirm whether it was independent of or secondary to weight loss.

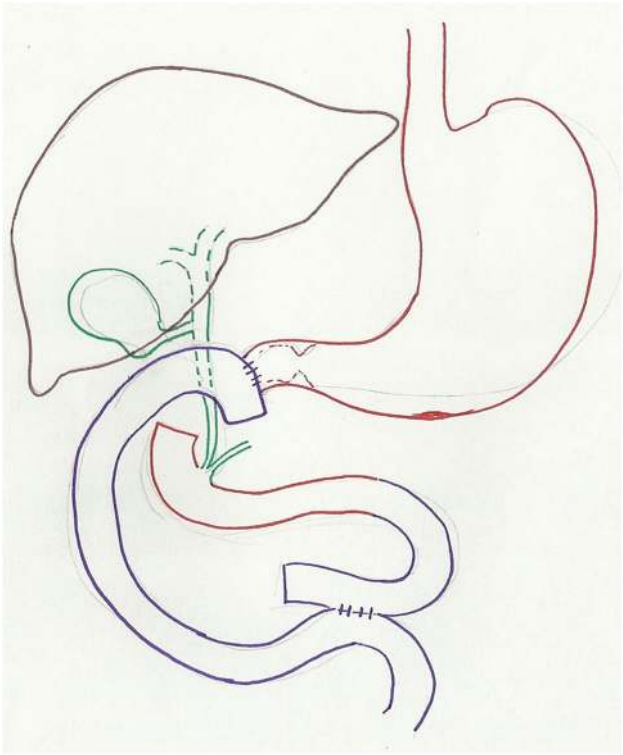


**Fig. 2** Duodenal–jejunal bypass (DJB) with or without sleeve gastrectomy (DJB-SG)

## Endoscopic DJB sleeve (Fig. 3)

### *Technical details*

The DJBS is a single-use endoscopic device, deployed under radiological guidance. The device is composed of tiny nitinol lateral barbs for anchoring and an impermeable plastic conduit that prevents contact of the chyme with bile–pancreatic secretions up to the proximal jejunum. The procedure is performed under general anaesthesia. The device is introduced over a guide wire, and the plastic conduit is stretched to overlay the duodenum and the proximal region of the jejunum. After correct positioning, the anchoring system is freed setting the device in the duodenal bulb. A contrast study is performed to verify the position of device and to rule out obstruction within the plastic conduit.

### *Morbidity and mortality*

No major morbidity or mortality is reported in any of the studies performed. Reported procedure-related minor complications include upper abdominal pain, nausea, vomiting, flatulence, oesophagitis, gastritis, erosive duodenitis, constipation, diarrhoea.

### *Outcomes of glycaemic control*

A total of 180 patients with T2DM were described in nine articles. All of the studies included patients with an average BMI >30 kg/m$^2$. The remission rate of diabetes was 62.5–100 % (Table 3). One small study defined remission as normalisation of fasting plasma glucose or HbA1c and no ADM. This study showed a remission rate of 75 % ($n = 4$) [23]. This study, however, did not define the level of HbA1c that was considered to be normal. It was therefore impossible to discern whether there was a significant difference in regards to remission of diabetes between the gastro-duodenojejunal sleeve (starting at gastro-oesophageal junction) and DJB sleeves due to different definitions of remission of diabetes. The rate of remission of diabetes after insertion of endoscopic sleeves was assessed regularly in three studies [23–25]. Two of these three studies reported remission of diabetes within one week [24, 25]. One study showed remission of diabetes within 24 h. These changes do not seem to be associated with weight loss [23].

None of the studies that performed DJBS used 'predetermined HbA1c level and no ADM' as the remission criteria. We were unable to provide a synthesised or non-synthesised remission rate after DJBS.

## Ileal interposition (Fig. 4)

### *Technical details*

After performing SG, devascularisation of the greater curvature of the stomach is continued to the duodenum 3–4 cm beyond the pylorus. Two techniques were used. The first is ileal interposition with diverting SG. The duodenum is transected using a 60-mm linear stapler. The proximal cut end is delivered in the infracolic compartment through a mesenteric window in the transverse mesocolon. An ileal segment of 150 cm is created 50 cm proximal to the ileocecal valve. This segment is anastomosed peristaltically to the delivered first portion of the duodenum. The jejunum at 50 cm from the ligament of Treitz is anastomosed to the distal end of the interposed ileum.

The second technique is ileal interposition with SG (non-diverting). The ileal segment is created as above. This segment is then interposed in the jejunum 30 cm from the ligament of Treitz.

### *Morbidity and mortality*

Early (0.99 %) and late (1 %) mortality is reported by DePaula et al. [26]. Acute renal failure and dehiscence of Meckel's diverticulectomy were the causes of early mortality. Late mortality was related to intestinal obstruction and Guillian–Barre syndrome secondary to advanced renal

**Table 1** Duodenal–jejunal bypass table

| Author/year | Study design | Procedures included | Inclusion criteria (BMI kg/m$^2$ and T2DM) | Total number | Number T2DM | Number T2DM completing follow-up | Follow-up (months) | Baseline mean BMI kg/m$^2$ | Follow-up mean BMI kg/m$^2$ |
|---|---|---|---|---|---|---|---|---|---|
| *Duodenal–jejunal bypass (DJB)* | | | | | | | | | |
| Cohen [32] | Case report | DJB | 29–30.3 | 2 | NA | NA | 9 | 29.6 | 28 |
| Ramos [34] | Prospective study | DJB | >20 and <30, T2DM 2–8 years, not on insulin | 20 | 20 | 20 | 6 | 27.1 | 24.4 |
| Ferzli [33] | Prospective trial | DJB | <35 with T2DM | 7 | 7 | 7 | 12 | 27.5 | 27.28 |
| Lee [22] | Prospective cohort study | DJB | <30, T2DM for ≤10 years | 6 | 6 | 5 | 6 | 25.25 | NA |
| Cohen [18] | Prospective study | DJB | <30 | 35 | 35 | 35 | 12 | | |
| Klein [20] | Prospective trial | DJB | 23.0–34.0, T2DM <10 years, HbA1c >7.5 % | 35 | 35 | 35 | 12 | 27.0 | 25.9 |
| Geloneze [21] | Case matched study | DJB | T2DM treated with Insulin <5 years, diagnosed <15 years. HbA1c 7.5–10 % | 18 | 18 | 18 | 12 months | 26.1 | 26.4 |
| *Duodenal–jejunal bypass with sleeve gastrectomy (DJB with SG)* | | | | | | | | | |
| Raj [39] | Prospective case series | DJB with SG | Bariatric surgery guidelines[a] | 38 | 26 | 26 | 17 (12–27) | 42.3 | 30.2 |
| Huang [19] | Prospective | Loop DJB with SG | 18–65 yo with poorly controlled T2 DM for at least 6/12 and HbA1c ≤7 | 22 | 22 | 22 | 6 | 28.4 | 23.4 |

| Author/year | % Excess weight loss | Pre-op fasting glucose (mg/dl) | Post-op fasting glucose (mg/dl) | Pre-op HbA1c | Post-op HbA1c | Definition of remission | Remission rate (%) | Time to reach remission | Proportional to weight loss? |
|---|---|---|---|---|---|---|---|---|---|
| *Duodenal–jejunal bypass (DJB)* | | | | | | | | | |
| Cohen [32] | NA | NA | 83 | NA | 5.35 | Free of ADM | 100 | | |
| Ramos [34] | 7.8 | 171.3 | 96.3 | 8.8 | 6.8 | Free of ADM | 90 | Not stated | Not stated |
| Ferzli [33] | NA | 209 | 154 | 9.4 | 8.5 | Reduced ADM, improved HbA1c | 71.4 | HbA1c worse at 1 week in 5<br>In 1 year 5 achieved remission | BMI assessed at 1 year |
| Lee [22] | NA | NA | NA | 8.1 | 7.4 | Reduced requirement of ADM | 100 | HbA1c fall within month 1 | weight fall of 5.6 kg (average) in month 1 |
| Cohen [18] | | | | | | HbA1c <7 % and free of ADM | 40 | Not stated<br>Assessed at 12 months | Assessed at 12 months |
| Klein [20] | 4.2 | 188 | 175 | 9.3 | 7.7 | HbA1c <6.5 % and free of ADM | 20 | Unclear | |
| Geloneze [21] | NA | 9.9 | 8.3 | 8.9 | 8 | HbA1c <7 % with or without meds | 16 % | Assessed at 12 months | |
| *Duodenal–jejunal bypass with sleeve gastrectomy (DJB with SG)* | | | | | | | | | |
| Raj [39] | 71.84 | NA | NA | NA | NA | HbA1c <7 and free of ADM | 73 | No timeframe | Not stated |
| Huang [19] | | 147 | 110 | 8.6 | 6.2 | Fasting glucose <100<br>HbA1c <6 with no oral hypoglycaemics or insulin | 91 | 6 months | Not stated |

*EBMI* excess body mass index, *ADM* anti-diabetic medication, *SG* sleeve gastrectomy, *DJB* duodenal–jejunal bypass, *IGT* impaired glucose tolerance

No set criteria to define resolution; possibly, these patients were free of anti-diabetic medication

Figures in bracket are for control group

[a] Asian guideline recommend bariatric surgery for people with BMI >37 or >32 with medical co morbidities

**Table 2** Remission rates after DJB and DJB-SG in studies utilising levels lower than predetermined level of HbA1c and freedom of ADMs as the definition of remission

| DJB studies with predetermined HbA1c level and no ADM as the remission criteria | Number of T2DM patients | Number of patients who had remission | Remission rate (%) |
|---|---|---|---|
| DJB studies | | | |
| Cohen [18] | 35 | 14 | 40 |
| Klein [20] | 35 | 7 | 20 |
| Geloneze [21] | 18 | 3 | 16 |
| **Total** | **88** | **24** | **27** |
| DJB-SG studies | | | |
| Raj [39] | 26 | 19 | 73 |
| Huang [19] | 22 | 11 | 50 |
| **Total** | **48** | **30** | **63** |

disease. In the same series, authors report 2.5 % reoperation rate, 8.4 % early major complications (pneumonia, ileus, gastrointestinal bleeding, myocardial infarction, acute renal failure, cardiac arrhythmia, intra-abdominal abscess, urinary tract infection) and 3.5 % late major complications (vomiting, abdominal wall infection, intra-abdominal bleeding, intestinal obstruction, stricture of gastric tube). In their previous study, the authors reported 5 (7.3 %) major complications, namely fistula requiring reoperation ($n = 1$), GI bleed ($n = 1$), urinary tract infection ($n = 1$), pneumonia ($n = 2$) [27]. No major morbidity or mortality is reported by any other group.

*Outcomes of glycaemic control*

Six studies have reported II-SG on 474 patients, 381 of which were diabetic [26–31]. The studies reported variable success rates of 47–95.7 % for T2DM remission (Table 4). When using the more universally acceptable definition of remission (predetermined HbA1c level at least <7 with no use of ADMs), the cumulative remission rate was 77.8 % (Table 5).

## Review of study characteristics and variables

### Demographic and types of studies

Of the 24 articles, 15 of these studies were based in South America and the other studies were based in other parts of the world, North America, Netherlands, India, China and Korea. Two of the studies were randomised controlled trials, five were non-randomised controlled trials or series with comparison groups, 16 were case studies, and one article was a case report. All of the studies were conducted at single centres ($n = 23$) except for one which was a multicentre study.

### BMI range

The authors of 11 articles offered surgery to patients with a BMI less than 35 kg/m$^2$ [18, 20–22, 26, 27, 29, 31–34], and the authors of 7 articles offered surgery to patients with a BMI greater than 35 kg/m$^2$ [23, 24, 28, 35–38].

One study offered surgery to obesity class II as defined for Asian populations (i.e. BMI >37 kg/m$^2$). The rest of the studies offered surgery to different ranges of BMI above and below 35 kg/m$^2$ [19, 25, 30, 39–41].

DJB was offered to patients with a BMI of <35 kg/m$^2$, and DJB-SG was offered to patients with a larger BMI range from 21.8 to 45 kg/m$^2$. DJBS was offered to patients with BMI >35 kg/m$^2$, apart from one study where patients with BMI >26 kg/m$^2$ were offered surgery [40]. II-SG was offered mainly to patients whose BMI was <35 kg/m$^2$ (four papers) [26, 27, 29, 31]. One study offered surgery to patients with BMI >35 kg/m$^2$ [28] and one study offered surgery to patients with BMIs above and below 35 kg/m$^2$ [30].

### Definition of remission

Two articles defined remission of diabetes as HbA1c <6 % and fasting glucose <100 mg/dl for at least 1-year duration without the use of pharmacological therapy [19, 28]. Three articles defined remission as HbA1c <6.5 % and absence of anti-diabetic medications (ADMs) [20, 29, 31], and four articles defined remission as HbA1c <7 % with patients being free of ADMs [18, 19, 27, 30, 39].

Other articles defined remission as normal fasting plasma glucose, HbA1c and no ADM without explicitly providing the numeric values of normal levels (one article) [23], HbA1c <7 % (two articles) [35, 36], HbA1c <7 % with or without ADM (one article) [21], HbA1c <6.5 % (one article) [26], no ADM (three articles) [32, 34, 38] and improved glycaemic control (six articles) [22, 24, 25, 33,

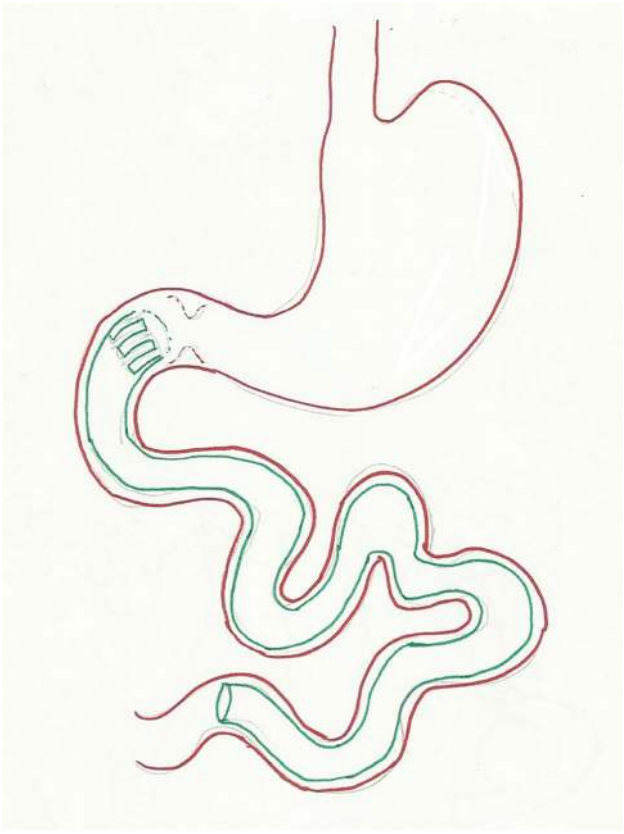


**Fig. 3** Endoscopic DJB sleeve (DJBS)

37, 40]. One article reported no clear endpoint for remission of diabetes [41].

### Length of follow-up

Nine studies had follow-up lengths of less than or equal to 6 months [19, 22–25, 34, 36, 38, 41]. Of these, three studies had follow-up periods of 3 months [23, 24, 38] and one had a follow-up period of 5 months [41]. Some of the studies that performed DJB and DJBS had follow-up periods of 6 months or less. Studies where II-SG was performed had follow-up periods of a minimum of 9 months and a maximum follow-up period of 39.1 months.

There were a total of 13 studies with a follow-up of greater than 12 months. Of these, DJB was performed in five of these studies [18, 20, 21, 33, 39]. DJBS performed in three studies [35, 37, 40] and II-SG performed in five studies [26–29, 31].

## Discussion

Foregut and hindgut procedures based on animal studies to date have shown limited and potentially promising success in the control of T2DM [9, 12, 42–44]. There is, however, no convincing evidence of its success in larger mammals or primates. Hence, the use of these theory-based procedures in humans at this juncture may be premature due to its lack of evidence in successfully achieving remission of T2DM.

In an effort to explain the weight loss-independent mechanisms of remission of T2DM, these theory-based procedures performed in humans seem to be a simplistic account of more complex physiological and chemical alterations that occur during the ingestion, storage, transit and digestion of food in the human body. It is well hypothesised that a combination of hormones for example incretin, glucagon-like peptide 1 (GLP-1) and glucose-dependent insulinotropic polypeptide can alter in the post-prandial period [14, 44]. Other studies have suggested an alteration in the levels of ghrelin, peptide YY and leptin that play an important part in the maintenance of glucose homoeostasis and alterations in weight [45, 46]. Aside from the chemical alterations that occur in patients following bariatric surgery, these procedures seemingly avoid the acknowledgement of the physiological mechanisms involved in digestion of food for example rate of gastric emptying, constitution of meals, absorptive capacities of the different segments and the different transit times from one part of the ileum to another in different patients [47–51]. Appreciation of these physiological mechanisms is not reflected in studies as demonstrated by the variation in length of the excluded duodenojejunal limb [27, 28] and the use of diverting/non-diverting sleeve gastrectomy with II [26].

This systematic review highlights a wide variation in the key areas of the reported series. It also highlights several key messages.

The lack of standardisation of these procedures and the wide variation in definitions of remission of T2DM [17] make direct comparisons between the studies difficult. In most of these studies, the number of patients and length of follow-up played a huge negative impact on the final outcome and reliability of these studies. This precludes procedure-specific conclusions despite our systematic review. It is clear in this systematic review article that a combination of conventional and theory-based procedures (e.g. SG in DJB-SG and II-SG and endoscopic sleeve starting at the oesophagus in DJBS) produced seemingly promising results. Hence, this begs the question whether the effect of these procedures in achieving remission of T2DM is related to the SG (conventional bariatric procedure) or to the theory-based procedure components of the operation.

In an attempt to overcome some of the above issues and give readers and researchers a reasonable, albeit imperfect view of the outcomes of these procedures, we synthesised the data from the studies that reported an acceptable definition of remission of diabetes mellitus and produced an overall remission rate of diabetes for each procedure (Tables 2, 5).

**Table 3** Duodenal–jejunal sleeve table

| Author/year | Study design | Procedures included | Inclusion criteria (BMI kg/m$^2$ and T2DM) | Successful implant/total number | Number T2DM | Number T2DM completing follow-up | Follow-up (months) | Baseline mean BMI kg/m$^2$ | Follow-up mean BMI kg/m$^2$ |
|---|---|---|---|---|---|---|---|---|---|
| Rodriguez-Grunert [23] | Prospective open label | Endoscopic DJBS | Those for LRYGB placed pre-op for 12 weeks | 12 | 4 | 10/12 and 4/4 | 3 | 43 | 38.7 |
| Rodriguez [25] | Randomised, single blind, sham-controlled, trial | Endoscopic DJBS/sham | 30–50, T2DM for 10 years, HbA1c >7 % and <10 % | 12 DJBS versus 6 sham endoscopy | 12/6 | 10/4 | 6 | 38.9 | NA |
| Schouten [24] | Multicentre randomised control trial | Endoscopic DJBS versus control | Those for LRYGB, <60 BMI | 30 (11 diet controlled) | 8 | 8 | 3 | 48.9 | 43.4 |
| DeMoura [36] | Prospective case series | Endoscopic DJBS | BMI ≥35 kg/m$^2$ with T2DM | 78/81 successful implanted | 78 | 54 (TG/HDL >3.5) | 6 | 43.8 | |
| dler [38] | Prospective single-centre trial | Endoscopic Gastro-jejunal bypass, | Bariatric criteria | 17/22 | 7 | 7 | 3 | 42 | |
| Escalona [37] | Single arm, open label, prospective trial | Endoscopic DJBS | >35 | 39/42 | 6 | 6, 24/39 | 12 | 43.7 | |
| DeMoura [35] | Prospective open label clinical trial | Endoscopic DJBS | 40–60 | 22 | 22 | 13 | 12 | 44.8 | −6.7[a] |
| DeJonge [41] | Prospective case series | Endoscopic DJBS | BMI 30–50 and T2 DM <10 years. HbA1c 7.5–10 % | 17 | 17 | 17 | 5 | 37 | |
| Cohen [40] | Prospective open label clinical study | Endoscopic DJBS | T2DM of >10 years (HbA1c) >7.5 % and >10 % and BMI >26 to <50 kg/m$^2$ | 20/20 | 20 | 16 | 12 | 30 | 28.5 |

| Author/year | % Excess weight loss | Pre-op fasting Glucose (mg/dl) | Post-op fasting Glucose (mg/dl) | Pre-op HbA1c | Post-op HbA1c | Definition of remission | Remission rate (%) | Time to reach remission | Proportional to weight loss? |
|---|---|---|---|---|---|---|---|---|---|
| Rodriguez-Grunert [23] | 23.6 | NA | NA | NA | NA | Normal FPG, HbA1c and No ADM | 75 | Within 24 h | No |
| Rodriguez [25] | −10.2 kg weight change | 195 | −83[a] | 9.1 | −2.4[a] | Improvement in FPG and 7 point glucose profile | 100 | 1 week | Not stated |
| Schouten [24] | 19 | 199.8 | 167.4 | 8.8 | 7.7 | Lower FPG, HbA1c and ADM | 87.5 | 6 of 8 fall in ADM/insulin in 1 week | No |
| DeMoura [36] | 12.6 % loss of initial weight | NA | NA | NA | NA | HbA1c <7 % | 70.3 | Not stated | Not stated |
| dler [38] | 39.7 | NA | NA | NA | NA | No anti-diabetic medication | 100+ | Time to remission not stated | Unclear if proportional |
| Escalona [37] | 47.0 | 104 | 94 | 6.3 % | 6 % | Improved glycaemic control | 100 | Not stated | Not stated |
| DeMoura [35] | 35.5 | 179.4 | −37.1[a] | 8.9 | −2.3[a] | HbA1c <7 % | 73 | Fall in FPG within week 1<br>HbA1c <7 by week 52 | Not stated |
| DeJonge [41] | 29.8 | 11.6 | 8.6 | 8.4 | 7 | NA | NA | Fall in fasting glucose in 1 week | Not stated |
| Cohen [40] | Decrease by 6.5 kg | 207 | 155 | 8.7 | 7.5 | HbA1c with medications | 62.5 % | <7 HbA1c at week 12 | Y |

[a] Change in value *NA* not available, *EBMI* excess body mass index, *ADM* anti-diabetic medication, *FPG* fasting plasma glucose, *DJBS* endoscopic DJB sleeve

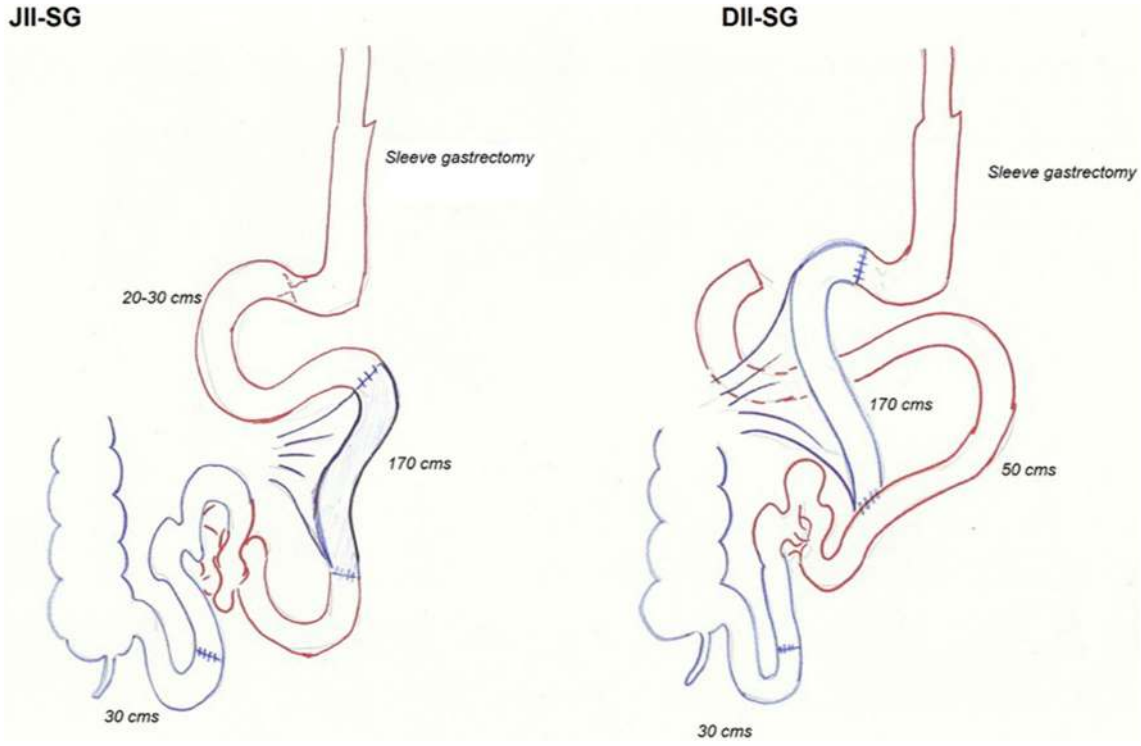



**Fig. 4** Ileal interposition (II) with sleeve gastrectomy

Current conventional bariatric procedures have been shown in the longer term to have produced better results than these theory-based procedures [4]. A meta-analysis of metabolic and bariatric surgery for morbidly obese patients showed greater than 78.1 % of diabetic patients who had complete resolution with improvement in control or resolution of diabetes in 86.6 % of patients [4]. The same conventional surgery on patients with BMI <35 kg/m$^2$ has shown adequate diabetic control (HbA1c <7 % and no diabetes medications) in 80–90 % of patients, along with a BMI loss of 5–7.5 % [52–54].

In randomised and non-randomised studies, SG alone achieved high rates of remission of diabetes [53, 55, 56]. A systematic review by Gill et al. assessing the improvement in control of T2DM in obese patients following SG showed resolution of T2DM in 66.2 % of patients, with improvement in control of T2DM in 26.9 % of patients [57]. These results are comparable to combined procedures identified in this review, where DJB-SG and II-SG achieved overall remission rates of 63 and 77.8 %, respectively (Table 6). Indeed the only procedure identified in the literature that is solely based on the foregut theory is the DJB which is shown to achieve remission rates of T2DM of 27 %, suggesting that the SG component in these theory-based combination procedures plays a more significant role in remission of T2DM.

Data on the complexity of the operation (using number of anastomoses as a surrogate marker of complexity), morbidity, mortality and diabetes resolution are presented in Table 6 and compared with SG and other conventional bariatric procedures. It clearly shows lack of benefit of these theory-based procedures alone, and we therefore question the need to combine additional procedures to conventional bariatric operations as each procedure is fraught with increased complexity, mortality and morbidity. Gagner et al. [58] suggested that simpler procedures for example SG should be performed initially (with 85 % resolution of T2DM) before considering the addition of other procedures such as II or DJB to further improve glycaemic control.

Mortality associated with conventional Roux-en-Y gastric bypass (RYGB) surgery has been reported in studies to be 0.4–0.5 % [59, 60]. Meanwhile morbidity associated with RYGB surgery has been reported to have complication rates of approximately 8.4 % for early major complications (including pneumonia and gastro-jejunal leaks) [60]. Another study reported 3.3 % major complication rates after RYGB, of which small bowel obstruction rates were 1.1 % [59]. Anastomotic leak rates reported in the literature were 0.37–3 % [59, 61]. In contrast to this, the DJB and DJBS procedures highlighted in this systematic review report no mortality [19, 34] and II studies report early mortality rates of 0.99 % and later mortality rates of 1 % [26]. Meanwhile, major complications of anastomotic leak and bowel obstruction following DJB were reported to be 0.8–1.3 % [26, 28] and 0.8–3.3 %, respectively [26, 28, 31].

**Table 4** Ileal interposition table

| Author/year | Study design | Procedures included | Inclusion criteria (BMI kg/m$^2$ and T2DM) | Successful implant/Total number | Number T2DM | Number T2DM completing follow-up | Follow-up (months) | Baseline mean BMI kg/m$^2$ | F/u mean BMI kg/m$^2$ |
|---|---|---|---|---|---|---|---|---|---|
| DePaula [27] | Prospective case study | Il + SG[a] | 21–29 T2DM >3 years | 69 | 69 | 69 | 21.7 | 25.7 | 21.8 |
| Kumar [30] | Prospective case study | Il + SG[b] | 25–45, T2DM for 3 years +HbA1c >8 % | 10 | 5 [5] | 10 | 9.1 | 33.1 (34.5) [c] | 24.6 (27.9)[c] |
| Tinoco [31] | Prospective case study | Il + SG[b] | No BMI criteria, T2DM for 3 years + | 30 | 30 | 30 | 13 | 30.8 | 25.7 |
| DePaula [26] | Retrospective review of database | II + SG JII-SG AND DII-SG | <35 minimum 2 year FU T2DM | 202 | 202 | 202 | 39.1 | 29.7 | 23.5 |
| Kota [29] | Prospective case study | Il + SG[b] | >18.5 | 43 | 43 | 42 | 20.2 | 33.2 | 26.6 |
| DePaula [28] | Retrospective analysis | LII-SG | BMI >40 or ≥35 with comorbidities | 120 | 8 + 19 [27] | | 38.4 | 43.4 | 25.7 |

| Author/year | % Excess weight loss | Pre-op fasting Glucose (mg/dl) | Post-op fasting Glucose (mg/dl) | Pre-op HbA1c | Post-op HbA1c | Definition of remission | Remission rate (%) | Time to reach remission | Proportional to weight loss? |
|---|---|---|---|---|---|---|---|---|---|
| DePaula [27] | 21.8–29.2 kg/m$^2$ BMI loss | 218 | 102 | 8.7 | 5.9 | HbA1c <7 % and free of all ADM | 95.7 | 31.9 % normalisation of FPG within 2 weeks | Not stated |
| Kumar [30] | 15–30 % | 208.4 (196.6)[c] | 97.8 (134.2) | 10.9 (9.2)[c] | 6.1 (7.3)[c] | HbA1c <7 % and free of all ADM | 70 | Within f/u time of 13.6 months | Not stated |
| Tinoco [31] | NA | 201 | 99.6 | 9.5 | 6.2 | HbA1c <6.5 % and free of all ADM | 80 | Within f/u time average 13 months | Not stated |
| DePaula [26] | 22.5 % weight loss | 202.1 | 112.2 | 8.7 | 6.2 % (JII-SG) 5.9 (DII-SG) | HbA1c <6.5 % | 78.3 | Within f/u time | Not stated |
| Kota [29] | 25 % reduction in BMI | 184.8 | 119.6 | 9.6 | 7.2 | HbA1c <6.5 % and free of all ADM | 47 | Not stated | Not stated |
| DePaula [28] | 84.5 | 291.7 | 99.8 | 8.6 | 5.9 | HbA1c <6 % and fasting plasma glucose <100 for 1 year with no ADM | 68.4 | Not stated | Not stated |

*NA* not available, *ADM* anti-diabetic medication, *SG* sleeve gastrectomy, *II* ileal interposition

[a] 170 cm of ileum up to the first portion of the sectioned duodenum

[b] 170 cm ileum 30 cms from ileocaecal junction and 20–50 cm from duodenojejunal flexure

[c] Values in bracket are for those with <10-month follow-up

**Table 5** Remission rates after II-SG in studies utilising levels lower than predetermined level of HbA1c and freedom of ADMs as the definition of remission

| Ileal interposition with sleeve gastrectomy studies with predetermined HbA1c level and no ADM as remission criteria. | Number of T2DM patients | Number of patients who had remission | Remission rate (%) |
|---|---|---|---|
| DePaula [27] | 69 | 66 | 95.7 |
| Kumar [30] | 10 | 7 | 70 |
| Tinoco [31] | 30 | 24 | 80 |
| Kota [29] | 43 | 20 | 47 |
| DePaula [28] | 19 | 16 | 68.4 |
| **Total** | **171** | **133** | **77.8** |

**Table 6** Comparison of new procedures, sleeve gastrectomy and other conventional bariatric procedures with the total number of surgeries performed, total number of anastomosis, mortality, major morbidity and remission of T2DM

| Procedure | Total number of procedures performed | Number of anastomoses | Mortality | Major morbidity | T2DM remission |
|---|---|---|---|---|---|
| New procedures | | | | | |
| Duodenal–jejunal bypass | 123 | 2 | 1 (0.8 %) | 0 | 24/88 (27 %) |
| Duodenal–jejunal bypass sleeve | 60 | 2 | 0 | 1 (1.6 %) | 30/48 (63 %) |
| Duodenojejunal sleeve | 169 | 0 | 0 | 0 | |
| Ileal interposition with sleeve | 474 | 3 | 2 (0.4 %) | 17 (3.5 %) | 133/177 (77.8 %) |
| **Sleeve gastrectomy** [57] | **1117** | **0** | **4 (0.36 %)** | **45 (4.03 %)** | **66.2 %** |
| Other conventional bariatric procedures [4] | | | | | |
| BPD or duodenal switch | 3030 | 2 | 1.1 % | NA | 282/288 (97.9 %) |
| Roux-en-Y gastric bypass | 5644 | 2 | 0.5 % | NA | 829/989 (83.8 %) |
| Gastric band | 2297 | 0 | 0.1 % | NA | 98/205 (47.8 %) |

Number of anastomoses used as surrogate marker for complexity of the procedure

Remission for those with predetermined acceptable criteria for remission

There are several limitations to this review article, some of which has been described above. One other factor that limits our conclusions following this systematic review is the length of follow-up. Whilst we had tried to include studies with longer follow-up periods, the poverty of data and available studies published in the English-speaking world on these theory-based procedures meant that the follow-up period assessed in this systematic review was shorter than the ideal follow-up period the authors of this study would have liked to achieve.

## Conclusion

### Foregut, hindgut or sleeve?

The only operation that is based on the foregut theory and applied in humans is DJB (without sleeve). The rest of the operations include additional 'non-theory' elements such as SG. The remission rate for DJB alone (pure foregut application) is low, only 16–40 %. SG achieves remission of diabetes in 50–88.8 % of patients [53, 55, 62–64]. This is comparable to DJB-SG (63 %) and II-SG (77.8 %). The value of adding complex elements to a good operation (SG) is unclear and appears unfounded. The lack of extra benefit from the foregut and hindgut elements of DJB-SG and II-SG makes the real value of foregut and hindgut theory questionable.

Authors of these papers frequently talk about the hidden element of diabetes remission and assumed it is based on the duodenum or the ileum. Whilst we agree that there is a hidden undiscovered element, it is likely to be in the stomach and further research should be focused on this organ.

#### Compliance with ethical standards

**Disclosures** Yan Mei Goh, Zaher Toumi and Ravindra S. Date have no conflicts of interest or financial ties to disclose.

**Ethical approval** This article does not contain any studies with human participants or animals performed by any of the authors.

**Informed consent** Informed consent was not required as no participants were used in this study.

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# The Diabetes Surgery Summit Consensus Conference

## *Recommendations for the Evaluation and Use of Gastrointestinal Surgery to Treat Type 2 Diabetes Mellitus*

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**Objectives:** To develop guidelines for the use of gastrointestinal surgery to treat type 2 diabetes and to craft an agenda for further research.

**Background:** Increasing evidence demonstrates that bariatric surgery can dramatically ameliorate type 2 diabetes. Not surprisingly, gastrointestinal operations are now being used throughout the world to treat diabetes in association with obesity, and increasingly, for diabetes alone. However, the role for surgery in diabetes treatment is not clearly defined and there are neither clear guidelines for these practices nor sufficient plans for clinical trials to evaluate the risks and benefits of such "diabetes surgery."

**Methods:** A multidisciplinary group of 50 voting delegates from around the world gathered in Rome, Italy for the first International Conference on Gastrointestinal Surgery to Treat Type 2 Diabetes–(the "*Diabetes Surgery Summit"*). During the meeting, available scientific evidence was examined and critiqued by the entire group to assess the strength of evidence and to draft consensus statements. Through an iterative process, draft statements were then serially discussed, debated, edited, reassessed, and finally presented for formal voting. After the Rome meeting, statements that achieved consensus were summarized and distributed to all voting delegates for further input and final approval. These statements were then formally critiqued by representatives of several sientific societies at the 1st World Congress on Interventional Therapies for T2DM (New York, Sept 2008). Input from this discussion was used to generate the current position statement.

**Results:** A Diabetes Surgery Summit (DSS) Position Statement consists of recommendations for clinical and research issues, as well as general concepts and definitions in diabetes surgery. The DSS recognizes the legitimacy of surgical approaches to treat diabetes in carefully selected patients. For example, gastric bypass was deemed a reasonable treatment option for patients with poorly controlled diabetes and a body mass index ≥30 kg/m$^2$. Clinical trials to investigate the exact role of surgery in patients with less severe obesity and diabetes are considered a priority. Furthermore, investigations on the mechanisms of surgical control of diabetes are strongly encouraged, as they may help advance the understanding of diabetes pathophysiology.

**Conclusions:** The DSS consensus document embodies the foundations of "diabetes surgery," and represents a timely attempt by leading scholars to improve access to surgical options supported by sound evidence, while also preventing harm from inappropriate use of unproven procedures.

(*Ann Surg* 2010;251: 399–405)

Diabetes mellitus represents an expanding pandemic that contributes markedly to worldwide morbidity and mortality.[1] Currently, approximately 240 million people are afflicted, 90% to 95% with type 2 diabetes mellitus (T2DM), and that number is expected to exceed 380 million by the year 2025.[2] Tight glycemic control minimizes microvascular complications[3]; however, macrovascular complications and cardiovascular mortality remain difficult to address even with intensive glucose-lowering therapy.[4–8] Furthermore, despite substantial advances in pharmacotherapy and disease management, a large number of patients remain inadequately controlled, and complete remission of hyperglycemia and the associated metabolic alterations is rare.

Faced with the escalating global diabetes crisis, health care providers require as potent an armamentarium of therapeutic interventions as possible. In addition to behavioral and medical approaches, various types of surgery on the gastrointestinal (GI) tract constitute extremely powerful options to ameliorate diabetes in severely obese patients, often normalizing blood glucose levels without diabetes medications. These effects occur not only as a consequence of major weight loss, but also in some cases as the result of additional weight-independent mechanisms. Whereas diabetes is traditionally viewed as a chronic, relentless disease in which delay of end-organ complications is the major treatment goal, GI surgery offers a novel end point: the concept of complete disease remission. The role for GI surgery in diabetes treatment, however, is not clearly defined. Here we describe the results of the first International Conference on Gastrointestinal Surgery to Treat Type 2 Diabetes–commonly known as the *Diabetes Surgery Summit*–in which a multidisciplinary group of experts from around the world gathered to develop consensus guidelines and recommendations for the use and study of GI surgery to treat diabetes.

## RATIONALE FOR THE DIABETES SURGERY SUMMIT

Increasing evidence demonstrates that several types of GI surgery, including conventional bariatric operations as well as newer experimental procedures, dramatically ameliorate T2DM, leading to complete remission of the disease in a large proportion of cases.[9–11]

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Dr. Rubino conceived the idea of the DSS. Drs. Rubino, Kaplan, Schauer, and Cummings served as co-directors of the DSS and equally participated in the planning and execution of the conference. They all have contributed to the preparation of the manuscript and have reviewed and accepted its current version.

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The Sponsors had no role in any aspect of the conference organization or in the selection of the voting delegates. They have not influenced the analysis of the findings, the preparation of the manuscript or its content.

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Following some GI procedures, T2DM typically resolves within days to weeks, long before major weight loss has occurred.[12] Growing evidence suggests that the antidiabetic impact of these operations cannot be explained by their effects on food intake and body weight alone.[13–15]

Not surprisingly, therefore, various GI operations are now being used throughout the world to treat diabetes in association with obesity, and increasingly, for diabetes alone.[10–11] Clinicians are performing GI operations to treat diabetes without clear parameters or indications sufficiently supported by scientific evidence. This emerging practice includes not only the use of conventional bariatric procedures but also experimental new GI operations that have often not been adequately tested in animals before being applied to humans.

Conversely, given that certain operations cause complete remission of T2DM in a substantial number of cases and can reduce mortality attributed to diabetes,[16,17] it may be clinically appropriate to expand the indications for these procedures to patients with diabetes who do not meet existing obesity-based criteria for bariatric surgery. Given its dramatic effects, GI surgery offers valuable research opportunities to improve knowledge of diabetes pathogenesis and to facilitate the development of less invasive procedures and novel pharmaceuticals. However, despite these possible gains in research and the pressing need for improved outcomes in diabetes management, there are neither guidelines for these practices nor sufficient plans for clinical trials to evaluate the risks and benefits of such "diabetes surgery."

For these reasons, a multidisciplinary group of leading scholars in the field converged in Rome, Italy to critically review available evidence regarding GI operations to treat T2DM. The intent of this conference was to raise awareness of the nascent discipline of diabetes surgery and to help set standards for the clinical use and scientific investigation of this practice. Formally titled the International Conference on Gastrointestinal Surgery to Treat Type 2 Diabetes, the meeting has come to be known as the Diabetes Surgery Summit (DSS). It was organized primarily by the 4 authors of this article, with advice and assistance from an International Organizing Committee (indicated in Table 1).

The overarching aims of the DSS were to develop guidelines for the use of GI surgery to treat type T2DM and to craft an agenda for further research. It was recognized by the meeting organizers that weight-loss surgery ("bariatric surgery") was initially developed largely without formal oversight or guidelines. The first official consensus conference pertaining to this discipline did not convene until bariatric operations had been in clinical use for nearly 4 decades.[18] Although bariatric surgery has now evolved into a safe and highly effective therapeutic option for severe obesity, during its development, patients were subjected to numerous experimental operations that ultimately proved to be ineffective or even harmful. For example, jejunoileal bypass was performed for many years before its life-threatening complications[19] were recognized and the procedure ultimately abandoned. By contrast, because the practice of diabetes surgery is in its infancy, a body of interested investigators acting proactively could help this potentially exciting discipline develop in accordance with sound scientific principles. The DSS was intended to be the first step toward establishing a rational, multidisciplinary approach to help guide the development of diabetes surgery from its outset, and accordingly, avoid some of the mishaps that have impeded bariatric surgery.

**TABLE 1.** Diabetes Surgery Summit Voting Delegates

| DSS Delegate | Affiliation | Nationality | Surgeon? |
|---|---|---|---|
| Ted D. Adams | University of Utah | USA | No |
| Stephanie Amiel | King's College, University of London | UK | No |
| Garth H. Ballantyne | Hackensack University | USA | Yes |
| Guenther Boden | Temple University | USA | No |
| Camillo Boza | Catholic University of Santiago | Chile | Yes |
| Henry Buchwald | University of Minnesota | USA | Yes |
| Marco Castagneto | Catholic University of Rome | Italy | Yes |
| Ricardo Cohen | Hospital Sao Camilo | Brazil | Yes |
| David E. Cummings* | University of Washington | USA | No |
| David A. D'Alessio | University of Cincinnati | USA | No |
| Aureo L. DePaula* | Hospital de Especialidades | Brazil | Yes |
| John Dixon | Monash University | Australia | No |
| Franco Favretti | Ospedale Maggiore | Italy | Yes |
| Ele Ferrannini | University of Pisa | Italy | No |
| David R. Flum | University of Washington | USA | Yes |
| Gema Fruhbeck | University of Navarra | Spain | No |
| Michel Gagner | Cornell University | USA | Yes |
| Giovanni Ghirlanda | Catholic University of Rome | Italy | No |
| Allison B. Goldfine | Harvard University | USA | No |
| Peter J. Havel | University of California Davis | USA | No |
| William H. Herman | University of Michigan | USA | No |
| Kelvin D. Higa | University of California San Francisco | USA | Yes |
| Jacques Himpens | Saint Pierre University | Belgium | Yes |
| Jens Holst | University of Copenhagen | Denmark | No |
| Lee M. Kaplan* | Harvard University | USA | No |
| David E. Kelley* | University of Pittsburgh | USA | No |
| Samuel Klein* | Washington University | USA | No |
| Judith Korner | Columbia University | USA | No |
| Antonio Lacy | University of Barcelona | Spain | Yes |
| Harold E. Lebovitz | State University of New York | USA | No |
| Carel LeRoux* | Imperial College of London | UK | No |
| Michael Meguid | State University of New York | USA | Yes |
| Geltrude Mingrone* | Catholic University of Rome | Italy | No |
| Jerry P. Palmer | University of Washington | USA | No |
| Antonio Pontiroli | University of Milan | Italy | No |
| Walter J. Pories* | East Carolina University | USA | Yes |
| Eric Ravussin | Pennington Institute | USA | No |
| Denis Richard* | Laval University | Canada | No |
| William O. Richards | Vanderbilt University | USA | Yes |
| Francesco Rubino* | Catholic University of Rome | Italy | Yes |
| Donna H. Ryan | Pennington Institute | USA | No |
| Christopher D. Saudek | Johns Hopkins University | USA | No |
| Philip R. Schauer* | Cleveland Clinic | USA | Yes |
| Nicola Scopinaro* | University of Genoa | Italy | Yes |
| Randy J. Seeley | University of Cincinnati | USA | No |
| April D. Strader | University of Southern Illinois | USA | No |
| Richard Stubbs | Wakefield Gastroenterology Centre | New Zealand | Yes |
| Harvey J. Sugerman* | Editor-in-Chief, SOARD | USA | Yes |
| Tessa Van der Merwe | University of Pretoria | South Africa | No |
| Bruce M. Wolfe | Oregon Health and Science University | USA | Yes |

*Members of the DSS International Organizing Committee.

## GOALS OF THE DIABETES SURGERY SUMMIT

The DSS was designed with the following specific aims.

- To critically review available data describing the impact on T2DM of established bariatric operations (gastric bypass, gastric banding, biliopancreatic diversion) and newer experimental procedures and devices (eg, duodenal bypass, ileal interposition, sleeve gastrectomy).


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- To discuss plausible mechanisms, based on animal and human data, by which GI operations might ameliorate T2DM, independent of their effects on food intake and body weight.
- To identify indications and contraindications for the current use of GI surgery to treat T2DM in obese and nonobese persons.
- To develop recommendations for the development of maximally influential and ethical clinical studies of diabetes surgery.
- To define the appropriate role of surgery within the broader medical strategy for diabetes care.

## ENDORSEMENTS OF THE DSS FROM INTERNATIONAL SCIENTIFIC SOCIETIES

To facilitate participation by a broad spectrum of clinicians and scientists focused on T2DM, the meeting organizers sought support for the concept of the DSS from diverse international societies with relevant interests. Table 2 lists the 21 professional organizations that endorsed the DSS. The endorsement of scientific societies recognizes the quality of experts involved and the appropriateness of methods and aims of the DSS, but not necessarily its conclusions. The final DSS position statement reported here has been submitted to several scientific societies. At the time of this writing, 3 endocrinology societies and 2 surgical societies (indicated by asterisks in Table 2) have officially endorsed the DSS position statement, and formal conclusions from several other societies are pending.

The Summit was also awarded High Patronage status from both the President and the Prime Minister of Italy, the host country for the meeting, and it was endorsed by the Department of Health of the European Union.

**TABLE 2.** Scientific Organizations That Endorsed the Diabetes Surgery Summit

| | |
|---|---|
| ADA | American Diabetes Association |
| ASMBS* | American Society for Metabolic and Bariatric Surgery |
| ACS | American College of Surgeons |
| ACN | American College of Nutrition |
| AGA | American Gastroenterological Association |
| ASN | American Society for Nutrition |
| ASO | Association for the Study of Obesity |
| ASPEN | American Society for Parenteral and Enteral Nutrition |
| Diabetes UK* | Diabetes United Kingdom |
| EAES | European Association for Endoscopic Surgery |
| EASD | European Association for the Study of Diabetes |
| EASO | European Association for the Study of Obesity |
| IASO* | International Association for the Study of Obesity |
| IFSO* | International Federation for the Surgery of Obesity and Metabolic diseases |
| TOS* | (formerly NAASO)-The Obesity Society |
| SAGES | Society of American Gastrointestinal and Endoscopic Surgeons |
| SAH | Shaping America's Health |
| SIC | Societa′ Italiana di Chirurgia (Italian Society of Surgery) |
| SICOB | Societa′ Italiana di Chirurgia dell'Obesita′ e delle Malattie Metaboliche |
| SID | Societa′ Italiana Diabetologia (Italian Society of Diabetology) |
| SSAT | Society for Surgery of the Alimentary Tract |

*Indicates societies that in addition to endorsing the concept and methods of the DSS have also officially endorsed the final DSS position statement at the time of this writing.

## METHODS

### Participants in the Summit and Selection Criteria for Voting Delegates

Participants were chosen to represent a diversity of medical and surgical disciplines, major scientific societies, and leading journals. Four major groups of thought leaders were represented among the DSS delegates who voted on consensus statements: (1) endocrinologists and gastroenterologists with relevant scholarship; (2) diabetologists with specific expertise in pertinent research methods; (3) surgeons with relevant scholarship and experience; and (4) basic science investigators working in this area. Additional voting delegates included experts in epidemiology, health economics and clinical trial design, as well as representatives of pertinent societies and journals.

In total, 50 voting delegates participated in the DSS (Table 1). The composition of this group was intentionally weighted toward nonsurgeons (58%), given that surgeons' clinical practice could theoretically be affected by the outcomes of the summit. To ensure a high level of scholarship, basic and clinical investigators were heavily represented in the voting body, with 92% employed as university faculty. No one employed in industry was included as a DSS voting delegate. In addition to the voting delegates, several dozen international scholars with relevant expertise were invited to participate in the discussion ("guest experts"). To ensure transparency of all proceedings, the DSS was open to the public. Nonvoting attendees were encouraged to participate in the extensive discussion sessions throughout the meeting, as well as to observe the voting sessions. However, they did not have any input or influence on the drafting and/or editing of statements that were subject to voting. In total, approximately 400 people from 27 countries on 6 continents participated in the DSS.

### Evaluation of Relevant Evidence

Before the DSS convened, all voting delegates were provided with educational packets containing key papers in this field as well as several synopses of relevant research topics compiled by appropriate experts. Voting delegates and other DSS participants convened at the Catholic University of Rome on March 29–31, 2007. During the first 2 full days of the meeting, experts from diverse disciplines presented data on diabetes-related surgical outcomes and mechanisms of action, derived from human and animal studies. Evidence was examined and critiqued by the entire group in a series of open discussions led by panels of scholars with relevant expertise. To ensure that ample input was obtained from everyone present, these discussions comprised ~40% of the formal meeting time, and all conference attendees were encouraged to participate.

### Generation of Consensus Statements

A primary goal of the Summit was to develop a series of position statements, recommendations, and guidelines pertaining to diabetes surgery that were designed to capture most accurately the consensus of the group. To initiate this process, delegates were asked to assess the strength of evidence supporting specific assertions related to each day's scientific presentations. These voted assessments were then used to guide the development of draft consensus statements, which were presented to all DSS participants for discussion and scrutiny. The degree of support for statements was assessed using a computerized audience-response system that allowed delegates to vote for or against each item as it was publicly presented. Outcomes were tallied and displayed in real time, and based on these results, draft statements were serially discussed, debated, edited, and reassessed in an open forum. The ultimate goal of this iterative process was to maximize delegates' acceptance of, and enthusiasm for each statement. On the last day of the Summit, all of the refined candidate consensus statements were presented again to DSS participants for final discussion, editing, and formal

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voting. Consensus for each statement was defined as acceptance by >2/3 of delegates in the final vote; however, language was iteratively modified to maximize agreement. After the Rome meeting, viewpoints that achieved consensus were summarized and distributed to all voting delegates for input and approval. The document generated through this process was distributed to several scientific societies with relevant interest and expertise in the field and was formally analyzed and critically reviewed by official representatives of these societies during a dedicated session at the 1st World Congress on Interventional Therapies for Type 2 Diabetes (New York City, September 2008). The input from this discussion was used to craft a final DSS position statement (Table 3), which is reported in this manuscript.

**TABLE 3.** Position Statement From the Diabetes Surgery Summit

| |
|---|
| GI surgery (ie, RYGB, LAGB, or BPD) should be considered for the treatment of T2DM in acceptable surgical candidates with BMI ≥35 kg/m$^2$ who are inadequately controlled by lifestyle and medical therapy (A).* A surgical approach may also be appropriate as a non-primary alternative to treat inadequately controlled T2DM in suitable surgical candidates with mild-to-moderate obesity (BMI 30–35 kg/m$^2$) (B). RYGB may be an appropriate surgical option for diabetes treatment in this patient population (C). |
| Although novel GI surgical techniques (eg, duodenal-jejunal bypass, ileal interposition, sleeve gastrectomy, endoluminal sleeves) show promising results for the treatment of T2DM in early clinical studies, they should currently be used only in the context of IRB-approved and registered trials (A). |
| To improve quality of medical evidence, the development of standards for measuring clinical and physiological outcomes of surgical treatment for T2DM is a high priority (A). |
| Randomized controlled trials are strongly encouraged to assess the utility of GI surgery to treat T2DM (A). In patients with BMI <35 kg/m$^2$, determining the appropriate use of GI surgery for the treatment of T2DM is an important research priority (A). Controlled clinical trials in these patients should be performed to determine the safety and efficacy of GI metabolic surgery (A) as well as to identify parameters other than BMI as criteria for appropriate patient selection (A). Development of a standard registry/database is a high priority for research in this area (A). In addition to clinical trials, animal studies can provide useful information about the efficacy and mechanisms of GI metabolic surgery to treat T2DM (A). |
| The study of GI metabolic surgery provides valuable, new opportunities for investigating contributions of the GI tract to glucose homeostasis and the pathophysiological mechanisms of T2DM (A). Available data from animal and clinical studies suggest that weight loss alone explains diabetes control after LAGB (A). In contrast, intestinal bypass procedures such as RYGB, BPD, and duodenal-jejunal bypass appear to engage additional anti-diabetes mechanisms beyond those related to reduced food intake and body weight (A). Furthermore, anatomic modifications of various regions of the GI tract ameliorate T2DM through distinct physiological mechanisms (B). Collaboration among endocrinologists, surgeons, and basic scientists should be encouraged to facilitate greater understanding of GI mechanisms of metabolic regulation and to allow use of these insights to improve the treatment of T2DM (A). |
| The establishment of a multidisciplinary taskforce to guide the study and development of diabetes surgery is a high priority. This taskforce should include endocrinologists, surgeons, clinical and basic investigators, and bioethicists, among others (A). |

*Capital letters in parentheses indicate the levels of consensus for individual statements, defined as follows: "Grade C" (67%–77% agreement), "Grade B" (78–89% agreement), and "Grade A" (90%–100% agreement).

## RESULTS

### Summary of Available Evidence Reviewed and Presented at the Summit

A detailed description of the results of the review of the literature and of new data shown during the DSS will be reported elsewhere.[19a] Here we summarize the main findings.

### Bariatric Surgery in Patients With Type 2 Diabetes and Severe Obesity (BMI ≥35 kg/m$^2$)

A substantial body of evidence has accumulated showing that a variety of bariatric operations result in highly significant, reproducible, and long-lasting improvement or remission of T2DM in severely obese patients.[9,12,12a] One randomized trial[20] and one long-term, well-designed comparative study (SOS)[17] also show that surgery is superior to conventional management of T2DM in severely obese subjects, yielding better glycemic control and improving survival.[16,17] Contrary to some common perceptions, bariatric surgery is associated with low operative mortality. Several studies have reported bariatric surgery mortality rates ranging from 0.25% to 0.5%.[21] In fact, these mortality rates are on average lower than those of many elective major abdominal procedures, comparing well for example with mortality rates of laparoscopic cholecystectomy, which ranges from 0.26% to 0.6% in the US. [22]

Procedure-related complications have declined in recent years as more centers have moved towards predominantly laparoscopic approaches, implemented system-wide controls, and incorporated multidisciplinary teams.[23,24] The most common complications are anastomotic leak (3.1%), wound infection (2.3%), pulmonary events (2.2%), and hemorrhage (1.7%).[24,25] Laparoscopic procedures in general have lower complication rates, with the most common being hemorrhage (1.7%) and anastomotic leak (1.4%).[25] Overall, nutritional deficiencies can occur in both restrictive and malabsorptive approaches but are far more pronounced with malabsorptive procedures such as the biliopancreatic diversion (BPD).[26–30] The most common nutritional deficiencies include protein, iron, vitamin B12, folate, calcium, and fat-soluble vitamins. Most deficiencies can be prevented by implementing supplements after surgery.[28] Following Roux-en-Y gastric bypass (RYGB) or BPD, close patient follow-up is required to monitor the development of nutritional deficiencies and to provide adequate treatment if they occur. It is important for patients to be placed on multivitamins as well as iron, calcium, folate, and B12 supplements if necessary.

### Bariatric Surgery and Other Gastrointestinal Operations in Patients With BMI <35 kg/m$^2$

Overall, published studies and new investigations presented at the DSS indicate that a variety of GI operations including both conventional bariatric surgeries[31,32] and novel procedures (ie, duodenal-jejunal bypass, ileal interposition, sleeve gastrectomy)[10,11,33,34] can achieve improvement or remission of T2DM in patients with BMI <35 kg/m$^2$, apparently with low rates of complications and mortality in the short- to midterm. However, sample sizes and duration of postoperative follow-up of these studies are insufficient at this time for a thorough assessment of the long-term efficacy and safety of surgery in this patient population, particularly for novel procedures. The interpretation of findings concerning novel GI procedures and surgery in general in patients with BMI below 30 kg/m$^2$ remains particularly problematic because of the small number of patients studied and the short duration of follow-up data. Nevertheless, available evidence suggests that a precise BMI cut-off at 35 kg/m$^2$ is not an accurate parameter to predict the potential of surgery to induce glycemic and metabolic control. Furthermore, no existing studies have shown evidence of excessive weight loss following


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conventional bariatric operations in moderately obese patients (BMI: 30–35 kg/m$^2$).

### Mechanisms of Diabetes Resolution Following GI Surgery

The effects of GI surgery on glucose metabolism and the metabolic syndrome represent a clinically impressive and scientifically interesting phenomenon, which may have significant implications for understanding the pathophysiology of diabetes. Elucidating the mechanisms of action of GI surgery on diabetes may help identify new targets for diabetes medications. The review of available evidence does not allow conclusions regarding the exact molecular mechanisms behind the dramatic improvement of diabetes after GI surgical procedures. However, there seems to be sufficient evidence in support of the fact that rearrangement of the anatomy of the GI tract can influence glucose homeostasis by mechanisms that are additive to, and independent of, body weight loss.[14–15] Beyond the few gut hormones whose changes after bariatric surgery have been studied to date,[13,35–37] the GI tract produces dozens of biologically active peptides,[38] and possibly other yet-to-be-discovered substances. This suggests the possibility that various types of anatomic rearrangements of the GI tract may activate several distinct mechanisms that influence glucose homeostasis, possibly explaining the gradient of efficacy among procedures. Further research is warranted to help clarify the agents responsible for the beneficial effects of GI surgery on glucose homeostasis.

## Consensus Statements From the Diabetes Surgery Summit

Table 3 represents the final position statement of the DSS delegates with a set of consensus recommendations and declarations that address both clinical and research issues, as well as general concepts and definitions. In some cases, statements with stronger language and bolder determinations were achieved at the expense of lower levels of consensus; however, by design, it was decided that the position statement should only include the declarations with the highest degree of consensus. Two major proposals did not achieve consensus and are therefore not included in the position statement. Consensus regarding LAGB to treat diabetes in patients with BMI $<$35 kg/m$^2$ was not quite achieved, as only 66% of delegates endorsed its use in this setting (ie, marginally below our predetermined threshold of 67% agreement to define "consensus"). Also, only 33% of delegates felt that BPD may be suitable to treat diabetes in patients with BMI $<$35 kg/m$^2$.

## DISCUSSION

The DSS consensus document embodies the foundations of "diabetes surgery," emphasizing 2 fundamental aspects of this emerging discipline: the importance of multidisciplinary approaches to guide its development from the outset and the value of investigating antidiabetes GI operations mechanistically. DSS represents a timely attempt by leading scholars to improve access to surgical options supported by sound evidence, while also preventing harm from inappropriate use of unproven procedures.

To ensure a multidisciplinary expertise for the assessment of clinical and mechanistic data about surgical aspects and diabetes-specific issues, the expert panel of the DSS was intentionally larger in size (50 delegates) and more multidisciplinary than most other consensus-developing groups (typically composed by 10–12 members who usually meet under the auspices of only 1 or 2 organizations). Due to the professional and financial ramifications of the subject, a consensus conference to assess the role of surgery to treat diabetes is particularly vulnerable to professional biases and potential conflicts of interest. Given that surgeons' clinical practice could theoretically be affected by the outcomes of the summit, the panel was intentionally weighted toward nonsurgeons (58%). Surgeons were not entirely excluded from the group, however, to balance the potential for a highly conservative stance of some nonsurgeons whose clinical practice might also be theoretically affected, though in an opposite manner. This also ensured adequate competence of surgical aspects in the voting panel, as many of the leading scholars in the field are surgeons. Furthermore, given the global epidemic growth of diabetes and the relevance of ethnic and socioeconomic aspects for diabetes surgery, geographical criteria were also considered in the selection of delegates to ensure appropriate representation of regional issues. These methods make the DSS less vulnerable to potential sources of bias and conflicts of interest that might have compromised acceptance and enthusiasm for guidelines established by a smaller group reflecting the position of a single organization.

The endorsement of the DSS by 21 diverse professional and scientific organizations recognizes that the goals, selection of experts, and program of the conference were scientifically appropriate and free of substantial bias. It is important to note that the endorsement for the DSS by these societies does not necessarily translate into an up-front endorsement of its conclusions. At the time of this writing, 5 scientific and professional societies, which represent endocrinologists, internists, and obesity scientists (Diabetes UK, T.O.S. and I.A.S.O.), as well as surgeons and bariatric allied health care professionals (A.S.M.B.S., I.F.S.O., and Brazillian Society of Bariatric and Metabolic Surgery) have concluded their reviews of the findings of the Summit and have officially endorsed the final DSS position statement. More organizations will have the opportunity to consider this document after its publication and, if they wish to do so, contribute their support for the dissemination and application of these findings.

Although conservative because of its goal to evaluate evidence cautiously, the DSS Position Statement recognizes for the first time a revolutionary concept: the legitimacy of GI surgery as a dedicated treatment for T2DM in carefully selected patients. There was 98% consensus that certain intestinal bypass operations engage antidiabetes mechanisms beyond reduced caloric intake and body weight. This and the remarkable clinical efficacy of GI surgery justify considering it as a specific diabetes intervention, rather than viewing diabetes remission merely as a collateral effect of weight-loss surgery. DSS recommendations also call for research into GI-surgical antidiabetes mechanisms, to help elucidate diabetes pathophysiology and identify novel pharmacotherapeutic targets.

Delegates unanimously agreed that patients with inadequately controlled diabetes and BMI $>$35 kg/m$^2$ should be considered for GI surgery. This concurs with existing NIH guidelines and with the 2009 American Diabetes Association standards of care position statement,[39] and it further emphasizes the role of GI surgery in severely obese patients, where mounting evidence shows that surgery improves overall survival.[16,17] Although an antidiabetes efficacy gradient probably exists among bariatric operations (BPD $>$RYGB $>$LAGB),[9] no randomized controlled trials have compared these procedures head-to-head. Hence, definitive prioritization for their use to treat T2DM in severely obese patients seems premature.

There was strong consensus that adopting the strictly BMI-based criteria used for bariatric surgery would be inadequate to select candidates for diabetes surgery. Pending evidence indentifying more appropriate parameters, however, available long-term safety and efficacy data in nonseverely obese patients were judged insufficient to advocate routine clinical use of GI surgery for diabetes in this setting. However, based on the results of recent trials showing glycemic benefit of surgery in patients with type 2 diabetes and BMI $<$35, there was good consensus regarding the legitimacy of GI surgery as a nonprimary therapeutic alternative to treat mild-to-

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**TABLE 4.** International Diabetes Surgery Task Force Members

| Member | Affiliation, Country |
|---|---|
| Sir George Alberti | Imperial College of London, UK |
| Stephanie Amiel | Kings Cross College, London, UK |
| Steven H. Belle | University of Pittsburgh, USA |
| David E. Cummings | University of Washington, USA |
| John Dixon | Monash University, Australia |
| Bob H. Eckel | University of Colorado Denver, USA |
| Ele Ferrannini | University of Pisa, Italy |
| David R. Flum | University of Washington, USA |
| Lee M. Kaplan | Harvard Medical School, USA |
| Francine R. Kaufman | Keck School of Medicine-USC, USA |
| Sam Klein | Washington University, St. Louis, USA |
| Carel LeRoux | Imperial College, London, UK |
| Walter J. Pories | East Carolina University, USA |
| John Q. Purnell | Oregon Health and Science Institute, USA |
| Eric Ravussin | Pennington Institute, USA |
| Bob A. Rizza | Mayo Clinic, USA |
| Francesco Rubino | Weill Cornell Medical College, New York, USA |
| Philip R. Schauer | Cleveland Clinic, USA |
| Lars Sjostrom | University Hospital Gothenburg, Sweden |
| Paul Zimmet | Baker-IDI Institute, Australia |

moderately obese patients (BMI: 30–35 kg/m$^2$) with T2DM inadequately controlled by lifestyle and medications. Formal consensus regarding which operation should be used in these patients, however, was only achieved for RYBG. Consensus regarding LAGB in this context was not quite achieved (66% agreement), because delegates felt that, in contrast to RYGB, LAGB does not activate weight-independent antidiabetes mechanisms. Although delegates concurred that BPD does engage such mechanisms and effectively ameliorates T2DM, its higher risk profile prevented its acceptance in patients with BMI <35 kg/m$^2$. While recognizing the fascinating potential of novel GI interventions, DSS established that evidence does not yet support their routine clinical usage; thus, they should be performed only in IRB-approved trials.

DSS delegates recommended that a multidisciplinary taskforce be established to help guide the study and development of diabetes surgery. Accordingly, the International Diabetes Surgery Taskforce was created as a nonprofit organization of 20 members (Table 4), representing diverse expertise in diabetes, obesity, surgery, gastroenterology, and clinical-trials development. The taskforce promotes DSS recommendations, collaborating with professional societies to expand and disseminate evidence-based knowledge of diabetes surgery.

## CONCLUSIONS

The DSS recognizes a valuable role for GI surgery in the treatment of T2DM in patients with severe obesity (BMI >35 kg/m$^2$) as well as in carefully selected, moderately obese patients (BMI: 30–35 kg/m$^2$) who are inadequately controlled by conventional medical and behavioral therapies. Based on available evidence, the DSS recommends that conventional and novel GI procedures in nonobese patients be performed at this time only in clinical trials with IRB approval. Further clinical investigations designed to identify new and more appropriate parameters for surgical indications and the appropriate role of surgery in less obese or overweight patients should be considered an important research priority. Finally, the DSS strongly encourages research into the mechanisms of action in GI metabolic surgery, as this represents an extraordinary opportunity to advance the understanding of diabetes pathophysiology and ultimately improve the treatment of this disease.

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# Yglesio

Unknown affiliation

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| Laparoscopic Duodenal–Jejunal Exclusion in the Treatment of Type 2 Diabetes Mellitus in Patients with BMI < 30 kg/m$^2$ (LBMI)<br>AC Ramos, MP Galvão Neto, YM de Souza, M Galvão, AH Murakami, ...<br>Obesity surgery 19 (3), 307-312 | 243 | 2009 |
| NOTES transvaginal video-assisted cholecystectomy: first series<br>AC Ramos, A Murakami, MG Neto, MS Galvão, ACS Silva, EG Canseco, ...<br>Endoscopy 40 (07), 572-575 | 146 | 2008 |
| Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats<br>YM Souza, B Fontes, JO Martins, P Sannomiya, GS Brito, RN Younes, ...<br>Clinics 65 (2), 195-202 | 62 | 2010 |
| Modified Heidelberg technique for pancreatic anastomosis<br>OJM Torres, RCNC COSTA, FFM Costa, RF Neiva, TS Suleiman, ...<br>ABCD. Arquivos Brasileiros de Cirurgia Digestiva (São Paulo) 30 (04), 260-263 | 21 | 2017 |
| 4000 case series of simplified lap gastric bypass. Outcomes and complications<br>M Galvao, A Ramos, M Galvao, A Carlo, E Canseco, A Murakami, ...<br>OBESITY SURGERY 18 (8), 916-916 | 2 | 2008 |
| DUODENAL-JEJUNAL LAP BYPASS DJB TO TREAT TYPE 2 DIABETES T2D ON GRADE I OBESITY: WWS36-3<br>MPG Neto, A Ramos, M Galvao, A Carlo, E Canseco, A Murakami, ...<br>Asian Journal Of Endoscopic Surgery 2 (2), A87 | | 2009 |
| PL-116: Severe esophagitis and Barrett's esophagus as an important complication of adjustable gastric band<br>AC Ramos, M Galvao, AH Murakami, AC Silva, EGC Canseco, YM Souza, ...<br>Surgery for Obesity and Related Diseases 5 (3), S6 | | 2009 |
| PL-314: Lap total gastrectomy as an alternative to treat difficult fistulas after sleeve gastrectomy<br>AC Ramos, M Galvao, AH Murakami, JM Campos, EG de Moura, AC Silva, ...<br>Surgery for Obesity and Related Diseases 5 (3), S22 | | 2009 |
| PL-315: Is the laparoscopic duodenal switch feasible, safe and effictive in patients who failed adjustable gastric band and vertical banded gastroplasty?<br>G Dapri, GB Cadière, J Himpens<br>Surgery for Obesity and Related Diseases 5 (3), S22-S23 | | 2009 |
| Avaliação dos efeitos da ozonioterapia no tratamento da infecção intra-abdominal em ratos<br>YLMS Souza<br>Universidade de São Paulo | | 2009 |

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| Gastrojejunostomy stenosis. Changing the suture reduces incidence-175 patient series<br>A Ramos, M Galvao Neto, M Galvao, A Carlo, E Canseco, A Murakami, ...<br>OBESITY SURGERY 18 (8), 919-920 | | 2008 |
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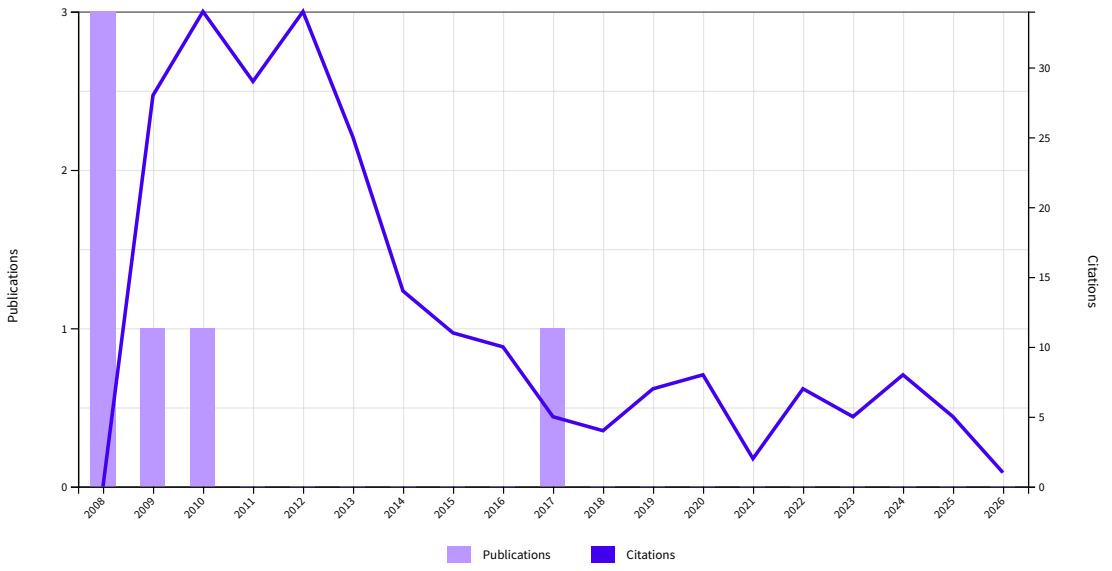
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| 2 | NOTES transvaginal video-assisted cholecystectomy: first series<br>Ramos, AC; Murakami, A; (...); Moyses, Y<br>Jul 2008 \| ENDOSCOPY 40(7), pp.572-575 | 0 | 1 | 2 | 0 | 0 | 4.58 | 87 |
| 3 | EVALUATION OF THE EFFECTS OF OZONE THERAPY IN THE TREATMENT OF INTRA-ABDOMINAL INFECTION IN RATS<br>de Souza, YM; Fontes, B; (...); Rasslan, S<br>Feb 2010 \| CLINICS 65(2), pp.195-202 | 1 | 2 | 3 | 1 | 0 | 1.88 | 32 |
| 4 | MODIFIED HEIDELBERG TECHNIQUE FOR PANCREATIC ANASTOMOSIS<br>Torres, OJM; Costa, RCND; (...); Shrikhande, SV<br>Oct-dec 2017 \| ABCD-ARQUIVOS BRASILEIROS DE CIRURGIA DIGESTIVA-BRAZILIAN ARCHIVES OF DIGESTIVE SURGERY 30(4), pp.260-263 | 2 | 2 | 3 | 2 | 1 | 1.5 | 15 |
| 5 | 4000 case series of simplified lap gastric bypass. Outcomes and complications<br>Galvao, M; Ramos, A; (...); Moyses, Y<br>13th World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders<br>Aug 2008 \| OBESITY SURGERY 18(8), pp.916-916 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Gastrojejunostomy stenosis. Changing the suture reduces incidence - 175 patient series<br>Ramos, A; Neto, MG; (...); Moura, E<br>13th World Congress of the International Federation for the Surgery of Obesity and Metabolic Disorders<br>Aug 2008 \| OBESITY SURGERY 18(8), pp.919-920 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

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**Published names** Moyses, Y. | de Souza, Yglesio Moyses | DE

**Organizations** Universidade Federal do Maranhao
Universidade de Sao Paulo
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**Subject Categories** Surgery; Gastroenterology & Hepatology; Orth

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1 Article

MODIFIED HEIDELBERG TECHNIQUE FOR PANCREA
ANASTOMOSIS

Torres, OJM; Costa, RCND; (...); Shrikhande, SV
Oct-dec 2017
|
ABCD-ARQUIVOS BRASILEIROS DE CIRURGIA DIGESTIVA-BRAZILIAN ARCH
SURGERY
30(4), pp.260-263

Background: Pancreatic fistula is a major cause of morbidity and mortali
pancreatoduodenectomy. To prevent this complication, many technical
described. Aim: To present a novel technique based on slight modifi ...

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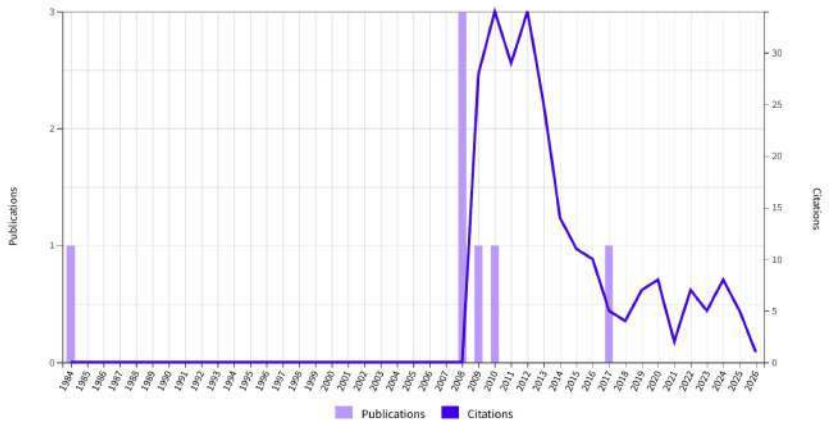
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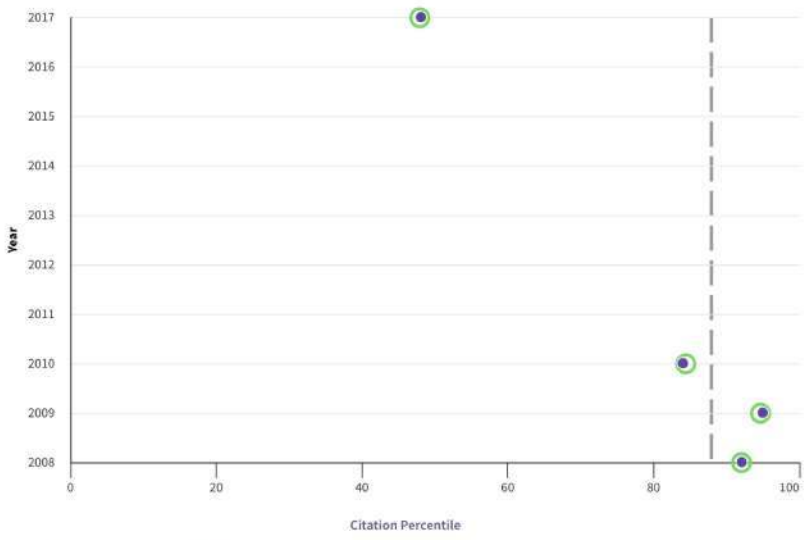
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2 Article

EVALUATION OF THE EFFECTS OF OZONE THERAP' INFECTION IN RATS

de Souza, YM; Fontes, B; (...); Rasslan, S

Feb 2010 | CLINICS ▾ 65(2), pp.195-202

INTRODUCTION: The antibacterial effect of ozone (O-3) has been describ of certain types of infection remains controversial.
OBJECTIVES: To evaluate the effect of intraperitoneal (i.p.) O-3 applicatio

Context Sensitive Links for EVALUATION OF THE EFFECTS OF OZONE THE

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3 Article

Laparoscopic Duodenal-Jejunal Exclusion in the T kg/m$^2$ (LBMI)

Ramos, AC; Galvao, MP; (...); Zambrano, TA

Mar 2009 | OBESITY SURGERY ▾ 19(3), pp.307-312

The association between medical and dietetic-behavioral treatments of t of T2DM is justifiable after the observation of a successful glycemic contr

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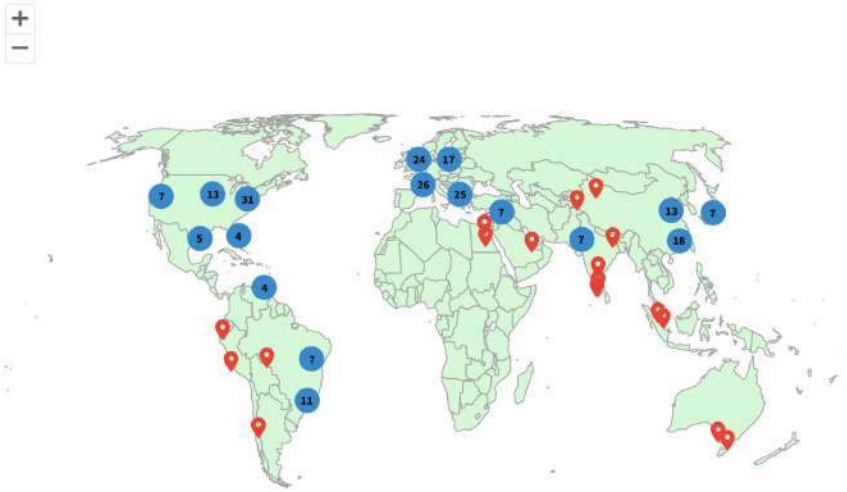
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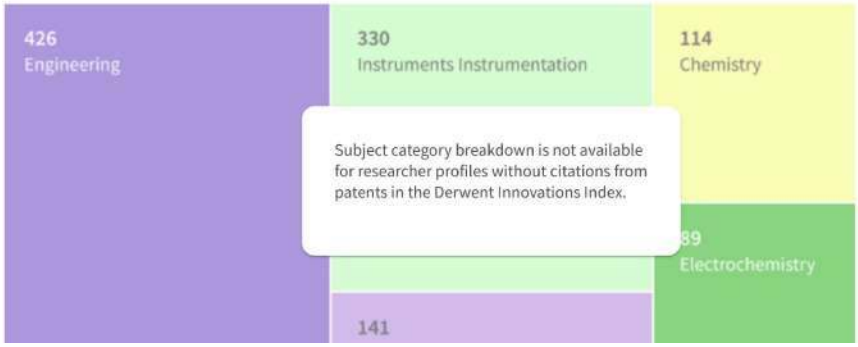
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Computer Science

Context Sensitive Links for Laparoscopic Duodenal-Jejunal Exclusion in t

Full text at publisher

4 Meeting Abstract

## 4000 case series of simplified lap gastric bypass. C complications

Galvao, M; Ramos, A; (...); Moyses, Y

13th World Congress of the International Federation for the Surgery of Ol

Aug 2008 | OBESITY SURGERY ▾ 18(8), pp.916-916

Context Sensitive Links for 4000 case series of simplified lap gastric bypa

5 Meeting Abstract

## Gastrojejunostomy stenosis. Changing the suture patient series

Ramos, A; Neto, MG; (...); Moura, E
13th World Congress of the International Federation for the Surgery of Ob
Aug 2008 | OBESITY SURGERY ▾ 18(8), pp.919-920

Context Sensitive Links for Gastrojejunostomy stenosis. Changing the su

6 Article

## NOTES transvaginal video-assisted cholecystecto

Ramos, AC; Murakami, A; (...); Moyses, Y
Jul 2008 | ENDOSCOPY ▾ 40(7), pp.572-575

Background and study aims: Extensive research has been conducted to d
transluminal endoscopic surgery (NOTES) as a new approach to less inva
is to present the technique and initial prospective results of a tri ... Show

Context Sensitive Links for NOTES transvaginal video-assisted cholecyst

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# Exhibit D.IV.d – Expert’s letters

**Gastro Obeso Center**
São Paulo, Brazil

June 1, 2026

U.S. Citizenship and Immigration Services
— U.S. Department of Homeland Security

**Re: O-1A Nonimmigrant Petition — Dr. Yglésio Luciano Moyses Silva de Souza (Advisory Opinion / Expert Letter)**

Dear USCIS Officer,

I write to provide my expert assessment in support of the O-1A petition of Dr. Yglésio Luciano Moyses Silva de Souza. It is my professional judgment that Dr. Souza possesses extraordinary ability in the medical and surgical sciences and is among the small percentage of physician-scientists who have risen to the top of the field of metabolic and bariatric surgery. My entire professional life has been spent in this discipline: I am General Director and Co-Founder of Clínica Gastro Obeso Center in São Paulo, a researcher with the National Council for Scientific and Technological Development (CNPq), and Past President of both the International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO) and the Brazilian Society for Bariatric and Metabolic Surgery (SBCBM).

I disclose at the outset that Dr. Souza and I are scientific collaborators: we are co-authors of the 2009 Obesity Surgery publication on laparoscopic duodenal-jejunal exclusion in patients with BMI < 30 kg/m² (the "LBMI" study), of which I was lead author and Dr. Souza a contributing author. I make this disclosure because it lets







me speak with first-hand authority about his actual scientific role, rather than as a distant reader.

**My opinion addresses two of the O-1A regulatory criteria on which I am directly positioned to opine: original scientific contributions of major significance, and authorship of scholarly articles in the field.**

Original contribution of major significance. The LBMI study was among the earliest human-subject investigations to test whether duodenal-jejunal exclusion could improve glycemic control independently of weight loss — an open question the international metabolic-surgery community was actively trying to resolve. Dr. Souza's role was substantive: clinical evaluation of patients, structured collection of perioperative and postoperative data, and analysis of the mechanism underlying the observed effect. The significance of the work is demonstrated by its sustained downstream influence in the highest tier of the literature — it is cited in the 2010 Diabetes Surgery Summit consensus (Annals of Surgery), the 2014 Lancet Diabetes & Endocrinology mechanistic review, the 2010 Nature Reviews Endocrinology review, and the 2017 Surgical Endoscopy systematic review of foregut and hindgut procedures. Contributions that continue to be cited as foundational human evidence, years after publication, are by definition of major significance to the field.

Authorship and scientific orientation. Beyond this single study, Dr. Souza's body of peer-reviewed work and his training — including a Ph.D. in Sciences (Experimental Pathophysiology program), University of São Paulo (USP) — reflect a surgeon who engages with surgery as a translational discipline, tying procedural choice to mechanism and outcome. In my field that orientation is uncommon and is what makes a scientific contribution durable.

I understand Dr. Souza will perform, from within the United States, independent clinical and scientific advisory work in the medical and surgical sciences — technology assessment, care-pathway design, research and outcomes consulting, and scientific education. That work falls squarely within the field in which he has earned recognition and does not constitute the clinical practice of medicine requiring U.S. licensure.

For these reasons, I support without reservation Dr. Souza's O-1A petition and remain available for any clarification USCIS may require.

Respectfully,



**Dr. Almino Cardoso Ramos**
General Director and Co-Founder, Clínica Gastro Obeso Center
Researcher, National Council for Scientific and Technological Development (CNPq)
Past President, International Federation for the Surgery of Obesity and Metabolic Disorders (IFSO)
Past President, Brazilian Society for Bariatric and Metabolic Surgery (SBCBM)
São Paulo, Brazil
Phone: +55 (11) 3211-1200 | +55 (11) 3125-1222
Email: contato@gastroobesocenter.com.br

Dr. Almino Ramos
# Bariatric Surgeon



*Dr. Almino Ramos is a world renowned bariatric surgeon from Brazil who has specialized in treating obesity through bariatric surgery since 1999. He is on the board of trustees for the IFSO, was the president of IFSO from 2018-2019, and has co-authored over 100 peer-reviewed publications on treating obesity. He is fluent in English, Spanish and*

*Portuguese.*

*We are excited to offer Dr. Ramos's expertise to our patients and our team is excited to work at his side. He is performing surgeries on the last Friday & Saturday of each month at the Elias Ortiz Surgical Center in Tijuana, Mexico.*

## Certifications

---

***Post Doctoral,*** *Federal University of Pernambuco, UFPE, Brazil*
*2017*

***Doctorate in Post-Graduation in Surgery,*** *Federal University of Pernambuco, UFPE, Brazil*
*2016-2017*

***Master of Science in Surgery,*** *University of Campinas (UNICAMP)*
*1995-1998*

***Specialization in General Surgery,*** *Brazilian College of Surgeons, CBC, Brazil*
*1989-1991*

***Specialization, Residency,*** *Digestive System Surgical Clinic Study Center, CECCAD, Brazil*
*1987-1990*

***Graduation in Medicine,*** *University of Caxias do Sul, UCS, Brazil*
*1981-1986*

## Professional Experience

---

- ***General Director****, Clínica Gastro Obeso Center*
- ***President****, Brazilian Society of Bariatric & Metabolic Surgery*
- ***Titular Member of Bariatrics****, Brazilian Society of Bariatric & Metabolic Surgery*
- ***Fellow****, American Society for Metabolic & Bariatric Surgery*
- ***President****, International Federation for the Surgery of Obesity & Metabolic Disorders (IFSO)*
- ***Specialist Member****, The Brazilian Society of Minimally Invasive and Robotic Surgery*
- ***Specialist Member****, The Brazilian College of Surgeons*

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## Awards

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### *2018*

- *Best communication at work: GASTRIC BYPASS EN-Y-DE-ROUX, VERTICAL GASTRECTOMÍA THE GASTRIC BYPASS OF UNA ANASTOMOSIS AS TECHNIQUES OF RESCATE DEL BANDAJE GÁSTRICO AJUSTABLE. ESTUD, Spanish National Congress of Surgery of Obesity and Metabolic Diseases.*

### *2013*

- *Da vinci surgical system off-site training program, Hartford Hospital.*
- *Leaders Academy Program, Johnson and Johnson.*

### *2012*

- *Silver Jubilee, Brazilian Medical Association of Orthomolecular.*

### *2011*

- *Member, International Development Committee Timeline.*
- *Honorary Member, Sociedad de Cirujanos de Chile.*
  *2011*
- *Collaborator of the Bariatric Surgery Committee of the Latin American Federation of Cirugía, Federación Latinoamericana de Cirugía.*

### *2009*

- *Médaille de Reconnaissance Franco-Américaine Classe Special, Institut Humaniste Reconnaissance – Paris.*

### *2008*

- *Analysis of Medicine Award, Analysis of Medicine Award for Nomination as One of the Most Admired in the Specialty.*
- *Hommage by his Participation as Professor of the VIII International Congress of Cir. Laparoscopica Desarrollado, La Sociedad Ecuatoriana de Cirugía Laparoscópica.*
- *Honorary Member, College of Specialists in General Surgery – Guadalajara.*
- *Member, Congreso – Institute of Mini Invasive Techniques.*
- *Member of the Honorary SOVCIBAM, Sociedad Venezolana de Cirugía Bariatrica y Metabolica.*
- *Invited Professor, The Latin American Association of Endoscopic Surgery and the Centro America Circulation Federation.*
- *Analysis The most admired of medicine – Surgery of the Digestive System, Editorial Analysis.*

*To view more awards for Dr. Almino Ramos please view this PDF.*

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- http://huufma.ebserh.gov.br

**São Luís, Maranhão, Brazil**
**August 1, 2026**

U.S. Citizenship and Immigration Services — U.S. Department of Homeland Security

**Re: Supplemental Expert Declaration and First-Hand Attribution — O-1A Petition for Dr. Yglésio Luciano Moyses Silva de Souza**

Dear USCIS Officer:

This declaration is confined to what I personally saw while our 2017 article, "Modified Heidelberg Technique for Pancreatic Anastomosis," was being prepared for ABCD – Arquivos Brasileiros de Cirurgia Digestiva. As first and corresponding author, and as the surgeon responsible for the team reporting the initial seventeen cases, I can identify the part Dr. Souza carried in turning that operative experience into a publication. I am not relying here on citation counts or on opinions formed after the article appeared.

I am Full Professor and Head of the Digestive System Surgery Service at the Federal University of Maranhão and head of its hepatopancreatobiliary and liver-transplant program. My graduate training includes a Master's degree and Doctorate in Surgical Clinic, together with postgraduate training at centres in the United States, Canada, Germany, the United Kingdom, Switzerland, Japan, Singapore and Spain. Dr. Souza and I appear together on the article's byline; that collaboration is the source of the information set out below. I have no economic connection with Sperling Medical USA LLC and will receive no benefit whether this petition is approved or denied.

Dr. Souza's participation was not nominal. He played a decisive role in drafting the article and in converting the operative experience into a coherent scientific report. He worked on the organisation, review and interpretation of the clinical and operative data, and he undertook a substantive methodological review to test whether the methods, outcome classifications and conclusions were internally consistent. He also critically revised the manuscript so that the technical description and the reported results accurately reflected the work performed. I personally observed these contributions.

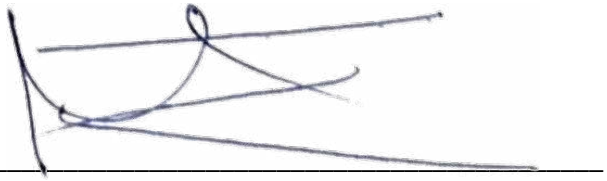
His contribution drew upon unusual operative judgment. Dr. Souza is a highly skilled digestive surgeon, and that practical ability mattered to the manuscript: he was able to evaluate whether the written description of a demanding pancreatic anastomosis was faithful to operative reality, whether the sequence was intelligible to another surgeon, and whether the conclusions remained within what the initial clinical data supported. His role therefore combined scientific writing, data analysis, methodological scrutiny and expert surgical judgment. It was a substantive intellectual contribution to the published work.

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The later significance of the publication can be evaluated independently of my opinion. An unaffiliated team at Kidwai Cancer Institute in Bengaluru evaluated the technique in a published 208-case experience and cited our article as the reference for the method. The technique also remains cited in later pancreatic-surgery literature. I do not represent that all patients in any larger later cohort received this technique; my purpose here is to document Dr. Souza's own role in the original publication, while the independent literature establishes the work's downstream use and significance.

On that first-hand basis, I confirm that Dr. Souza made an identifiable and important individual contribution to the Modified Heidelberg publication. His work on the manuscript, data, methodology and surgical interpretation materially contributed to the article that entered the peer-reviewed literature. Before signing, I have checked this declaration against my own recollection of the work. If the adjudicating officer wishes to verify any point stated here, I will answer that inquiry directly.

Respectfully,



**Orlando Jorge Martins Torres, M.D., Ph.D.**
Full Professor and Head, Digestive System Surgery Service
Head, Hepatopancreatobiliary and Liver-Transplant Program
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# DR. ORLANDO JORGE MARTINS TORRES

- Full Professor and Head of the Digestive System Surgery Service
- Head of the Liver Transplant Service,
  President Dutra University Hospital,
  Federal University of Maranhão - UFMA
- Oncological Surgery of the Digestive System
- Liver, Pancreas and Bile Duct Surgery
- Laparoscopic Surgery

# PROFILE



## ACADEMIC TRAINING

Specialist in Digestive System Surgery (CBCD)
Specialist in Gastroenterology (FBG)
Master in Surgical Clinic (UFPR)
Doctor in Surgical Clinic (UFPR)
Associate Professor in Surgical Clinic (UFC)

## POSITION AND FUNCTION

Full Professor and Head of the Digestive System Surgery Service at the Presidente Dutra University Hospital of the Federal University of Maranhão – (UFMA)

Click here to access my resume

## THESIS AND MEMORIAL

2015 – Full Professor – Descriptive Memorial

2000 – Associate Professor: “Diagnosis and treatment of postoperative enterocutaneous fistulas”.

1997 – PhD: “Bacterial translocation: efficacy of an immunostimulatory diet in rats subjected to intestinal occlusion”.

1994 – Master’s degree: “Histological evaluation of the regeneration of splenic autotransplants: experimental study in rats”.

# TRAINING ABROAD

| | | | |
|---|---|---|---|
| 2023 | **IKEM Hospital** | **Prague – Czech Republic** | Advisor: Prof. Jiri Fronek |
| | **Vall D'hebron Hospital** | **Barcelona – Spain** | Advisor: Prof. Ramon Charco |
| | **Miguel Servet University Hospital** | **Zaragoza – Spain** | Advisor Prof. Alejandro Serrablo |
| | **Curry Cabral Hospital** | **Lisbon – Portugal** | Advisor: Prof. Hugo Marques |
| 2022 | **National University Hospital** | **Singapore** | Advisor: Prof. Alfred Kow |
| | **Cipto Mangunkusumo Hospital** | **Jakarta – Indonesia** | Advisor: Prof. Toar Lalisang |
| 2019 | **Asan Medical Center Hospital** | **Seoul – South Korea** | Advisor: Prof. Ki-Hun Kim |
| | **Auckland City Hospital** | **Auckland – New Zealand** | Advisor: Prof. Adam Bartlett |
| 2018 | **Humanitas Research Hospital** | **Milan – Italy** | Advisor: Prof. Guido Torzill |
| | **UniversitatsKlinikum Heidelberg Hospital** | **Heidelberg – Germany** | Advisor: Prof. Markus Buchler |
| | **Jackson Memorial Hospital** | **Miami – USA** | Advisor: Prof. Rodrigo Vianna |
| | **Chris Hani Baragwanath Hospital** | **Johannesburg – South Africa** | Advisor: Prof. Martin Smith |
| 2017 | **AGEO Central General Hospital** | **Tokyo – Japan** | Advisor: Prof. Go Wakabayashi |
| | **Second Affiliated Hospital** | **Hangzhou – China** | Advisor: Prof. Shu Yo Peng and Prof: Jiang-Tao Li |
| 2016 | **University Hospital of Zurich** | **Zurich – Switzerland)** | Advisor: Prof. Pierre-Alain Clavien |
| | **Tata Memorial Cancer Center** | **Mumbai – India** | Advisor: Prof. Shailesh Shrikhande |
| 2015 | **Oslo University Hospital** | **Oslo – Norway** | Advisor: Prof. Pal-Dag Line |
| 2012 | **Imperial College of London** | **London – UK** | Advisor: Prof. Nagy Habib |
| 2010 | **MD Anderson Cancer Center** | **Houston – USA** | Advisor: Prof. Jean Nicholas Vauthey |
| 2008 | **University Hospital of Wuerzburg** | **Wuerzburg – Germany** | Advisor: Prof. Arnulf Thiede and Prof. Ulrich Andreas Dietz |
| 2005 | **University of Pittsburgh Medical Center** | **Pittsburgh – USA** | Advisor: Prof. Amadeo Marcos and Prof. Paulo Fontes |
| 2000 | **Memorial Sloan Kettering Cancer Center** | **New York – USA** | Advisor: Prof. Leslie Blumgart |
| 1999 | **Shouldice Hospital** | **Toronto – Canada** | Advisor: Prof. Cassim Degane |

# SPECIALIST TITLE AND QUALIFICATION

Oncological Surgery of the Digestive System – Brazilian College of Digestive Surgery
Digestive System Surgery – Brazilian College of Digestive Surgery
Gastroenterology – Brazilian Federation of Gastroenterology
General Surgery – Brazilian College of Surgeons

HOSPITAL UNIVERSITÁRIO DA UNIVERSIDADE FEDERAL DO MARANHÃO
GERÊNCIA DE ATENÇÃO À SAÚDE
DIVISÃO DE GESTÃO DO CUIDADO
UNIDADE DO SISTEMA CARDIORRESPIRATÓRIO
(Ext 1231)

São Luís, Maranhão, Brazil · July 27, 2026

To the officer adjudicating the O-1A petition of Dr. Yglésio Luciano Moyses Silva de Souza:

Dear USCIS Officer,

I am a cardiovascular surgeon. I hold a doctorate and a post-doctorate from the Faculty of Medicine of the University of São Paulo, completed international fellowships at the University of Alabama at Birmingham and at The Prince Charles Hospital in Brisbane, hold the chair of Full Professor at the Federal University of Maranhão, and served as President of the Brazilian Society of Cardiovascular Surgery, the principal national society of my specialty.

I begin with what connects me to Dr. Souza, because the reader is entitled to know the whole of it before weighing anything I say. I served as Municipal Secretary of Health of São Luís during the opening months of his tenure as Director-General of Hospital Municipal Djalma Marques; my own service in that office ended before his did. Beyond that administrative overlap there is nothing further: we have never co-authored, never conducted research together, never shared a clinical service, no personal friendship, and no business dealing of any kind. Neither the petitioning company nor the outcome of this petition holds any interest for me.

Because that overlap placed me in the administrative chain above the post Dr. Souza held, I will set down the few facts I observed from that chair, and nothing beyond them. When he assumed the Direction-General of Hospital Municipal Djalma Marques in January 2013, the municipal health system was in acute fiscal distress: physicians' salaries were in arrears, and deliveries of medicine and essential supplies to the hospital had broken down. The Direction-General of that hospital is not a ceremonial post. It is the operational command of the largest public emergency and trauma hospital serving a metropolitan region, and in the conditions then prevailing, whether the institution could keep its surgical and emergency services open turned on who held it. I left office before Dr. Souza left his. I therefore express no view on what was achieved over the remainder

of his tenure; for those months the Ministry of Health's own service data speaks without my help.

On every other subject I confine myself to the published scientific work, which I formed my judgment upon from the literature, and which any surgeon in my specialty can retrieve and check for himself.

The contribution most frequently cited in his record is the 2009 study in *Obesity Surgery* on laparoscopic duodenal-jejunal exclusion for type 2 diabetes in patients with a body mass index below 30 kg/m². It addressed a question that was genuinely open at the time and answered it with prospective biochemical data: in a cohort of twenty patients followed for six months, fasting glycemia fell by 43.8 per cent and glycosylated hemoglobin by 22.8 per cent, each at $p<0.001$, with eighteen of the twenty patients reaching glycemic control without oral hypoglycemic medication.

I want to explain why a cardiovascular surgeon regards that result as consequential rather than merely interesting. Glycosylated hemoglobin is not a laboratory abstraction in my field; it is a predictor. The outcomes literature associates each percentage point of reduction in HbA1c with measurable decreases in myocardial infarction, in microvascular complications, and in all-cause mortality. A reduction of that magnitude, achieved in a diabetic population that is not severely obese and without pharmacological control, therefore reaches well past bariatric practice and into the territory my own specialty is responsible for. That a neighbouring discipline finds a contribution consequential is, to my mind, one of the more reliable signs that the contribution travelled beyond the subfield that produced it.

His scientific formation is also unusual in depth for a surgeon who remains clinically active: surgical residency at IAMSPE in São Paulo, followed by doctoral training at USP in experimental pathophysiology, with a thesis on the experimental treatment of intra-abdominal infection and the systemic inflammatory response — methodologically adjacent to the inflammatory-pathway research that underlies a good deal of contemporary cardiovascular medicine.

I understand that the work he is to perform in the United States is scientific and regulatory advisory work within his field, and not the practice of medicine. Assessed against the surgeons I have known across a career in academic surgery and in the leadership of a national specialty society, the record before me is one of sustained recognition of a kind reached by very few.

I have set down what I observed from the office I held, what the published record shows, and what my own specialty makes of it. That, and not any personal association, is the basis on which I commend this petition to the officer's consideration.

Respectfully,



Prof. Dr. Vinicius José da Silva Nina Past President, Brazilian Society of Cardiovascular Surgery (SBCCV) — biennium 2024–2025 Full Professor, Federal University of Maranhão (UFMA) Doctorate and Post-Doctorate, University of São Paulo (USP) Faculty of Medicine International fellowships: University of Alabama at Birmingham; The Prince Charles Hospital, Brisbane, Australia Email: vinicius.nina@ufma.br Phone: +55 (98) 99973-9699 Lattes Curriculum: http://lattes.cnpq.br/5148313598301706

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# GUEST



# VINICIUS JOSE DA SILVA NINA

São Luís / MA

Post-Doctorate

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President of the Brazilian Society of Cardiovascular Surgery (Management 2024-2025)
Associate Professor of Medicine at the Federal University of Maranhão (UFMA)
Fellowship in Cardiothoracic Surgery at the University of Alabama (USA) and at The Prince Charles Hospital (Australia)
Doctorate and Post-doctorate at the Faculty of Medicine at USP

## Activities

PRINT (/EVENTO/79CBC/PROGRAMACAO/AGENDA/13813)

09/20/2024
SBC AUDITORIUM
CONFLICT OF INTEREST (/EVENTO/79CBC/PROGRAMACAO/MODALCONFLITO/13813)

09:00 to 10:00 - Mitral valve repair
COORDINATOR
(/evento/79cbc/programacao/modalatividade/656)

09/21/2024
SBC AUDITORIUM
10:40 to 11:40 - Coronary artery bypass graft surgery
COORDINATOR
(/evento/79cbc/programacao/modalatividade/525)

09/21/2024
AUDITORIUM 16
5:00 PM to 6:00 PM - Contemporary approach to aortic valve disease
COORDINATOR
(/evento/79cbc/programacao/modalatividade/524)

To go back

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# Exhibit D.V – Author of Scholarly articles

CLINICS 2010;65(2):195-202

## BASIC RESEARCH

# EVALUATION OF THE EFFECTS OF OZONE THERAPY IN THE TREATMENT OF INTRA-ABDOMINAL INFECTION IN RATS

**Yglesio Moyses de Souza,[I] Belchor Fontes,[I] Joilson O Martins,[II] Paulina Sannomiya,[III] Glacus S. Brito,[I] Riad N. Younes,[I] Samir Rasslan[I]**

**doi: 10.1590/S1807-59322010000200012**

de Souza YM, Fontes B, Martins JO, SannomiyaP, Brito GS, Younes RN, Rasslan S. Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats. Clinics. 2010;65(2):195-202.

**INTRODUCTION:** The antibacterial effect of ozone ($O_3$) has been described in the extant literature, but the role of $O_3$ therapy in the treatment of certain types of infection remains controversial.
OBJECTIVES: To evaluate the effect of intraperitoneal (*i.p.*) $O_3$ application in a cecal ligation/puncture rat model on interleukins (IL-6, IL-10) and cytokine-induced neutrophil chemoattractant (CINC)-1 serum levels, acute lung injury and survival rates.
**METHODS:** Four animal groups were used for the study: a) the SHAM group underwent laparotomy; b) the cecal ligation/puncture group underwent cecal ligation/puncture procedures; and c) the CLP+$O_2$ and CLP+$O_3$ groups underwent CLP+ corresponding gas mixture infusions (*i.p.*) throughout the observation period. IL-6, CINC-1 and IL-10 concentrations were determined by enzyme-linked immunosorbent assay (ELISA). Acute lung injury was evaluated with the Evans blue dye lung leakage method and by lung histology. $P<0.05$ was considered significant.
**RESULTS:** CINC-1 was at the lowest level in the SHAM group and was lower for the CLP+$O_3$ group *vs.* the CLP+$O_2$ group and the cecal ligation/puncture group. IL-10 was lower for the SHAM group *vs.* the other three groups, which were similar compared to each other. IL-6 was lower for the SHAM group *vs.* all other groups, was lower for the CLP+$O_3$ or CLP+$O_2$ group *vs.* the cecal ligation/puncture group, and was similar for the CLP+$O_3$ group *vs.* the CLP+$O_2$ group. The lung histology score was lower for the SHAM group *vs.* the other groups. The Evans blue dye result was lower for the CLP+$O_3$ group *vs.* the CLP+$O_2$ group and the cecal ligation/puncture group but similar to that of the SHAM group. The survival rate for the CLP+$O_3$ group was lower than for the SHAM group and similar to that for the other 2 groups (CLP and CLP+$O_2$).
**CONCLUSION:** Ozone therapy modulated the inflammatory response and acute lung injury in the cecal ligation/puncture infection model in rats, although there was no improvement on survival rates.

**KEYWORDS:** IL-6; IL-10; CINC-1; Sepsis; ALI; CLP.

## INTRODUCTION

Despite the latest advances in antimicrobial therapy and intensive care, peritonitis and sepsis remain important causes of mortality. Infectious peritonitis can be due to intestinal perforation resulting from various conditions, including trauma, inflammatory diseases, ischemia and perforated neoplasms.[1] Local infection triggers a massive release of interleukin (IL)-1β, tumor necrosis factor (TNF)-α, IL-10, platelet activating factor (PAF), leukotrienes, and thromboxane, all of which participate in the development of sepsis syndrome and septic shock.[2,3]

After initiation of the infection process, regardless of the optimal treatment, the inflammatory cascade is sometimes irreversible and results in patient death. Extensive research has focused on elucidating the mechanisms of the inflammatory cascade and modulation of these responses to prevent and treat Systemic Inflammatory Response

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**Received for publication on September 14, 2009**
**Accepted for publication on November 04, 2009**

Syndrome (SIRS) and Multiple Organ Dysfunction Syndrome (MODS)[4,5].

Ozone ($O_3$) is a potent oxidizing agent and an important disinfectant. The bactericidal effect of $O_3$ is based on a direct attack on microorganisms by oxidation of biological materials. In fact, $O_3$ antibacterial activity can be more effective than iodine and chlorine.[6,7] Data reported in the literature have shown that bacteria, spores, and viruses are inactivated by ozone after only few minutes of exposure[8,9]. $O_3$ may act through mechanisms other than oxidation, including the activation of erythrocyte metabolism and immune cells.[10,11]

Toxic effects of $O_3$, caused by excessive doses of inhaled ozone in the airways, as well as toxicity to the endocrine, reproductive, and central nervous systems have been described[7,12]. Nevertheless, little is known about the intraperitoneal (*i.p.*) application of ozone or the repercussions that ozone has on intra-abdominal organs and tissues.

Two studies[13,14] tested a preconditioning $O_2$ /$O_3$ pneumoperitoneum in rats submitted to peritonitis. The former study[13] added an antibiotic regimen to the preconditioning pneumoperitoneum, and both found an increased survival rate in rats after the treatments. However, another study[15] that evaluated preconditioning $O_2$/$O_3$ pneumoperitoneum demonstrated a pro-inflammatory effect of $O_3$, with a tendency to reduce survival rates.

In this context, beyond these controversial results, the real effects of ozone therapy as a single therapeutic agent, not as a preconditioning treatment or as an adjuvant to antibiotics, have not been clearly determined. Thus, the objective of this study was to evaluate the effect of *i.p.* $O_3$ application in a cecum ligation/puncture (CLP) rat model on the markers of the inflammatory response, on acute lung injury (ALI) parameters (pulmonary vascular permeability and histology), and on an animal's survival rate.

## MATERIALS AND METHODS

This study was performed in the Laboratory of Medical Investigation (LIM)-62 of the third Division of Surgical Clinic of the Hospital das Clinicas and the LIM 11 - University of São Paulo Medical School. Wistar male rats (250-350 g) were utilized throughout the experiments. This study was approved by our Institutional Ethics Committee and performed according to the National Institutes of Health (NIH) guidelines on the experimental use of animals.[16]

Four groups of rats were employed in this study:

1) SHAM group animals were submitted only to laparotomy (hereafter this group is referred to as "group SHAM");
2) CLP group animals were submitted to laparotomy + CLP procedures (hereafter this group is referred to as "group CLP");
3) CLP+$O_2$ group animals were submitted to laparotomy + CLP + $O_2$ treatment (hereafter this group is referred to as "group CLP+$O_2$");
4) CLP+$O_3$ group animals were submitted to laparotomy + CLP + $O_3$/$O_2$ treatment (hereafter this group is referred to as "group CLP+$O_3$").

The lengths of the observation periods varied and are specified in the respective descriptive topics in this Methods section. The study design and distribution of the animals are shown in Figure 1. All of the animals fasted for 8 h before the surgical procedure. Laparotomy and cecal ligation/puncture were performed under general anesthesia with inhalatory halothane, followed by *i.p.* pentobarbital injection (50 mg/kg).[17-19]

During the procedures, the animals were randomized to the 4 groups immediately after cecum exposure was accomplished. The SHAM rats were submitted to a 2-cm laparotomy, followed by exposure of the cecum and closure of the abdominal wall incision with a 4.0 nylon 2-layer running suture.

### Cecum ligation and puncture and treatment with $O_2$ or $O_2$/$O_3$

After a 2-cm laparotomy on groups CLP, CLP+$O_2$, and CLP+$O_3$, the cecum was exposed, ligated with a 3.0 silk suture just distal to the ileocecal valve to avoid intestinal obstruction, and punctured once with a 22 g needle in its antimesenteric border. The cecum was then squeezed to expel a small amount of fecal material through the puncture site. The bowel was returned to the abdominal cavity, and the abdominal wall incision was closed, as described for group SHAM. The animals were kept warm (37º C) in the postoperative period. Food and water (with dipyrone 0.5%) were offered *ad libitum* after this procedure.[18,20] For the treatment with $O_2$ or $O_2$/$O_3$, the animals were anesthetized with halothane before the injection procedure. On group CLP+$O_2$, 100% $O_2$ (20 ml/kg) was insufflated (*i.p.*) every 12 h through a puncture in the right lower abdomen with a 22 gauge needle, starting 1 hour after the laparotomy closure. Similarly, group CLP+$O_3$ received a gas mixture (20 ml/kg, *i.p.*) containing 5% ozone (102 µg/mL) and 95% oxygen, generated by a MVM™ ozone generator (Multivácuo®, Campinas, Brazil) , every 12 h, starting 1 hour after laparotomy closure. After recovery from anesthesia recovery, the animals were allowed to have food and water (with dipyrone 0.5%) *ad libitum* during the observation period.

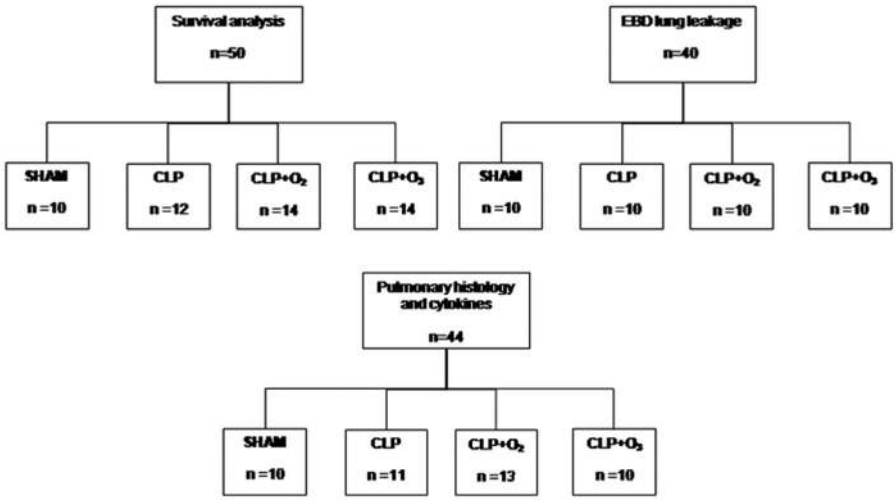



**Figure 1 -** Study design. The animals were assigned to 4 groups: 1) SHAM, animals submitted to laparotomy and exposure of the cecum; 2) CLP, animals underwent cecal ligation/puncture and were observed; 3) CLP+$O_2$, animals submitted to cecal ligation/puncture and were treated *i.p.* with $O_2$; and 4) CLP+$O_3$, animals submitted to cecal ligation/puncture and were treated *i.p.* with $O_3$. For the survival analysis, n=40 (SHAM=10, CLP=12, CLP+$O_2$=14, CLP+$O_3$=14). Pulmonary vascular permeability was evaluated by the EBD lung leakage method in 40 animals (all groups with n=10). Cytokine sampling and histological analysis were studied in 44 animals (SHAM=10, CLP=11, CLP+$O_2$=13, CLP+$O_3$=10).

### Enzyme-immuno assays for cytokines and chemokine

Serum levels of the markers of the inflammatory response as well as the pulmonary histology changes were simultaneously evaluated in 44 animals (SHAM=10, CLP=11, CLP+$O_2$=13, CLP+$O_3$=10).

The serum concentrations of cytokines and chemokines (IL-6, IL-10 and CINC-1) were determined by enzyme-immuno assay (ELISA) using commercially available kits, according to the manufacturer´s instructions (R & D Systems Inc., Minneapolis, MN, USA). The sensitivity of the assay was 15 pg/mL.[21]

### Pulmonary Histology

Twenty-four h after the initial procedure (laparotomy for group SHAM or CLP for the other groups), all of the animals were anesthetized with an injection of sodium pentobarbital (50 mg/kg, *i.p.*). A median sternotomy provided access to the thoracic cavity, and 5 ml of blood was collected from an intracardiac punction (22 gauge needle). This sample was used for cytokines and chemokine analysis. Euthanasia was then performed by cutting the left ventricle with scissors. A piece of the lower lobe of the left lung was fixed in 4% formaldehydum polymerisatum. Paraffin-embedded sections (5 μm) were stained with hematoxylin-eosin and submitted to morphological analysis, including extension (EX) of pulmonary involvement, edema (ED), hemorrhage (H), congestion (C), polymorphonuclear (PO) cell infiltrate and mononuclear (MO) cell infiltrate. A semi-quantitative analysis was performed, due to heterogeneous morphological changes and pulmonary involvement. A score (S) was calculated that combined the extension of pulmonary involvement and intensity of each morphological change, resulting in a final score [S= EX x (ED+H+C+PO+MO)][22]. Two different pathologists conducted a blind histological analysis.

### Pulmonary vascular permeability evaluation

Acute lung injury was determined in 40 animals (SHAM=10, CLP=10, CLP+$O_2$=10, CLP+$O_3$=10) by evaluating the lung vascular permeability with the Evans blue dye (EBD) lung leakage method. Twenty-four h after the initial procedure (laparotomy for group SHAM or CLP in the other groups), the animals were anesthetized with an injection of sodium pentobarbital (50 mg/kg, *i.p.*), followed by the injection of 20 mg/kg EBD (delivered at a concentration of 25 mg/ml EBD in water,intravenous- *(i.v.*).

Fifteen minutes after the initial procedure, the laparotomy incision was reopened in all of the animals. Euthanasia was conducted by cutting the inferior vena cava. The thoracic cavity was then opened, and the lungs were perfused for 3 min with 50 ml phosphate-buffered saline (PBS) (pH 7.4) injected through a cannula inserted into the pulmonary artery. After dissection and *en block* removal of the heart and lungs, the left lung lobe was divided into two samples that were weighed to obtain the wet weight (WW) of each specimen. One sample was held in an oven at 100°C for 24 h and then weighed to determine its dry weight (DW).

The dry to wet weight ratio (% DW/WW) of the lung tissue was then calculated. The other sample was submersed in formamide (4 ml formamide/g wet tissue) for 24 h to extract the dye from the tissue. The dye absorbance value in the solution was then detected by a microplate reader (wave length, 620 nm), compared with a series of standard EBD dilutions in formamide, and converted to µg of EBD/mL of the solution. Based on this value, the amount of EBD that had been in the wet lung sample (µg EBD/g wet tissue) was then determined. Finally, the %DW/WW was used to convert the wet tissue value into a µg EBD/g dry lung tissue value, which was recorded as the EBD lung leakage value.[23,24]

### Survival analysis

For survival rate determination, the animals were observed until the 5th day post procedure. The survival rates were analyzed in 50 animals (SHAM=10, CLP=12, CLP+$O_2$=14, CLP+$O_3$=14), and all of the groups were observed for 5 days. The period of time from the initial procedure until death was annotated in h, and a Log-rank test was performed.

### Statistical Methods

The Kolmogorov-Smirnov test was used to determine normality. The data are presented as the mean ± SEM (when a normal distribution was found), or as the median (Md) plus the 25th and 75th percentiles [Md (P25;P75)] when the normality test failed. The parametric data were analyzed by ANOVA followed by the Bonferroni multiple comparisons test, when appropriate. The Kruskal-Wallis test was used to analyze the non-parametric data followed by the Student-Newman-Keuls test, when necessary. A Log-rank test was used for survival analysis. A $p$ value < 0.05 was considered to be significant. Statistical analyses were conducted with Sigmastat® version 3.5 (Systat Software, Inc., Point Richmond, CA, USA).

## RESULTS

### Cytokines and chemokine analysis

The levels of CINC-1 and IL-10 were expressed as medians (P25; P75), and the level of IL-6 was expressed as the mean ± SEM. CINC-1 levels (pg/mL) were significantly lower for group CLP+$O_3$ [951.3 (582.6; 1111.5)] than for group CLP+$O_2$ [1700 (1300; 3928.1)] and group CLP [3555 (3066.8; 4404)]. Group SHAM had the lowest CINC-1 values [47 (43.2; 53.8)] ($p$<0.01). The Kruskal-Wallis test, followed by the Student-Newman-Keuls test, found no significant difference between groups CLP and CLP+$O_2$ (Figure 2).

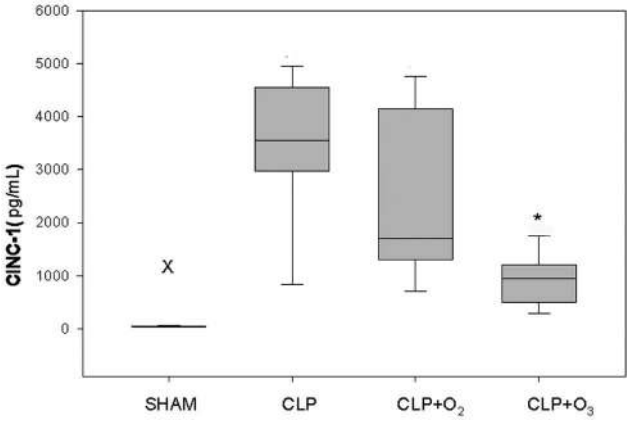



**Figure 2 -** Kruskal-Wallis test for CINC-1 levels 24 h after the initial procedure. SHAM animals had the lowest levels of all groups. Group CLP+$O_3$ had CINC-1 levels significantly lower than groups CLP and CLP+$O_2$. X Group SHAM *vs.* other groups ($P$<0.01). * Group CLP+$O_3$ *vs.* groups CLP and CLP+$O_2$ ($P$<0.05). Values of CINC-1 are medians (P25;P75) expressed in pg/mL.

IL-6 levels (pg/mL) were significantly lower for group SHAM (30.8 ± 4.8) than for all the other groups ($p$<0.001). Groups CLP+$O_3$ (321.3 ± 35.2) and CLP+$O_2$ (386.3 ± 40.9) had lower levels than group CLP (695 ± 65.3) ($p$<0.01). A comparison between groups CLP+$O_3$ and CLP+$O_2$ showed no significant difference ($p$=0.54).

IL-10 levels (pg/mL) for the four groups were 50.1 (38.8; 67) for group SHAM, 98.1 (56.1; 598) for group CLP, 273.6 (152; 314.8) for group CLP+$O_2$, and 199.5 (107; 289) for group CLP+$O_3$. The Kruskal-Wallis test showed that IL-10 levels were lower for group SHAM ($p$=0.02) than for the other groups. There was no difference between the other 3 groups ($p$=0.85) (Figure 3).

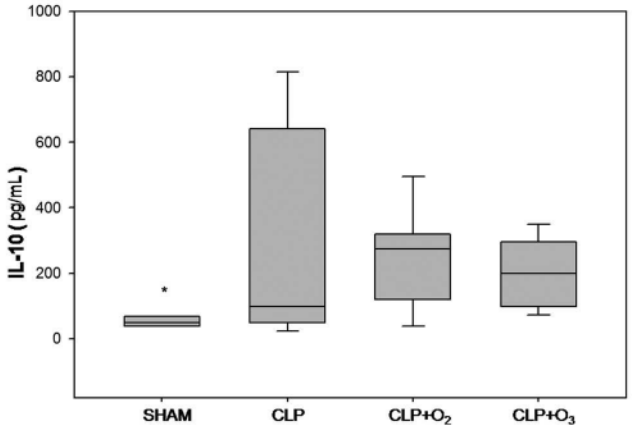



**Figure 3 -** Kruskal-Wallis test for IL-10 levels. The SHAM animals had lower levels of IL-10 than all other groups. There were no differences between groups CLP, CLP+$O_2$, and CLP+$O_3$ ($p$=0.855). The values are the median (P25; P75) expressed as pg/ml. * Group SHAM *vs.* other groups ($P$=0.02).

### Pulmonary Histology

For lung histology and cytokines analysis, we used 10 rats for group SHAM and, initially, 13 animals in each CLP procedure group. Two animals of group CLP and 3 animals of the group CLP+$O_3$ had an inadequate blood sample (hemolyzed plasma), so we eliminated these animals. SHAM rats had the lowest histology score [3(2; 4)] of all groups ($p$=0.002). The pulmonary histology scores were similar in groups CLP+$O_2$ [6 (3.7; 10.5)], CLP+$O_3$ [8 (6; 8)], and CLP [10 (5; 12)]. The Kruskal-Wallis test showed no differences between the three groups ($p$=0.31).

### EBD lung leakage method

The EBD lung leakage values were 62.5 (39; 71.3) for group SHAM, 56.1 (52.7; 109.1) for group CLP, 88.2 (53.6; 151.1) for group CLP+$O_2$, and 28.4 (18.4; 51.3) for group CLP+$O_3$. There was a significant difference when we compared group CLP+$O_3$ with groups CLP+$O_2$ and CLP ($p$=0.02). A comparison of groups CLP+$O_3$ and SHAM showed no significant difference.

### Survival Analysis

For the survival analysis, we used 10 animals for group SHAM because of the low morbidity of the procedure. The groups with the CLP procedures initially had 14 animals, but 2 animals of group CLP died right after anesthesia and then were eliminated from the analysis.

Only one animal of group SHAM died during the observation period (110 ± 10 h). All of the other groups had a decreased survival time compared to group SHAM ($p$=0.002). The observed death rates were: 1/10 (10%) for group SHAM, 9/12 (75%) for group CLP, 6/14 (42.8%) for group CLP+ $O_2$, and 10/14 (71.4%) for group CLP+$O_3$. Animals of group CLP+$O_2$ had a survival time that was not significantly different from that of group CLP+$O_3$ (71 h ± 12.9 vs. 52.1 ± 8 h, $p$=0.4). Animals of group CLP had a mean survival time of 57.4 ± 10.3 h. The Log-rank test performed between groups CLP, CLP+$O_2$, and CLP+$O_3$ showed that there was no statistical difference ($p$=0.4). These results are illustrated in Figure 4.

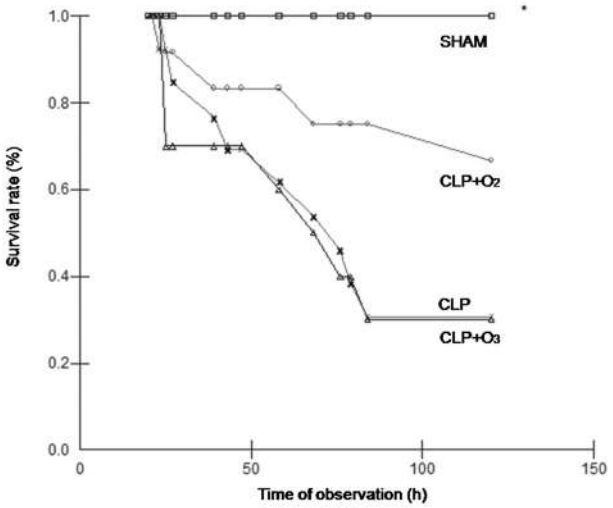



**Figure 4 -** Log – rank test. The observation period was not completed on only one animal from group SHAM. All of the other groups had a decreased survival time compared to group SHAM ($p$=0.002). There were no differences in survival among groups CLP, CLP+$O_2$, and CLP+$O_3$ ($p$>0.05). □ = SHAM; △ =CLP; ○ = CLP+$O_2$; × = CLP+$O_3$.

## DISCUSSION

The utilization of $O_3$ as a potent antimicrobial agent has been the object of many studies.[25-30] The use of ozone in humans and animals is still considered controversial because of its side effects that are specifically related to free radical formation and irritation of the respiratory system.[12, 31] For these reasons, ozone therapy has had limited acceptance in clinical practice, and most of the studies on $O_3$ therapy have been experimental. Despite this fact, ozonized oxygen exhibits various effects on the immune system, such as the modulation of phagocytic activity on the peritoneal[32] and alveolar[33] macrophages that generate the first line of defense against bacteria and/or its toxins.

Bette *et al.* (2006)[13] tested a preconditioning $O_2/O_3$ pneumoperitoneum, followed by a tazobactam/piperacilin regimen in Wistar rats submitted to peritonitis, and found an increase in survival rates and a decrease in pro-inflammatory cytokines (TNF-α and IL-1β). Promisingly, Schulz *et al.* (2003)[14] found that after a repetitive pre-treatment using ozonized oxygen (*i.p.*), mortality in animals submitted to lethal polymicrobial peritonitis was reduced. Rodriguez *et al*. (2009)[1] verified that there was an increase of superoxide dismutase (SOD) and glutathione peroxidase (GPx) in rats submitted to ozone oxidative preconditioning (OOP) prior to a fecal peritonitis induction, suggesting that there was a protective effect of OOP. However, in a model of peritoneal sepsis in rats submitted to a 5-day preconditioning period with $O_3$ (*i.p*), Torossian *et al.* (2004)[15] found that survival was reduced from 50% to 35% ($p$=0.1). In addition, ozone therapy increased TNF-α and macrophageal inflammatory protein (MIP)-2. From this, the authors concluded that $O_3$ therapy (*i.p.*) was proinflammatory [15].

The previous studies with $O_3$ preconditioning[1,14,15] or preconditioning plus antibiotics[13] may not have correctly estimated the true impact of ozone therapy in the treatment of septic rats. Therefore, we conducted this study to evaluate the isolated effect of intraperitoneal ozone as a single

therapeutic agent in intra-abdominal infections.

In this study, the variables were chosen based on the previous reports in the literature[1,7, 13,14,15,20] and for their applicability for the evaluation of SIRS.[1,21,24]

The CLP procedure groups were substantially affected for CINC-1 elevation compared to group SHAM. Group CLP+$O_3$ had a significant decrease in CINC-1 levels when compared to all of the CLP-procedure groups. CINC-1 plays an important role in the inflammatory response as an attractant and activator of neutrophils and macrophages.[34,35] However, a previous *in vitro* study[36] demonstrated that adhesion and chemotaxis of neutrophils were independent of exposure to ozone when peripheral blood was used. CINC-1 levels rapidly increase after induction of inflammation in rats, especially 8 hrs after the injury[35], and the levels reach concentrations significantly different from those of controls at 4, 8, and 24 hrs after LPS infusion in blood samples.[37] The possible mechanism by which CINC-1 expression was modulated in this study remains to be determined. We hypothesize that inactivation of bacteria, as a result of topical (*i.p.*) application of ozone, could attenuate the migration of macrophages, decreasing CINC-1 expression at 24 h. A histological analysis of the peritoneum after euthanasia by counting the macrophages could provide additional evidence for this hypothesiIL-6 is secreted from T-cells and macrophages and stimulates the immune response to trauma, leading to inflammation. In mice, IL-6 has been shown to be required for resistance against certain species of bacteria, acting as a weak pyrogen.[38] The CLP procedures increased IL-6 values compared to group SHAM, but groups CLP+$O_3$ and CLP+$O_2$ had lower levels of IL-6 than group CLP, and no difference was observed when group CLP+$O_3$ was compared to group CLP+$O_2$. Inactivation of bacteria by ozone could explain this decrease in IL-6 levels for group CLP+$O_3$, but there is no clear mechanism to explain the similar expression of IL-6 for group CLP+$O_2$ compared to CLP+$O_3$.

Intraperitoneal administration of $O_2$ and $O_3$ did not have a significant impact on IL-10 levels after 24 h of observation. An IL-10 peak can be observed as much as 24 h after systemic injury.[39] Anti-inflammatory IL-10 production is known to be part of a protective mechanism that suppresses the induction of proinflammatory cytokines such as TNF-α and IL-1 and is itself induced by monocytes and macrophages during sepsis.[40, 41] Sewnath *et al*. (2001)[42] found a role of endogenous IL-10 in local antibacterial host defense and in the development of SIRS during abdominal sepsis, indicating that endogenous IL-10 increases bacterial clearance.

Previously, it has been shown that an increased histology score is associated with the presence of ALI.[43] In the CLP groups, the increased histology scores indicate that the CLP procedures provoked pulmonary tissue injury. However, there was no beneficial effect of $O_3$ therapy on the lung histology score. Hyaline membranes were not found in any of the animals, and this compromised the characterization of ALI by histological methods in this study. This might be attributed to the short time interval (24 h) between the CLP procedures and euthanasia of the animals. Hyaline membranes can be identified by optical microscopy 24 to 48 h after initial injury.[43] The presence of edema in the samples that were evaluated 24 h post-injury was uniformly discreet, and thus we decided to eliminate it in calculating the histology score. The ALI analysis might have been more accurate if pulmonary histology had been performed 48 h later.

The EBD lung leakage method was chosen because it is an early marker of lung vascular injury.[23,24] Differences in pulmonary vascular permeability can be observed as soon as 2 h after procedures such as gut ischemia/reperfusion and lipopolysaccharide (LPS) infusion.[23,24] Moreover, accumulation of macrophages at sites of tissue injury can be observed after acute inhalation of ozone.[44,45] These cells, along with resident alveolar epithelial cells, become activated and release cytotoxic and proinflammatory mediators, such as nitric oxide (NO), which increase of pulmonary vascular permeability and to the development of ALI.[44,45] However, in the present study (with *i.p.* administration of $O_3$), there was a less pronounced capillary permeability (quantified by means of EBD lung leakage) for group CLP+$O_3$, and this might suggest that $O_3$ therapy had an anti-inflammatory effect. The administration route (*i.p.*) might have better controlled the intraperitoneal infection[7] without the undesirable side effects of ozone inhalation. The modulation of the inflammatory cascade might explain the lower EBD lung leakage values for group CLP+$O_3$ *vs.* groups CLP+$O_2$ and CLP. There was no difference between groups CLP+$O_3$ and SHAM. This might be due to the small influence that laparotomy and cecal exposure have on pulmonary vascular permeability for group SHAM.

We evaluated the survival rate 5 days after procedure, quantified the survival time in h for each animal, and performed a Log-rank test. We used a concentration of 102 μg/ml $O_3$ with a lower volume of the $O_2$/$O_3$ gas mixture (20 ml/kg). We used a different concentration from that used by Schulz *et al.*[14] (80 mL/kg) to avoid any potential side effects of massive pneumoperitoneum, but the final concentration of infused ozone was similar. The CLP groups had increased mortality compared to group SHAM ($p$=0.002), but no difference was observed when each group was compared to the other ($p$=0.12). We observed that group CLP had a similar lethality rate (84%) compared to the classic study

by Wichterman *et al*. (1980)[20] on survival rates after CLP. Thus, in the present study, ozone treatment did not influence survival rates.

In conclusion, the results of our study suggest that intraperitoneal ozone therapy has a possible benefit in attenuating the inflammatory response and acute lung injury resulting from intra-abdominal infection in rats, although there was no improvement in survival rates.

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# Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats

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## Abstract

### INTRODUCTION

The antibacterial effect of ozone ($O_3$) has been described in the extant literature, but the role of $O_3$ therapy in the treatment of certain types of infection remains controversial.

### OBJECTIVES

To evaluate the effect of intraperitoneal (*i.p.*) $O_3$ application in a cecal ligation/puncture rat model on interleukins (IL-6, IL-10) and cytokine-induced neutrophil chemoattractant (CINC)-1 serum levels, acute lung injury and survival rates.

### METHODS

Four animal groups were used for the study: a) the SHAM group underwent laparotomy; b) the cecal ligation/puncture group underwent cecal ligation/puncture procedures; and c) the CLP+$O_2$ and CLP+$O_3$ groups underwent CLP+ corresponding gas mixture infusions (*i.p.*) throughout the observation period. IL-6, CINC-1 and IL-10 concentrations were determined by enzyme-linked immunosorbent assay (ELISA). Acute lung injury was evaluated with the Evans blue dye lung leakage method and by lung histology. $P<0.05$ was considered significant.

### RESULTS

CINC-1 was at the lowest level in the SHAM group and was lower for the CLP+$O_3$ group *vs.* the CLP+$O_2$ group and the cecal ligation/puncture group. IL-10 was lower for the SHAM group *vs.* the other three groups, which were similar compared to each other. IL-6 was lower for the SHAM group *vs.* all other groups, was lower for the CLP+$O_3$ or CLP+$O_2$ group *vs.* the cecal

ligation/puncture group, and was similar for the CLP+$O_3$ group *vs.* the CLP+$O_2$ group. The lung histology score was lower for the SHAM group *vs.* the other groups. The Evans blue dye result was lower for the CLP+$O_3$ group *vs.* the CLP+$O_2$ group and the cecal ligation/puncture group but similar to that of the SHAM group. The survival rate for the CLP+$O_3$ group was lower than for the SHAM group and similar to that for the other 2 groups (CLP and CLP+$O_2$).

## CONCLUSION

Ozone therapy modulated the inflammatory response and acute lung injury in the cecal ligation/puncture infection model in rats, although there was no improvement on survival rates.

**Keywords:** IL-6, IL-10, CINC-1, Sepsis, ALI, CLP

## INTRODUCTION

Despite the latest advances in antimicrobial therapy and intensive care, peritonitis and sepsis remain important causes of mortality. Infectious peritonitis can be due to intestinal perforation resulting from various conditions, including trauma, inflammatory diseases, ischemia and perforated neoplasms.[1] Local infection triggers a massive release of interleukin (IL)-1β, tumor necrosis factor (TNF)-α, IL-10, platelet activating factor (PAF), leukotrienes, and thromboxane, all of which participate in the development of sepsis syndrome and septic shock.[2,3]

After initiation of the infection process, regardless of the optimal treatment, the inflammatory cascade is sometimes irreversible and results in patient death. Extensive research has focused on elucidating the mechanisms of the inflammatory cascade and modulation of these responses to prevent and treat Systemic Inflammatory Response Syndrome (SIRS) and Multiple Organ Dysfunction Syndrome (MODS)[4,5].

Ozone ($O_3$) is a potent oxidizing agent and an important disinfectant. The bactericidal effect of $O_3$ is based on a direct attack on microorganisms by oxidation of biological materials. In fact, $O_3$ antibacterial activity can be more effective than iodine and chlorine.[6,7] Data reported in the literature have shown that bacteria, spores, and viruses are inactivated by ozone after only few minutes of exposure[8,9]. $O_3$ may act through mechanisms other than oxidation, including the activation of erythrocyte metabolism and immune cells.[10,11]

Toxic effects of $O_3$, caused by excessive doses of inhaled ozone in the airways, as well as toxicity to the endocrine, reproductive, and central nervous systems have been described[7,12]. Nevertheless, little is known about the intraperitoneal (*i.p.*) application of ozone or the repercussions that ozone has on intra-abdominal organs and tissues.

Two studies[13,14] tested a preconditioning $O_2$ /$O_3$ pneumoperitoneum in rats submitted to peritonitis. The former study[13] added an antibiotic regimen to the preconditioning pneumoperitoneum, and both found an increased survival rate in rats after the treatments. However, another study[15] that evaluated preconditioning $O_2$/$O_3$ pneumoperitoneum demonstrated a pro-inflammatory effect of $O_3$, with a tendency to reduce survival rates.

In this context, beyond these controversial results, the real effects of ozone therapy as a single therapeutic agent, not as a preconditioning treatment or as an adjuvant to antibiotics, have not been clearly determined. Thus, the objective of this study was to evaluate the effect of *i.p.* $O_3$ application in a cecum ligation/puncture (CLP) rat model on the markers of the inflammatory response, on acute lung injury (ALI) parameters (pulmonary vascular permeability and histology), and on an animal's survival rate.

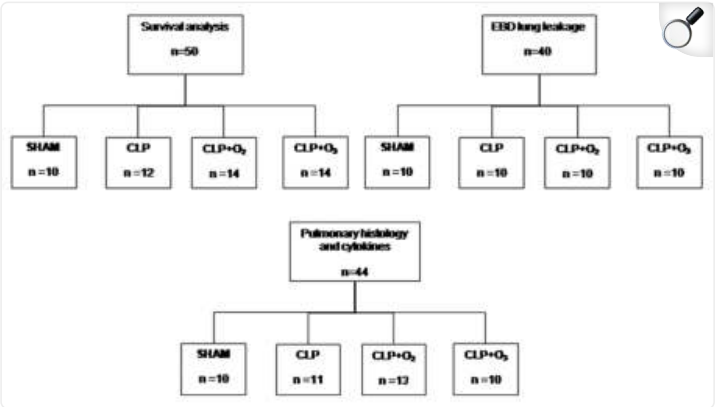
## MATERIALS AND METHODS

This study was performed in the Laboratory of Medical Investigation (LIM)-62 of the third Division of Surgical Clinic of the Hospital das Clinicas and the LIM 11 - University of São Paulo Medical School. Wistar male rats (250–350 g) were utilized throughout the experiments. This study was approved by our Institutional Ethics Committee and performed according to the National Institutes of Health (NIH) guidelines on the experimental use of animals.[16] Four groups of rats were employed in this study:

1. SHAM group animals were submitted only to laparotomy (hereafter this group is referred to as “group SHAM”);
2. CLP group animals were submitted to laparotomy + CLP procedures (hereafter this group is referred to as “group CLP”);
3. CLP+$O_2$ group animals were submitted to laparotomy + CLP + $O_2$ treatment (hereafter this group is referred to as “group CLP+$O_2$”);
4. CLP+$O_3$ group animals were submitted to laparotomy + CLP + $O_3$/$O_2$ treatment (hereafter this group is referred to as “group CLP+$O_3$”).

The lengths of the observation periods varied and are specified in the respective descriptive topics in this Methods section. The study design and distribution of the animals are shown in Figure 1. All of the animals fasted for 8 h before the surgical procedure. Laparotomy and cecal ligation/ puncture were performed under general anesthesia with inhalatory halothane, followed by *i.p.* pentobarbital injection (50 mg/kg).[17–19]

Figure 1.




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Study design. The animals were assigned to 4 groups: 1) SHAM, animals submitted to laparotomy and exposure of the cecum; 2) CLP, animals underwent cecal ligation/puncture and were observed; 3) CLP+$O_2$, animals submitted to cecal ligation/puncture and were treated *i.p.* with $O_2$; and 4) CLP+$O_3$, animals submitted to cecal ligation/puncture and were treated *i.p.* with $O_3$. For the survival analysis, n=40 (SHAM=10, CLP=12, CLP+$O_2$=14, CLP+$O_3$=14). Pulmonary vascular permeability was evaluated by the EBD lung leakage method in 40 animals (all groups with n=10). Cytokine sampling and histological analysis were studied in 44 animals (SHAM=10, CLP=11, CLP+$O_2$=13, CLP+$O_3$=10).

During the procedures, the animals were randomized to the 4 groups immediately after cecum exposure was accomplished. The SHAM rats were submitted to a 2-cm laparotomy, followed by exposure of the cecum and closure of the abdominal wall incision

with a 4.0 nylon 2-layer running suture.

## Cecum ligation and puncture and treatment with $O_2$ or $O_2/O_3$

After a 2-cm laparotomy on groups CLP, CLP+$O_2$, and CLP+$O_3$, the cecum was exposed, ligated with a 3.0 silk suture just distal to the ileocecal valve to avoid intestinal obstruction, and punctured once with a 22 g needle in its antimesenteric border. The cecum was then squeezed to expel a small amount of fecal material through the puncture site. The bowel was returned to the abdominal cavity, and the abdominal wall incision was closed, as described for group SHAM. The animals were kept warm (37° C) in the postoperative period. Food and water (with dipyrone 0.5%) were offered *ad libitum* after this procedure.[18,20] For the treatment with $O_2$ or $O_2/O_3$, the animals were anesthetized with halothane before the injection procedure. On group CLP+$O_2$, 100% $O_2$ (20 ml/kg) was insufflated (*i.p.*) every 12 h through a puncture in the right lower abdomen with a 22 gauge needle, starting 1 hour after the laparotomy closure. Similarly, group CLP+$O_3$ received a gas mixture (20 ml/kg, *i.p.*) containing 5% ozone (102 μg/mL) and 95% oxygen, generated by a MVM™ ozone generator (Multivácuo®, Campinas, Brazil), every 12 h, starting 1 hour after laparotomy closure. After recovery from anesthesia recovery, the animals were allowed to have food and water (with dipyrone 0.5%) *ad libitum* during the observation period.

## Enzyme-immuno assays for cytokines and chemokine

Serum levels of the markers of the inflammatory response as well as the pulmonary histology changes were simultaneously evaluated in 44 animals (SHAM=10, CLP=11, CLP+$O_2$=13, CLP+$O_3$=10).

The serum concentrations of cytokines and chemokines (IL-6, IL-10 and CINC-1) were determined by enzyme-immuno assay (ELISA) using commercially available kits, according to the manufacturer's instructions (R & D Systems Inc., Minneapolis, MN, USA). The sensitivity of the assay was 15 pg/mL.[21]

## Pulmonary Histology

Twenty-four h after the initial procedure (laparotomy for group SHAM or CLP for the other groups), all of the animals were anesthetized with an injection of sodium pentobarbital (50 mg/kg, *i.p.*). A median sternotomy provided access to the thoracic cavity, and 5 ml of blood was collected from an intracardiac punction (22 gauge needle). This sample was used for cytokines and chemokine analysis. Euthanasia was then performed by cutting the left ventricle with scissors. A piece of the lower lobe of the left lung was fixed in 4% formaldehydum polymerisatum. Paraffin-embedded sections (5 μm) were stained with hematoxylin-eosin and submitted to morphological analysis, including extension (EX) of pulmonary involvement, edema (ED), hemorrhage (H), congestion (C), polymorphonuclear (PO) cell infiltrate and mononuclear (MO) cell infiltrate. A semi-quantitative analysis was performed, due to heterogeneous morphological changes and pulmonary involvement. A score (S) was calculated that combined the extension of pulmonary involvement and intensity of each morphological change, resulting in a final score [S= EX x (ED+H+C+PO+MO)][22]. Two different pathologists conducted a blind histological analysis.

## Pulmonary vascular permeability evaluation

Acute lung injury was determined in 40 animals (SHAM=10, CLP=10, CLP+$O_2$=10, CLP+$O_3$=10) by evaluating the lung vascular permeability with the Evans blue dye (EBD) lung leakage method. Twenty-four h after the initial procedure (laparotomy for group SHAM or CLP in the other groups), the animals were anesthetized with an injection of sodium pentobarbital (50 mg/kg, *i.p.*), followed by the injection of 20 mg/kg EBD (delivered at a concentration of 25 mg/ml EBD in water, intravenous- *(i.v.)*.

Fifteen minutes after the initial procedure, the laparotomy incision was reopened in all of the animals. Euthanasia was conducted by cutting the inferior vena cava. The thoracic cavity was then opened, and the lungs were perfused for 3 min with 50 ml phosphate-buffered saline (PBS) (pH 7.4) injected through a cannula inserted into the pulmonary artery. After dissection and *en block* removal of the heart and lungs, the left lung lobe was divided into two samples that were weighed to obtain the wet weight (WW) of each specimen. One sample was held in an oven at 100°C for 24 h and then weighed to determine its dry weight (DW). The dry to wet weight ratio (% DW/WW) of the lung tissue was then calculated. The other sample was submersed in formamide (4 ml formamide/g wet tissue) for 24 h to extract the dye from the tissue. The dye absorbance value in the solution was then detected by a microplate reader (wave length, 620 nm), compared with a series of standard EBD dilutions in formamide, and converted to µg of EBD/mL of the solution. Based on this value, the amount of EBD that had been in the wet lung sample (µg EBD/g wet tissue) was then determined. Finally, the %DW/WW was used to convert the wet tissue value into a µg EBD/g dry lung tissue value, which was recorded as the EBD lung leakage value.[23,24]

### Survival analysis

For survival rate determination, the animals were observed until the $5^{th}$ day post procedure. The survival rates were analyzed in 50 animals (SHAM=10, CLP=12, CLP+$O_2$=14, CLP+$O_3$=14), and all of the groups were observed for 5 days. The period of time from the initial procedure until death was annotated in h, and a Log-rank test was performed.

### Statistical Methods

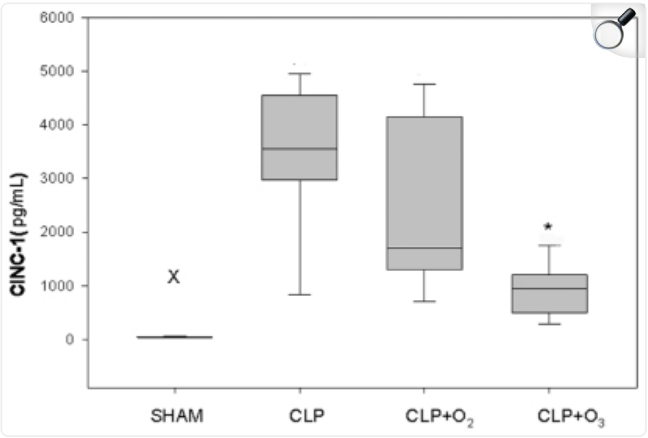
The Kolmogorov-Smirnov test was used to determine normality. The data are presented as the mean ± SEM (when a normal distribution was found), or as the median (Md) plus the $25^{th}$ and $75^{th}$ percentiles [Md (P25;P75)] when the normality test failed. The parametric data were analyzed by ANOVA followed by the Bonferroni multiple comparisons test, when appropriate. The Kruskal-Wallis test was used to analyze the non-parametric data followed by the Student-Newman-Keuls test, when necessary. A Log-rank test was used for survival analysis. A $p$ value $< 0.05$ was considered to be significant. Statistical analyses were conducted with Sigmastat® version 3.5 (Systat Software, Inc., Point Richmond, CA, USA).

## RESULTS

### Cytokines and chemokine analysis

The levels of CINC-1 and IL-10 were expressed as medians (P25; P75), and the level of IL-6 was expressed as the mean ± SEM. CINC-1 levels (pg/mL) were significantly lower for group CLP+$O_3$ [951.3 (582.6; 1111.5)] than for group CLP+$O_2$ [1700 (1300; 3928.1)] and group CLP [3555 (3066.8; 4404)]. Group SHAM had the lowest CINC-1 values [47 (43.2; 53.8)] ($p<0.01$). The Kruskal-Wallis test, followed by the Student-Newman-Keuls test, found no significant difference between groups CLP and CLP+$O_2$ (Figure 2).

Figure 2.



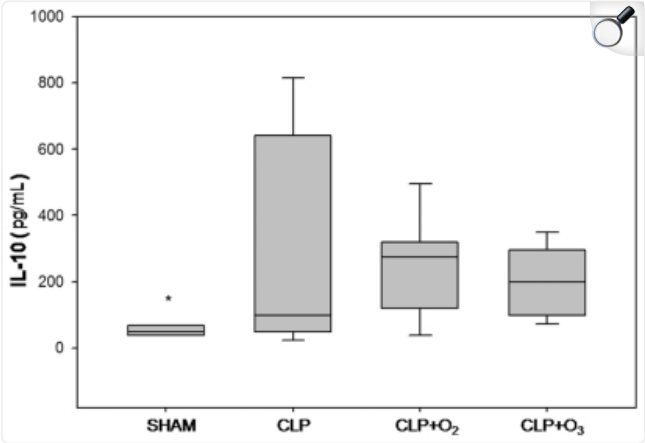

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Kruskal-Wallis test for CINC-1 levels 24 h after the initial procedure. SHAM animals had the lowest levels of all groups. Group CLP+$O_3$ had CINC-1 levels significantly lower than groups CLP and CLP+$O_2$.[X] Group SHAM *vs.* other groups ($P<0.01$). * Group CLP+$O_3$ *vs.* groups CLP and CLP+$O_2$ ($P<0.05$). Values of CINC-1 are medians (P25;P75) expressed in pg/mL.

IL-6 levels (pg/mL) were significantly lower for group SHAM (30.8 ± 4.8) than for all the other groups ($p<0.001$). Groups CLP+$O_3$ (321.3 ± 35.2) and CLP+$O_2$ (386.3 ± 40.9) had lower levels than group CLP (695 ± 65.3) ($p<0.01$). A comparison between groups CLP+$O_3$ and CLP+$O_2$ showed no significant difference ($p=0.54$).

IL-10 levels (pg/mL) for the four groups were 50.1 (38.8; 67) for group SHAM, 98.1 (56.1; 598) for group CLP, 273.6 (152; 314.8) for group CLP+$O_2$, and 199.5 (107; 289) for group CLP+$O_3$. The Kruskal-Wallis test showed that IL-10 levels were lower for group SHAM ($p=0.02$) than for the other groups. There was no difference between the other 3 groups ($p=0.85$) (Figure 3).

Figure 3.




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Kruskal-Wallis test for IL-10 levels. The SHAM animals had lower levels of IL-10 than all other groups. There were no differences between groups CLP, CLP+$O_2$, and CLP+$O_3$ ($p$=0.855). The values are the median (P25; P75) expressed as pg/ml. * Group SHAM *vs.* other groups ($P$=0.02).

## Pulmonary Histology

For lung histology and cytokines analysis, we used 10 rats for group SHAM and, initially, 13 animals in each CLP procedure group. Two animals of group CLP and 3 animals of the group CLP+$O_3$ had an inadequate blood sample (hemolyzed plasma), so we eliminated these animals. SHAM rats had the lowest histology score [3(2; 4)] of all groups ($p$=0.002). The pulmonary histology scores were similar in groups CLP+$O_2$ [6 (3.7; 10.5)], CLP+$O_3$ [8 (6; 8)], and CLP [10 (5; 12)]. The Kruskal-Wallis test showed no differences between the three groups ($p$=0.31).

## EBD lung leakage method

The EBD lung leakage values were 62.5 (39; 71.3) for group SHAM, 56.1 (52.7; 109.1) for group CLP, 88.2 (53.6; 151.1) for group CLP+$O_2$, and 28.4 (18.4; 51.3) for group CLP+$O_3$. There was a significant difference when we compared group CLP+$O_3$ with groups CLP+$O_2$ and CLP ($p$=0.02). A comparison of groups CLP+$O_3$ and SHAM showed no significant difference.

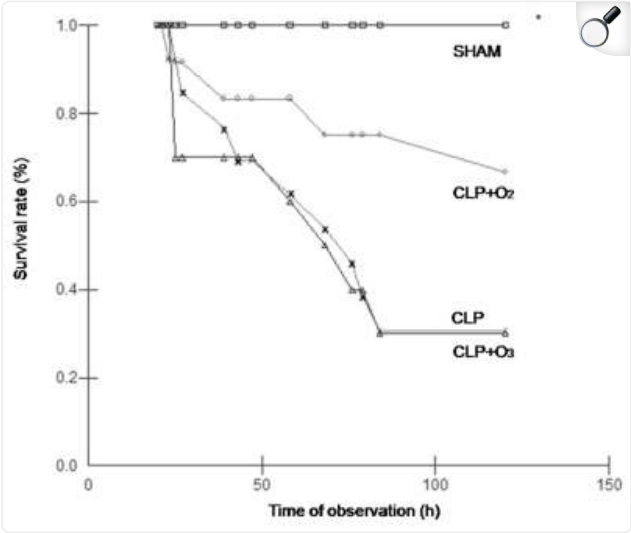
## Survival Analysis

For the survival analysis, we used 10 animals for group SHAM because of the low morbidity of the procedure. The groups with the CLP procedures initially had 14 animals, but 2 animals of group CLP died right after anesthesia and then were eliminated from the analysis.

Only one animal of group SHAM died during the observation period (110 ± 10 h). All of the other groups had a decreased survival time compared to group SHAM ($p$=0.002). The observed death rates were: 1/10 (10%) for group SHAM, 9/12 (75%) for group

CLP, 6/14 (42.8%) for group CLP+ $O_2$, and 10/14 (71.4%) for group CLP+$O_3$. Animals of group CLP+$O_2$ had a survival time that was not significantly different from that of group CLP+$O_3$ (71 h ± 12.9 vs. 52.1 ± 8 h, $p$=0.4). Animals of group CLP had a mean survival time of 57.4 ± 10.3 h. The Log-rank test performed between groups CLP, CLP+$O_2$, and CLP+$O_3$ showed that there was no statistical difference ($p$=0.4). These results are illustrated in Figure 4.

Figure 4.




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Log – rank test. The observation period was not completed on only one animal from group SHAM. All of the other groups had a decreased survival time compared to group SHAM ($p$=0.002). There were no differences in survival among groups CLP, CLP+$O_2$, and CLP+$O_3$ ($p$>0.05). □ = SHAM; ▵ =CLP; ○ = CLP+$O_2$; × = CLP+$O_3$.

## DISCUSSION

The utilization of $O_3$ as a potent antimicrobial agent has been the object of many studies.25–30 The use of ozone in humans and animals is still considered controversial because of its side effects that are specifically related to free radical formation and irritation of the respiratory system.12, 31 For these reasons, ozone therapy has had limited acceptance in clinical practice, and most of the studies on $O_3$ therapy have been experimental. Despite this fact, ozonized oxygen exhibits various effects on the immune system, such as the modulation of phagocytic activity on the peritoneal32 and alveolar33 macrophages that generate the first line of defense against bacteria and/or its toxins.

Bette *et al.* (2006)13 tested a preconditioning $O_2$/$O_3$ pneumoperitoneum, followed by a tazobactam/piperacilin regimen in Wistar rats submitted to peritonitis, and found an increase in survival rates and a decrease in pro-inflammatory cytokines (TNF-α and IL-1β). Promisingly, Schulz *et al.* (2003)14 found that after a repetitive pre-treatment using ozonized oxygen (*i.p.*), mortality in animals submitted to lethal polymicrobial peritonitis was reduced. Rodriguez *et al.* (2009)1 verified that there was an increase of superoxide dismutase (SOD) and glutathione peroxidase (GPx) in rats submitted to ozone oxidative preconditioning (OOP) prior to a fecal peritonitis induction, suggesting that there was a protective effect of OOP. However, in a model of peritoneal sepsis in rats submitted to a 5-day preconditioning period with $O_3$ (*i.p*), Torossian *et al.* (2004)15 found that survival was reduced from 50% to

35% ($p=0.1$). In addition, ozone therapy increased TNF-α and macrophageal inflammatory protein (MIP)-2. From this, the authors concluded that $O_3$ therapy (*i.p.*) was proinflammatory [15].

The previous studies with $O_3$ preconditioning[1,14,15] or preconditioning plus antibiotics[13] may not have correctly estimated the true impact of ozone therapy in the treatment of septic rats. Therefore, we conducted this study to evaluate the isolated effect of intraperitoneal ozone as a single therapeutic agent in intra-abdominal infections.

In this study, the variables were chosen based on the previous reports in the literature[1,7, 13,14,15,20] and for their applicability for the evaluation of SIRS.[1,21,24]

The CLP procedure groups were substantially affected for CINC-1 elevation compared to group SHAM. Group CLP+$O_3$ had a significant decrease in CINC-1 levels when compared to all of the CLP-procedure groups. CINC-1 plays an important role in the inflammatory response as an attractant and activator of neutrophils and macrophages.[34,35] However, a previous *in vitro* study[36] demonstrated that adhesion and chemotaxis of neutrophils were independent of exposure to ozone when peripheral blood was used. CINC-1 levels rapidly increase after induction of inflammation in rats, especially 8 hrs after the injury[35], and the levels reach concentrations significantly different from those of controls at 4, 8, and 24 hrs after LPS infusion in blood samples.[37] The possible mechanism by which CINC-1 expression was modulated in this study remains to be determined. We hypothesize that inactivation of bacteria, as a result of topical (*i.p.*) application of ozone, could attenuate the migration of macrophages, decreasing CINC-1 expression at 24 h. A histological analysis of the peritoneum after euthanasia by counting the macrophages could provide additional evidence for this hypothesisIL-6 is secreted from T-cells and macrophages and stimulates the immune response to trauma, leading to inflammation. In mice, IL-6 has been shown to be required for resistance against certain species of bacteria, acting as a weak pyrogen.[38] The CLP procedures increased IL-6 values compared to group SHAM, but groups CLP+$O_3$ and CLP+$O_2$ had lower levels of IL-6 than group CLP, and no difference was observed when group CLP+$O_3$ was compared to group CLP+$O_2$. Inactivation of bacteria by ozone could explain this decrease in IL-6 levels for group CLP+$O_3$, but there is no clear mechanism to explain the similar expression of IL-6 for group CLP+$O_2$ compared to CLP+$O_3$.

Intraperitoneal administration of $O_2$ and $O_3$ did not have a significant impact on IL-10 levels after 24 h of observation. An IL-10 peak can be observed as much as 24 h after systemic injury.[39] Anti-inflammatory IL-10 production is known to be part of a protective mechanism that suppresses the induction of proinflammatory cytokines such as TNF-α and IL-1 and is itself induced by monocytes and macrophages during sepsis.[40, 41] Sewnath *et al*. (2001)[42] found a role of endogenous IL-10 in local antibacterial host defense and in the development of SIRS during abdominal sepsis, indicating that endogenous IL-10 increases bacterial clearance.

Previously, it has been shown that an increased histology score is associated with the presence of ALI.[43] In the CLP groups, the increased histology scores indicate that the CLP procedures provoked pulmonary tissue injury. However, there was no beneficial effect of $O_3$ therapy on the lung histology score. Hyaline membranes were not found in any of the animals, and this compromised the characterization of ALI by histological methods in this study. This might be attributed to the short time interval (24 h) between the CLP procedures and euthanasia of the animals. Hyaline membranes can be identified by optical microscopy 24 to 48 h after initial injury.[43] The presence of edema in the samples that were evaluated 24 h post-injury was uniformly discreet, and thus we decided to eliminate it in calculating the histology score. The ALI analysis might have been more accurate if pulmonary histology had been performed 48 h later.

The EBD lung leakage method was chosen because it is an early marker of lung vascular injury.[23,24] Differences in pulmonary vascular permeability can be observed as soon as 2 h after procedures such as gut ischemia/reperfusion and lipopolysaccharide (LPS) infusion.[23,24] Moreover, accumulation of macrophages at sites of tissue injury can be observed after acute inhalation of ozone.[44,45] These cells, along with resident alveolar epithelial cells, become activated and release cytotoxic and proinflammatory

mediators, such as nitric oxide (NO), which increase of pulmonary vascular permeability and to the development of ALI.[44,45] However, in the present study (with *i.p.* administration of $O_3$), there was a less pronounced capillary permeability (quantified by means of EBD lung leakage) for group CLP+$O_3$, and this might suggest that $O_3$ therapy had an anti-inflammatory effect. The administration route (*i.p.*) might have better controlled the intraperitoneal infection[7] without the undesirable side effects of ozone inhalation. The modulation of the inflammatory cascade might explain the lower EBD lung leakage values for group CLP+$O_3$ *vs.* groups CLP+$O_2$ and CLP. There was no difference between groups CLP+$O_3$ and SHAM. This might be due to the small influence that laparotomy and cecal exposure have on pulmonary vascular permeability for group SHAM.

We evaluated the survival rate 5 days after procedure, quantified the survival time in h for each animal, and performed a Log-rank test. We used a concentration of 102 µg/ml $O_3$ with a lower volume of the $O_2/O_3$ gas mixture (20 ml/kg). We used a different concentration from that used by Schulz *et al.*[14] (80 mL/kg) to avoid any potential side effects of massive pneumoperitoneum, but the final concentration of infused ozone was similar. The CLP groups had increased mortality compared to group SHAM ($p=0.002$), but no difference was observed when each group was compared to the other ($p=0.12$). We observed that group CLP had a similar lethality rate (84%) compared to the classic study by Wichterman *et al*. (1980)[20] on survival rates after CLP. Thus, in the present study, ozone treatment did not influence survival rates.

In conclusion, the results of our study suggest that intraperitoneal ozone therapy has a possible benefit in attenuating the inflammatory response and acute lung injury resulting from intra-abdominal infection in rats, although there was no improvement in survival rates.

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|---|---|
| **Title in Portuguese** | **Avaliação dos efeitos da ozonioterapia no tratamento da infecção intra-abdominal em ratos** |
| **Keywords in Portuguese** | *CINC-1*<br>*IL-10*<br>*IL-6*<br>*Lesão pulmonar aguda*<br>*Ligadura e punção de ceco*<br>*Sepse* |

**Abstract in Portuguese**

INTRODUÇÃO: O ozônio (O3) é encontrado na natureza e também pode ser produzido no corpo humano através da ativação de anticorpos. Seus efeitos anti-bactericidas são descritos na literatura, mas esses dados são controversos quanto a um potencial efeito benéfico da ozonioterapia no tratamento de certos tipos de infecção. OBJETIVO: Avaliar os efeitos da aplicação intraperitoneal (i.p.) de uma mistura gasosa de ozônio em um modelo de ligadura e punção de ceco (LPC) em ratos, através da dosagem de interleucinas (IL)-6, IL-10 e da quimiocina CINC-1 (cytokine-induced neutrophil chemoattractant), da lesão pulmonar aguda (LPA) e da análise das taxas de sobrevida. MÉTODO: Quatro grupos de ratos Wistar foram utilizados para análise de cada objetivo (CTR, LPC, LPC+O2 e LPC+O3). Os animais do grupo CTR foram submetidos somente a laparotomia. O grupo LPC foi submetido aos procedimentos de LPC. Os outros grupos foram submetidos à LPC e receberam injeção (i.p.) da mistura gasosa correspondente, administrada a cada 12 horas durante o período de observação. Os níveis séricos de IL-6, CINC-1 e IL-10 foram determinados por imuno- ensaio (enzyme linked immunosorbent assay- ELISA). A LPA foi avaliada através da histologia pulmonar e quantificada através do método do extravasamento pulmonar do Azul de Evans. Os animais da análise de sobrevivência foram observados por cinco dias. Os valores obtidos foramexpressos como médias ± erro-padrão da média (EP) ou medianas mais percentis 25 e 75(P25; P75), de acordo com a distribuição dos dados. Considerou-se significante p<0,05. RESULTADOS: Os ratos do grupo CTR exibiram os menores níveis de CINC-1 (p<0,01). O grupo LPC+O3 teve níveis menores de CINC-1 comparado a LPC+O2 e LPC (p<0,05). Os níveis de IL-10 do grupo CTR foram menores do que nos outros 3 grupos(p=0,02) . Não houve diferenças entre os outros 3 grupos (p=0,85). IL-6 foi significativamente menor para o grupo CTR (30,8± 4,8) quando comparado a todos os outros grupos (p<0,001). LPC+O3 e LPC+O2 exibiram níveis menores quando comparados ao grupo LPC (p<0,01). Não houve diferença entre os grupos LPC+O3 e LPC+O2 (p=0,54). O escore de histologia pulmonar foi menor para CTR (p=0,02). Os outros grupos não apresentaram diferenças significantes intergrupos (p=0,3). Os valores dos coeficientes de extravasamento pulmonar do Azul de Evans

foram menores para LPC+O3 quando comparado aos grupos LPC+O2 e LPC (p=0,02), porém não houve diferença na comparação com CTR O grupo CTR teve o maior tempo de sobrevida (110±10h) comparado com os outros grupos, ou seja, LPC (57,3± 10,4h), LPC+O2 (71 ± 12,9h) e LPC+O3 (52,1 ± 8), os quais não apresentaram diferenças entre si quanto à sobrevida (p=0,4). CONCLUSÃO: No presente estudo experimental em ratos, a ozonioterapia teve um benefício potencial na modulação da resposta inflamatória e na LPA, mas não influenciou as taxas de sobrevida dos animais.

**Title in English** **Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats**

**Keywords in English**

*Acute lung injury*
*Cecal ligation and puncture*
*CINC-1*
*IL-10*
*IL-6*
*Sepsis*

**Abstract in English**

INTRODUCTION: Ozone (O3) is found in nature and also can be produced in the human body through activation of antibodies. Its antibacterial effect has been described in the literature, but these data are controversial regardi ng a benefic role of O3 therapy in the treatment of certain types of infection. OBJECTIVE: To evaluate the effects of intraperitoneal (i.p.) application of an O3 gas mixture in a rat model of cecal ligation and puncture (CLP), by analyzing interleukin (IL)-6, IL-10 and cytokine-induced neutrophil chemoattractant (CINC)-1 levels, acute lung injury (ALI) and survival rates. METHOD: Four animal groups were used (SHAM, CLP, CLP+O2 and CLP+O3). SHAM animals were submitted solely to laparotomy. CLP group was submitted to cecal ligation and puncture. The other groups were submitted to CLP and received injections (i.p.) of the corresponding gas mixture every 12 hours during the observation period. The serum concentrations of IL-6, CINC-1 and IL-10 were determined by the enzyme-linked immunosorbent assay (ELISA). ALI was evaluated with pulmonary histology and quantitated by means of the Evans blue dye (EBD) lung leakage method. For survival analysis, animals were observed for 5 days. Values were expressed as means ± SEM or medians (P25; P75), according to the data distribution. A p<0,05 was considered significant.RESULTS: SHAM rats had the lowest levels of CINC-1 compared to all other groups (p<0,01). CLP+O3 group had lower levels of CINC-1 compared to CLP+O2 and CLP (p<0,05). SHAM IL-10 levels were the lowest compared to the 3 other groups (p=0,02). There were no differences between the other 3 groups (p=0,85). IL-6 was significantly lower for SHAM compared to all groups (p<0,001). CLP+O3 and CLP+O2 had lower levels when compared to CLP (p<0,01). Comparison between groups CLP+O3 and CLP+O2 showed no significant difference (p=0,54). Pulmonary histology score was lower for SHAM (p=0,02). The other groups presented no statistical difference when compared to each other (p=0,3). EBD lung leakage values were lower to CLP+O3 compared to CLP+O2 and CLP (p=0,02). SHAM group had the longest survival time (110±10h) compared to all other groups (p=0,002). CLP (57,3± 10,4h), CLP+O2 (71 ± 12,9h) and CLP+O3 (52,1 ± 8h), which did not show difference on survival compared to each other (p=0,4). CONCLUSION: In this rat model of sepsis, ozone therapy had a potential benefit in the modulation of inflammatory response and ALI, but no improvement on survival rates was observed.

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# Adenocarcinoma perfurado de cólon sigmóide com abscessos retroperitoniais múltiplos

*Perfurated sigmoid adenocarcinoma with multiple retroperitoneal abscesses*

**João Batista Pinheiro Barreto[1], Yglésio Luciano Moyses Silva de Souza[2], Anselmo Luís Ribeiro Mota[2], Márcio Mendes Pereira[2]**

**RESUMO:** A perfuração colônica tende a aumentar a morbidade e a mortalidade operatórias e diminuir a sobrevida a longo prazo. Foram relatadas taxas de mortalidade cirúrgica de mais de 30%.. Relata-se um caso de uma paciente com câncer de cólon sigmóide, que no intercurso da doença apresentou várias complicações, destacando-se a gênese de múltiplos abscessos retroperitoniais . Durante a laparotomia, foi visualizada uma tumoração perfurada e infectada de cólon sigmóide, com formação de múltiplos abscessos retroperitoniais, abrangendo as lojas renais direita e esquerda e a loja pré-sacra. Realizou-se a colectomia associada à linfadenectomia regional e drenagem dos abscessos retroperitoniais pré –sacro, retro- renal esquerdo e direito. O laudo anatomopatológico classificou a lesão como adenocarcinoma ulcerado bem diferenciado de intestino grosso e os linfonodos livres de neoplasia. A paciente teve evolução satisfatória, recebendo alta 16° dia pós-operatório.
**Descritores:** Câncer ; Colo-retal; abscesso.

***ABSTRACT:*** *The colonic perforation may increase the operatorious morbity and the mortality decreasing the long term survival. Surgical mortality levels were related over 30%. We´ve reported the case of a patient, female, with cancer of the sigmoid colon that presented many complications during her hospitalar course, with focus on the genesis of multiple retroperitoneal abscesses. At the time of the surgery, we´ve seen a perforated infected tumor of the colon sigmoid, with the formation of multiple retroperitoneal abscesses, involving both retrorenal spaces and the pre-sacral. The patient was submitted to left hemicolectomy associated to local lymphadenectomy and drainage of the abscesses. The pathologist classified the tumor as a well- differentiated ulcerated adenoccarcinoma of large bowel, with the lymphs free of neoplasy. The patient had good surgical evolution, returning home on the sixteenth internation day.*
***Key words:*** *Colo- rectal ; Cancer; abscess.*

## INTRODUÇÃO

O carcinoma do intestino grosso é a segunda causa mais comum de morte por doença maligna na Inglaterra, perdendo apenas para o câncer de pulmão[1]. A compreensão da biologia do câncer colorretal e a melhoria nas técnicas cirúrgicas levaram a avanços significativos no controle das lesões e na redução da morbidade associada ao câncer colorretal. Embora novos conhecimentos sobre a biologia molecular do câncer colorretal tenham sido anunciados nos últimos anos, a ressecção em bloco das lesões malignas persiste como principal tratamento desse tipo de patologia [2].

A obstrução intestinal completa acontece em 8 a 23% dos pacientes e , em geral, tem como principal manifestação a dor abdominal. Esses pacientes experimentarão maiores taxas de morbidade e complicações pós- operatórias do que os pacientes com tumores não- obstrutivos. A perfuração colônica é outro fator que responde pelo aumento na morbidade e mortalidade dos pacientes, gerando infecções graves ou semeadura do peritônio por células neoplásicas. Na vigência de perfuração colônica associada a complicações infecciosas, torna-se imperiosa uma abordagem agressiva, no sentido de ressecar a lesão perfurada e debelar os focos de infecção que se tenham desenvolvido[2].

## RELATO DO CASO

M. P. S. V, 48 anos, feminino, branca, residente em São Luís há 32 anos. Iniciou um quadro de dor em abdome inferior há 18 dias. A dor irradiava-se para a região umbilical e vinha acompanhada de picos febris. Evoluiu com vômitos pós-prandiais e exacerbação da dor, que a levou a procurar auxílio no Hospital Socorrão 3, onde após investigação clínica, foi submetida a uma laparotomia exploradora, tendo sido visualizada uma tumoração ao nível do cólon sigmóide. Foi realizada uma transversostomia para desvio de trânsito, sendo encaminhada posteriormente ao setor de Coloproctologia do Hospital Universitário Presidente Dutra para tratamento especializado.

À admissão, a paciente encontrava-se com estado geral regular, hipocorada (+/4+), desidratada(+/4+), eupnéica, sem alterações cardiovasculares. Percebeu-se diminuição do murmúrio vesicular nas bases pulmonares e ausência de ruídos adventícios. O abdome era doloroso à palpação, com ruídos

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# EFEITOS DO EXTRATO DE AROEIRA NO FÍGADO APÓS ISQUEMIA-REPERFUSÃO HEPÁTICA: ESTUDO EXPERIMENTAL EM RATOS

## *EFFECTS OF AROEIRA EXTRACT ON THE LIVER AFTER HEPATIC ISCHEMIA-REPERFUSION: EXPERIMENTAL STUDY IN RATS*

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**Resumo**

**Introdução:** A isquemia-reperfusão hepática pode ser um artifício de controle para minimizar o sangramento durante cirurgias, mas há lesões consequentes a essa manobra devido distúrbios microcirculatórios. **Objetivo:** Estudar a repercussão do uso do extrato de Aroeira sobre o fígado, após isquemia e reperfusão hepática, através de parâmetros histopatológicos e enzimáticos. **Métodos:** Estudo experimental com 8 ratos machos, da linhagem Wistar, que foram divididos em dois grupos. O Grupo AR recebeu dose única diária de extrato de Aroeira, enquanto o Grupo CTR recebia o mesmo volume de água destilada. Após dez dias, os animais foram submetidos a 30 minutos de isquemia hepática, seguida de reperfusão. Após 8 horas, foi feita a hepatectomia total para análise histológica e punção cardíaca para coleta sanguínea. **Resultados:** O estudo mostrou que 75% dos ratos do Grupo AR tiveram alterações histopatológicas no fígado, especialmente tumefação hepatocelular e alterações na integridade dos capilares sinusoides, mas também foi comum o acometimento de esteatose hepática, necrose celular e inflamação lobular. No Grupo CTR, 100% dos ratos apresentaram pelo menos duas alterações histopatológicas. As mais comuns foram: tumefação hepatocelular, esteatose hepática e mudança da integridade dos capilares sinusoides. Em relação à PCR, 100% dos animais tiveram aumento comparado ao valor de referência para ratos. Já as enzimas hepáticas, ALT e AST, tiveram 1 rato (25%) do Grupo AR com aumento em relação ao valor de referência, encontrado $p$= 0.31 para ambas. **Conclusão:** o extrato de Aroeira não teve repercussões microscópica ou enzimática estatisticamente significantes no fígado após lesão de isquemia-reperfusão hepática.

**Palavras-chave:** Reperfusão. Isquemia. Hepatectomia.

***Abstract***

***Introduction:*** *Hepatic ischemia-reperfusion may be a control device to minimize bleeding during surgeries, but there are lesions resulting from this maneuver due to microcirculatory disorders.* ***Objective****: to study the repercussion of the use of Aroeira extract on the liver, after ischemia and liver reperfusion, through histopathological and enzymatic parameters.* ***Methods:*** *experimental study with 8 male Wistar rats, divided into two groups. The AR Group received a single daily dose of Aroeira extract, while the CTR Group received the same volume of distilled water. After ten days, the animals were submitted to 30 minutes of hepatic ischemia, followed by reperfusion. After 8 hours, total hepatectomy was performed for histological analysis and cardiac puncture for blood collection.* ***Results:*** *75% of rats in the AR Group had histopathological changes in the liver, especially hepatocellular swelling and changes in the integrity of sinusoid capillaries, but hepatic steatosis, cellular necrosis and cellular necrosis were also common, and also common. lobular inflammation. In the CTR Group, 100% of the rats presented at least two histopathological alterations. The most common were: hepatocellular swelling, hepatic steatosis and change in the integrity of sinusoid capillaries. In relation to PCR, 100% of the animals had an increase compared to the reference value for rats. Liver enzymes, ALT and AST, had 1 rat (25%) of the AR Group with an increase in relation to the reference value, found p= 0.31 for both.* ***Conclusion:*** *Aroeira extract had no statistically significant microscopic or enzymatic repercussions on the liver after liver ischemia-reperfusion injury.*

***Keywords:*** *Reperfusion. Ischemia. Hepatectomy.*

## Introdução

A isquemia hepática (IH) foi descrita pela primeira vez em 1975 por Toledo-Pereyra *et al.,*[1] e desde então, as consequências sobre o fígado, são avaliadas devido a importância da síndrome de isquemia-reperfusão hepática (SIRH)[1].

Conceitua-se a IH como uma restrição parcial ou total de sangue arterial no fígado, que pode ser uma complicação não planejada em choques hemorrágicos, mas também pode ser um artifício de controle do sangramento para evitar a exsanguinação durante cirurgias. Esse artifício pode ser realizado nas hepatectomias através da manobra de Pringle (oclusão temporária da tríade portal – artéria hepática, ducto biliar comum e veia), ou nos períodos de isquemia fria (período de preservação do órgão) e de isquemia quente (implante do enxerto) durante o transplante hepático[2,3].

As repercussões dessa restrição vascular dependem do tempo em que o fígado ficará sem suprimento sanguíneo, mas não há consenso em relação ao período considerado suportável para a IH sem gerar grandes complicações pós-operatórias, falência hepática ou mortalidade. Santos considera que no transplante hepático, por exemplo, após 60 minutos de isquemia quente, observam-se sinais de lesão histológica definitiva e, a partir de 90 minutos, o órgão sofre alterações orgânicas e funcionais que aumentam as chances de mortalidade do receptor[4].

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Nesse contexto, o fenômeno isquêmico sem reperfusão precoce é seguido de morte celular devido à ausência de oxigênio, com consequente diminuição energética e de transporte de íons, distúrbios do metabolismo, produção exacerbada de agentes vasoconstritores e aumento do mecanismo de defesa do organismo. Isso pode contribuir para arteriopatia crônica e resposta inflamatória[5]. Além da lesão arterial na IH, há ainda redução do suprimento sanguíneo devido à lesão da microvasculatura por hemoconcentração, anóxia, acidose e alterações da celularidade sanguínea[6,7].

Já a reperfusão arterial restaura a oxigenação e a viabilidade tecidual; mas, paradoxalmente, os maiores danos são relacionados a esse fenômeno: sua associação com a produção de radicais livres, bem como a redução da perfusão capilar, combina-se à lesão isquêmica, obstruindo o fluxo por isquemia adicional e maior dano às células já lesadas[8,9].

É imperativa, então, a necessidade de estudar a SIRH para encontrar meios que seus inconvenientes ocorram em menor grau. A importância desse panorama pode ser exemplificada com os resultados de transplantes hepáticos, em que a rejeição aguda está diretamente envolvida com a preservação do órgão e suas estruturas, ou seja, com a necrose hepatocítica e distúrbios hemorrágicos[10].

Entre as maneiras de se atenuarem as situações indesejadas da SIRH, há o uso de substâncias com ação antioxidante em soluções de preservação durante os transplantes hepáticos[11]; além da hipotermia[12] e do procedimento de pré-condicionamento isquêmico, em que períodos curtos de isquemia são seguidos de etapas correspondentes de reperfusão, prosseguida de uma maior adaptação dos tecidos a um período mais prolongado de isquemia sustentada[13].

Ainda, para Santos, a associação de drogas para o tratamento de processos inflamatórios constitui-se em moderna terapêutica da SIRH, englobando diferentes mecanismos e etapas desta condição[4].

Frente a essas considerações, uma das possibilidades seria o emprego experimental de substâncias na IH e avaliação de interferência na SIRH. Nesse contexto, a Aroeira (*Schinus terebinthifolius* Raddi), espécie medicinal nativa do litoral brasileiro e que pode ser facilmente encontrada na flora maranhense, chamou a atenção nos pesquisadores devido suas diversas propriedades médicas divulgadas no rico saber popular e também descritas na literatura científica em estudos fitoterápicos associando essa planta com funções adstringentes, antimicrobianas *in vitro*, antifúngica, antitumoral *in vitro*[14], mas principalmente cicatrizantes (reparo tecidual) e anti-inflamatórias[15-17].

O uso medicinal dessa espécie é descrito há muitos anos: a primeira edição da Pharmacopéia Brasileira (1926) já referia algumas de suas propriedades[18] e registra suas outras nomenclaturas, como aroeira-vermelha, aroeira-pimenteira, aroeira-de-praia, entre outras[19]. Novos estudos botânicos sobre essa planta esmiúçam a sua composição e concluem que é rica em flavonoides[19], uma substância relacionada à potencialização de propriedades anti-inflamatórias, além de triterpenos, antroquinonas e saponinas[20].

Então, todos os aspectos celulares listados sobre os danos da IH e as propriedades anti-inflamatórias da *Schinus terebinthifolius* Raddi justificam esta pesquisa, que tem por objetivo conhecer o impacto histológico e enzimático da ingesta de extrato de Aroeira na SIRH em modelo experimental com ratos.

## Métodos

Este estudo foi realizado no Laboratório de Cirurgia Experimental da Universidade Federal do Maranhão. Foram utilizados 8 ratos machos (*Rattus norvegicus albinus*, *Rodentia mammalia*, linhagem Wistar) provenientes do Biotério da Universidade Estadual do Maranhão, Campus São Luís. Os animais possuíam 90 dias de vida e pesavam entre 200 e 300 gramas. Foram mantidos no Laboratório de Cirurgia Experimental da Universidade Federal do Maranhão (UFMA), onde também foi executado o experimento, ficando dispostos em gaiolas plásticas coletivas de ampla dimensão, com tampo e assoalho recoberto de serragem.

### Preparação do material botânico

O extrato hidroalcoólico da Aroeira (*Schinus terebinthifolius* Raddi) foi preparado a partir de 900g da entrecasca seca de árvore adulta, proveniente de uma única planta colhida manualmente, na época de floração, em terreno argilo-arenoso da cidade de Presidente Juscelino – MA. A identidade da planta foi botanicamente confirmada, com catalogação no Herbário Ático Seabra da Universidade Federal do Maranhão, sob registro de nº 1378. Após coleta, a entrecasca da planta foi seca à temperatura ambiente e, posteriormente em estufa. O material foi triturado e o pó, moderadamente grosso, foi diluído em álcool (EtOH 100%), formando 1350 ml de extrato bruto. Após essa etapa, o material selecionado foi encaminhado ao Laboratório de Produtos Naturais, do Departamento de Química da UFMA, para preparo do extrato refinado através de concentração em evaporador rotativo, sob pressão reduzida, a uma temperatura de 55ºC a 60ºC, para eliminação total do solvente e posterior diluição da pasta resultante (82,35g) em água destilada.

Para preparação da solução, foram retirados 6g da pasta, diluindo-a em 200 ml de água destilada, sendo armazenada em refrigerador a 10ºC. Além disso, foi realizada análise de controle de qualidade por Cromatografia de Camada Delgada Comparativa (CCDC) do extrato bruto da aroeira na proporção 1:1, hexano/acetato de etila e revelado com iodo sublimado. Toda a preparação do extrato de Aroeira segue recomendações clássicas já descritas na literatura[19].

### Experimento

Os animais foram sorteados aleatoriamente para a formação de dois grupos iguais, sendo um tratado com a diluição final do extrato de Aroeira (AR) e o outro apenas com água destilada.

O grupo AR recebeu durante 10 dias a dose de 100mg/kg, por sonda orogástrica (gavagem), mediante o cálculo da letalidade (DL-50) do extrato hidroalcoólico (7060 mg/kg), sendo administrado uma única vez ao dia. O grupo controle recebeu água destilada à mesma maneira, volume, horário e quantidade de dias

que os animais do grupo AR.

Após os 10 dias de suplementação dietética, os animais foram submetidos a jejum pré-operatório de 12 horas e pesados em balança de precisão, sendo os valores obtidos em gramas; a seguir, foram anestesiados por via intramuscular, em membro inferior direito, com cloridrato de quetamina (80mg/ml) na dose de 1,6mL a 5% por quilo de rato e cloridrato de xilazina (8mg/kg) na dose de 7,5mL a 2% por quilo de rato.

Todos os animais foram posicionados em decúbito dorsal horizontal, com as patas dianteiras e traseiras fixadas em prancha operatória. Realizou-se tricotomia da parede abdominal e a antissepsia da pele. Em seguida, foi realizada laparotomia mediana longitudinal, iniciada no processo xifóide, com 30 mm de extensão. Após a abertura da cavidade peritoneal, as vísceras abdominais e os lobos do fígado foram afastados, para identificação do pedículo hepático, englobando a artéria hepática, veia porta e ducto biliar.

A seguir, o pedículo hepático foi clampeado, conforme o preconizado pela manobra de Pringle, com pinça hemostática vascular curva atraumática de 3 cm durante trinta minutos, provocando a isquemia. As vísceras foram recolocadas na cavidade abdominal e as bordas da parede abdominal foram temporariamente aproximadas com quatro pontos simples equidistantes, com fios de algodão. Transcorridos os trinta minutos, os pontos foram retirados e novamente as vísceras foram mobilizadas, sendo identificada e removida a pinça vascular hemostática, iniciando o período de reperfusão. A cavidade abdominal foi fechada novamente e os animais receberam analgésico intramuscular (dipirona) e posteriormente foram acomodados nas gaiolas. O modelo operatório seguiu o protocolo recomendado por diversos autores [2,4,11]. Concluído o procedimento cirúrgico, foi realizada a eutanásia dos animais ainda anestesiados, consequente à exsanguinação.

### Avaliação histopatológica e laboratorial dos efeitos da SIRH

Após 8 horas do procedimento, os animais receberam o mesmo tratamento anestésico para retirada dos pontos da parede abdominal e identificação do fígado. O órgão foi inteiramente retirado para exame histopatológico, sendo imersos em frascos individuais, identificados e contendo solução de formaldeído a 10%, por 48 horas. Os espécimes cirúrgicos foram encaminhados ao Laboratório de Patologia do Hospital Universitário Presidente Dutra, onde foram preparadas as lâminas sob a coloração Hematoxilina-Eosina e avaliadas de forma cega por um único patologista através de microscopia óptica com aumentos de 100, 200 e 400x.

Na etapa cirúrgica também foi realizada punção cardíaca para retirada de 5 ml de sangue de cada animal, sendo utilizados tubos de coleta heparinizados e estes encaminhados ao Laboratório Gênesis para centrifugação e posterior análise de enzimas hepáticas (alanina aminotransferase - ALT e aspartato aminotransaminase - AST) e de marcador de inflamação sistêmica (Proteína - C reativa - PCR), todos no analisador automático ALCYON 300®. Consideraram-se os seguintes valores de referência[17,18] para esses exames realizados nos roedores: PCR: 0 a 3 mg/L, AST: 75,58 a 80,82 U/L e ALT: 54,53 a 63,47 U/L.

Para análise histopatológica, foram considerados os seguintes padrões: tumefação hepatocelular; destrabeculação; esteatose hepática; necrose célular; inflamação lobular; inflamação portal; presença de células de Kupffer; lesão dos lóbulos hepáticos; ausência de veia centro lobular; integridade do espaço porta; integridade dos capilares sinusóides; integridade dos núcleos dos hepatócitos e integridade da membrana celular. Em seguida graduados 0 a III, sendo: Grau 0 – ausência de lesão; Grau I – presença discreta e focal; Grau II – presença moderada; Grau III – presença intensa de lesão visível à microscopia.

Os dados foram analisados utilizando-se o programa *Stata®* versão 10.0 onde as variáveis quantitativas foram testadas pelo teste Shapiro-Wilk e para comparação entre os grupos AR e CTR foi utilizado o teste Mc Nemar.

Todo o protocolo obedeceu às normas de experimentação animal do Código de Ética em Experimentação Animal do Colégio Brasileiro de Experimentação Animal (COBEA) e foi aprovado pelo Comitê de Ética em Experimentação Animal da Universidade Estadual do Maranhão (UEMA), sob o protocolo nº 19/2012.

## Resultados

No grupo AR, a tumefação hepatocelular e alterações na integridade dos capilares sinusoides foram as alterações mais frequentes (75%). Todos foram classificados como lesão discreta e focal (Grau I), exceto a integridade dos capilares sinusoidais (Grau II) em um animal. A esteatose hepática, necrose celular e inflamação lobular apareceram em 50% dos animais sendo: esteatose classificada como Grau I; necrose e inflamação lobular com um animal, cada, classificado como Grau I e outro como Grau II. Em 25% dos animais houve destrabeculação, inflamação portal, presença de células de Kupffer, lesão dos lóbulos hepáticos e alteração nos núcleos dos hepatócitos, sendo todas classificadas como Grau I. No grupo CTR, 100% dos ratos apresentaram pelo menos duas alterações histopatológicas. Alterações Grau I de tumefação hepatocelular, esteatose hepática e mudança da integridade dos capilares sinusoides também foram confirmadas em todos os animais. Necrose celular e diminuição da quantidade de veias centrolobulares apareceram em 25% dos animais, ambas obtendo a classificação de Grau I. Em 50% dos animais observou-se inflamação lobular, classificado como Grau I e outro como Grau II (Tabela 1).

Cortes histológicos evidenciaram as alterações nos grupos AR, na imagem observa-se infiltrado inflamatório, necrose, tumefação celular, discreto extravasamento de hemácias e presença de Células de Kupffer (Figura 1).

No grupo AR apenas 25% dos animais não apresentaram alteração em nenhum dos parâmetros investigados, na imagem observa-se integridade das veias centrolobulares e espaços porta, apresentando singela congestão celular (Figura 2).

Em relação à análise bioquímica, a elevação da proteína C reativa ocorreu de maneira igual nos dois grupos, demonstrando processo inflamatório. Na análise das enzimas hepáticas, apenas 25% dos animais do grupo AR manifestaram aumento em relação aos valores de referência (Tabela 2).

**Tabela 1 -** Frequência das alterações histopatológicas estudadas dos roedores dos grupos Aroeira e Controle.

| Alterações presentes | Grupo AR | | Grupo CTR | |
|---|---|---|---|---|
| | N | % | n | % |
| Tumefação celular | 3 | 75,0 | 4 | 100,0 |
| Destrabeculação celular | 1 | 25,0 | - | - |
| Esteatose hepática | 2 | 50,0 | 4 | 100,0 |
| Necrose celular | 2 | 50,0 | 1 | 25,0 |
| Inflamação lobular | 2 | 50,0 | 2 | 50,0 |
| Inflamação portal | 1 | 25,0 | - | - |
| Presença de Células de Kupffer | 1 | 25,0 | - | - |
| Lesão de Lóbulos hepáticos | 1 | 25,0 | - | - |
| Alteração em Veia centrolobular | - | - | 1 | 25,0 |
| Ausência de Espaço Porta | - | - | - | - |
| Ausência em Capilares sinusoidais | 3 | 75,0 | 4 | 100,0 |
| Ausência em Núcleos dos hepatócitos | 1 | 25,0 | - | - |
| Ausência em Membrana celular | - | - | - | - |

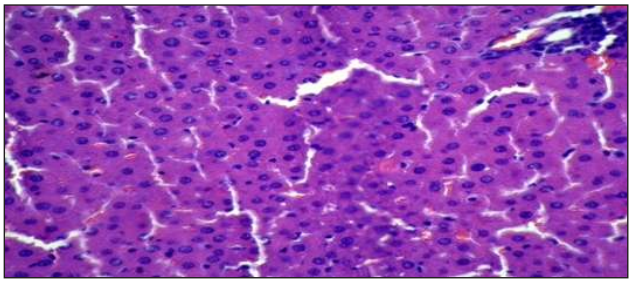


**Figura 1 -** Lâmina de animal do Grupo AR. Evidencia-se infiltrado inflamatório lobular, área de necrose, tumefação celular, discreto extravasamento de hemácias e presença de Células de Kupffer.

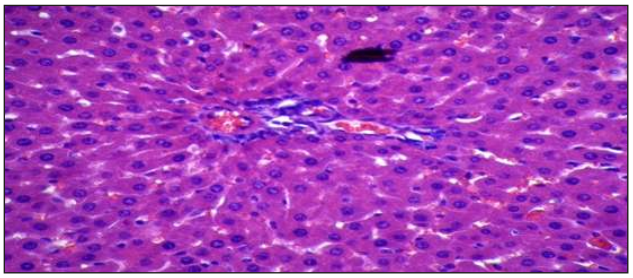


**Figura 2 -** Corte histológico de fígado de animal do Grupo CTR. O parênquima hepático apresenta discreta congestão, além de número reduzido de Veias Centrolobulares.

**Tabela 2 -** Valores absolutos dos exames laboratoriais dos roedores dos grupos Caso e Controle.

| Grupos | Ratos | PCR | AST | ALT |
|---|---|---|---|---|
| Grupo CTR* | 1 | 4,3 mg/L | 032 U/L | 029 U/L |
| | 2 | 4,3 mg/L | 026 U/L | 024 U/L |
| | 3 | 4,3 mg/L | 026 U/L | 023 U/L |
| | 4 | 4,1 mg/L | 035 U/L | 032 U/L |
| Grupo AR** | 5 | 4,8 mg/L | 245 U/L | 216 U/L |
| | 6 | 3,9 mg/L | 014 U/L | 019 U/L |
| | 7 | 4,0 mg/L | 036 U/L | 034 U/L |
| | 8 | 4,0 mg/L | 028 U/L | 025 U/L |

*Grupo Controle. **Grupo Caso.

## Discussão

A Aroeira (*Schinus terebinthifolius* Raddi) foi estudada por Ribas *et al.*,[21] e estes comentaram sobre sua propriedade em rapidamente diminuir a intensidade de um processo inflamatório, pela relação a uma das bases da fisiopatologia da SIRH. No entanto, no presente estudo, os dados encontrados foram incompatíveis com o esperado após lesão de isquemia-reperfusão hepática, embora sem significância estatística, os animais suplementados com extrato de Aroeira desenvolveram maior quantidade de complicações a nível celular.

Observa-se que há controvérsias quanto à comprovação das propriedades da Aroeira que são difundidas no saber popular. Santos *et al.*,[15] referiram que o extrato de Aroeira não alterou o processo de cicatrização de lesões no estômago de ratos. Entretanto o estudo realizado por Branco-Neto *et al.,*[17] demonstrou que o uso de extrato de Aroeira retardou a reepitelização de feridas em pele de ratos.

Frente a essas questões aparecem muitas possibilidades, até mesmo quanto a outras etapas dos métodos, como administrar o extrato por via intraperitoneal, supondo mais rápida absorção devido à superfície a que o extrato entrará em contato[21].

De acordo com Sousa[22] modelo experimental de isquemia-reperfusão ocorre devido a hipóxia tecidual, consequente da diminuição do fornecimento de oxigênio à célula desencadeando as alterações.

Ainda na fase inicial desse dano ocorre edema das células de Kupffer e há a associação à constricção do lúmen sinusoidal, com consequente disfunção microcirculatória[5,8]. Todos esses eventos justificam vários dos parâmetros histopatológicos encontrados no presente estudo: congestão hepatocelular, tumefação de sinusoides, destrabeculação, hemorragia e necrose.

Tão importante quanto a fase inicial é a fase tardia da SIRH, pois há a reintrodução de fluxo circulatório e posterior geração de radicais livres, aumento de citocinas e ativação de células inflamatórias, assim como ocorre recrutamento de leucócitos polimorfonucleares para o tecido reperfundido, visando o reparo dessa injúria[1]. Percebeu-se, então, que os parâmetros investigados são justificados, tais como infiltração inflamatória com neutrófilos e ativação das Células de Kupffer.

A pesquisa de um reagente inflamatório de fase aguda neste processo é essencial, a proteína C reativa esteve aumentada em todos os animais da pesquisa, previstos por ocasião do estresse cirúrgico a que os animais foram submetidos e da lesão de isquemia-reperfusão que foi induzida. De acordo com Walsh *et al.*,[1] essa proteína apresenta-se como um marcador de baixa sensibilidade, sendo importante a investigação das interleucinas, para avaliar mais precisamente o processo inflamatório predito.

Na isquemia, as alterações promovidas estão diretamente relacionadas à redução energética, o que repercute na lesão celular e pode ser avaliado pelas aminotransferases AST e ALT[5,8]. No presente estudo, não foram observadas diferenças estatísticas significativas na atividade das aminotranferases, o que pode ser justificado pelo tempo de isquemia-reperfusão utilizado.

Segundo a classificação de Chaves[10], a lesão causada foi de grau leve, como se percebe pelas medi-

das laboratoriais, pois houve integridade de quase todos os cortes histológicos em relação à veia centrolobular e ao espaço porta. Essa hipótese baseia-se no conhecimento de que as injúrias da veia centrolobular e do espaço porta traduzem gravidade, já que sua lesão acontece mais tardiamente em relação a outros componentes hepatocelulares, bem como o espaço porta que é atingido tardiamente pelo processo de resposta à agressão e costuma ser ainda mais resistente que a veia centrolobular.

Neste estudo, os ratos que fizeram ingesta de extrato de aroeira tiveram alterações em menos variáveis histopatológicas em relação ao grupo controle, mas este apresentou pelo menos uma alteração em todos os animais. Não houve grande divergência de resultados dos exames laboratoriais nos dois grupos, exceto por um rato do grupo aroeira que apresentou discrepante alteração hepática e inflamatória, contudo essas alterações não foram estatisticamente significantes.

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Journal of Health Research



# EFFECTS OF AROEIRA EXTRACT ON THE LIVER AFTER HEPATIC ISCHEMIA-REPERFUSION: EXPERIMENTAL STUDY IN RATS

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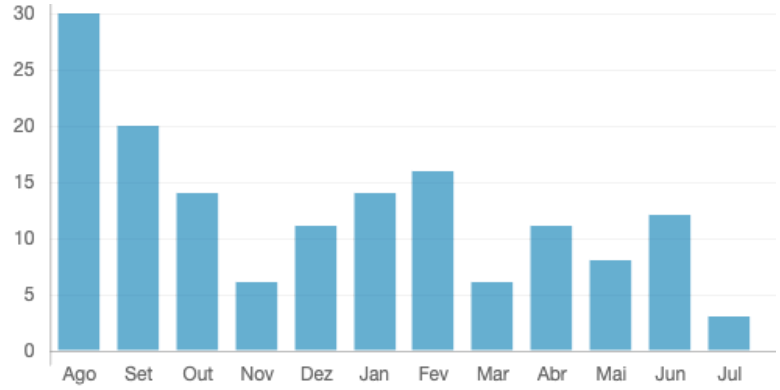
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## Summary

**Introduction:** Hepatic ischemia-reperfusion can be a control device to minimize bleeding during surgery, but this maneuver can cause injuries due to microcirculatory disturbances. **Objective:** To study the effects of Aroeira extract on the liver after hepatic ischemia and reperfusion, using histopathological and enzymatic parameters. **Methods:** Experimental study involving eight male Wistar rats divided into two groups. The AR group received a single daily dose of Aroeira extract, while the CTR group received the same volume of distilled water. After ten days, the animals underwent 30 minutes of hepatic ischemia, followed by reperfusion. After 8 hours, total hepatectomy was performed for histological analysis and cardiac puncture for blood collection. **Results:** The study showed that 75% of the rats in the AR Group had histopathological alterations in the liver, especially hepatocellular swelling and changes in the integrity of the sinusoidal capillaries. However, hepatic steatosis, cellular necrosis, and lobular inflammation were also common. In the CTR Group, 100% of the rats presented at least two histopathological alterations. The most common were hepatocellular swelling, hepatic steatosis, and changes in the integrity of the sinusoidal capillaries. Regarding CRP, 100% of the animals had an increase compared to the reference value for rats. Regarding the liver enzymes, ALT and AST, one rat (25%) in the AR Group had an increase compared to the reference value, with a p = 0.31 for both. **Conclusion:** Aroeira extract had no statistically significant microscopic or enzymatic repercussions on the liver after hepatic ischemia-reperfusion injury.

**Keywords:** Reperfusion. Ischemia. Hepatectomy.

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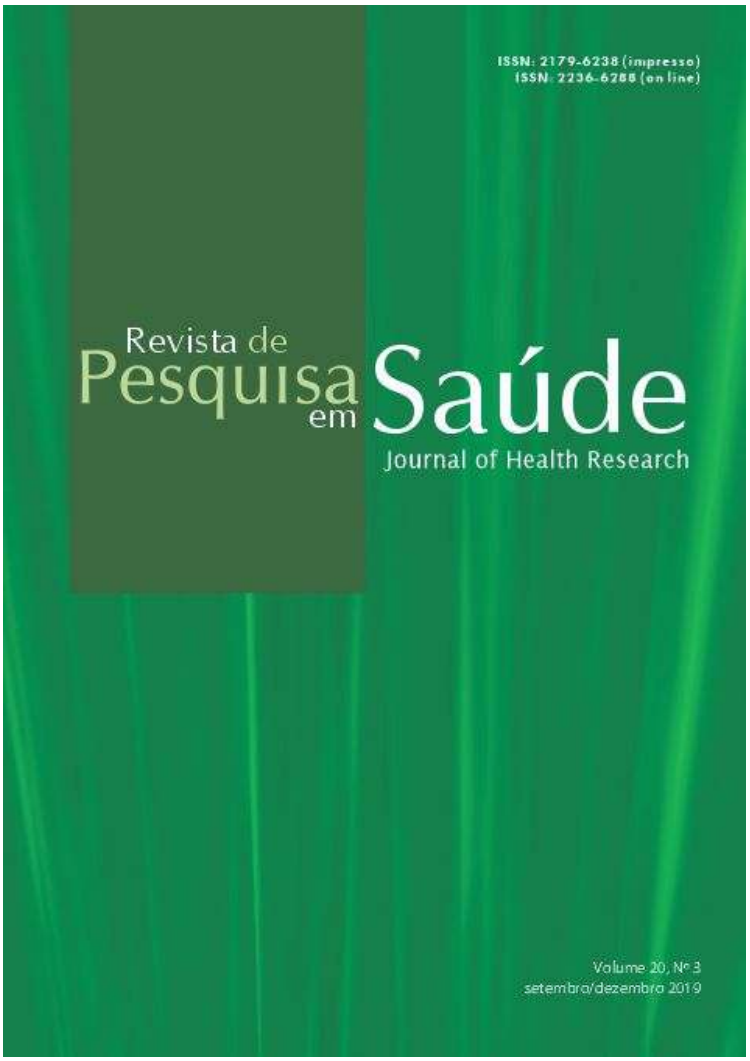
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# ENTERIC TUBERCULOSIS WITH SPONTANEOUS COLOCUTANEOUS FISTULA: CASE REPORT

**JOÃO BATISTA PINHEIRO BARRETO - ASBCP**
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BARRETO JBP; CARNEIRO NETO JD; LIMA FILHO PWL; SOUZA YLMS. Enteric Tuberculosis with Spontaneous Colocutaneous Fistula: Case Report. **Brazilian Journal of Coloproctology**, 2003;23(2):108-111

**ABSTRACT: The tuberculosis (TB), an entity caused by bacteria belonging to the compound constituted by the Mycobacterium tuberculosis, has a universal distribution in the organism and may reach any organ. In Brazil, the enteric tuberculosis, in the absence of active or scarred lung tuberculosis is rare, being frequently confused with neoplasia and Crohn's disease. The spontaneous enterocutaneous fistula is a rare event in those patients. The authors present a case of a 29 year-old patient with dysenteric syndrome and enterocutaneous fistula that was submitted to a sygmoidectomy. The diagnosis of enteric tuberculosis was confirmed after the therapeutic test. The colonoscopy and the endoscopic biopsy pointed to inflammatory intestinal disease (Crohn). Histopatology observed a chronic granulomatous process suggesting intestinal tuberculosis with a fistulous itinerary and specific lymphadenitis, although the research of BAAR has been negative. Initially, the patient showed good evolution, but fifteen days after hospital discharge, he presented abdominal pain, bloat and elimination of festering secretion for the operative wound, besides constipation. He was treated clinically with isoniazid , pyrazinamide and rifampin for two months. After that, he continued on rifampin and isoniazid for four months, obtaining redemption of the symptoms. The diagnosis of enteric tuberculosis is quite difficult and the specific diagnosis must be secured by finding the bacillus in the direct exam or in the culture. Associated with lung lesions, the diagnosis is evident; in its absence, with negative bacteriological or histopatologic exams, the probable diagnosis can be assured by the specific therapeutic proof.**

**Keywords:** enteric tuberculosis, extrapulmonary tuberculosis, enterocutaneous fistula, abdominal tuberculosis

## INTRODUCTION

Tuberculosis is a communicable infectious disease caused by *Mycobacterium tuberculosis*. Only about 1% of patients with pulmonary tuberculosis present intestinal involvement. In virtually all cases, the infection is caused by Mycobacterium tuberculosis, even in countries where bovine tuberculosis is prevalent.[1] With the advent of AIDS, there has been a significant increase in its incidence within this group of patients.[2] In Brazil, the identification of the bovine variety as the etiological agent of intestinal lesions is exceptionally rare.

Several pathogenic mechanisms are involved: swallowing of sputum with direct seeding, hematogenous dissemination, or, rarely, in about 10% of cases, ingestion of milk infected with the bovine strain.

The ileocecal region is the site of enteric involvement in approximately 85% of patients[3], presumably due to the abundance of lymphoid tissue in this area.

The fact that intestinal tuberculosis can mimic neoplasia and Crohn's disease greatly complicates the establishment of a diagnosis, which is almost always made by exclusion, consequently hindering the implementation of appropriate therapy. Spontaneous enterocutaneous fistula is a rare event, significantly increasing its resemblance to Crohn's disease.

*Study conducted at the Coloproctology Department of Presidente Dutra University Hospital (HUUPD), Federal University of Maranhão.*

## CASE REPORT

A 29-year-old male patient from Bacabal, Maranhão, presented for 1 month with left flank abdominal pain, described as a continuous heaviness, pasty stools with four bowel movements per day, tenesmus, and hematochezia. One week after the onset of symptoms, he developed daily evening fevers that resolved with the use of antipyretics. Two weeks later, he noticed a painful umbilical mass on palpation that developed a fistula, draining purulent material (Figure-1). He sought medical care at an emergency room in the state of Piauí, where only a surgical dressing was performed. The patient also reported a weight loss of 10 kg over one month.

With the above clinical picture and no improvement of symptoms, he sought the Coloproctology Department of the University Hospital, where he was admitted for diagnostic investigation. Upon admission, laboratory tests were performed, revealing leukopenia (3,140 leukocytes/mm³) and a slight alteration in erythrocyte sedimentation rate (44 mm/h). Plain chest and abdominal radiographs were normal. A contrast enema revealed the presence of a colocutaneous fistulous tract in the lower abdomen (Figure-2). Colonoscopy and histopathological examination of the endoscopic biopsy were suggestive of Crohn's disease.

The patient underwent an exploratory laparotomy, which revealed a large number of adhesions between small bowel loops, the omentum, and the left colon, as well as numerous affected lymph nodes in the mesentery and intestinal wall (Figure 3). After cavity exploration and adhesiolysis, a left colectomy was performed, followed by the creation of a terminal colostomy with closure of the rectal stump (Hartmann's colostomy).



***Figure 1*** *- Purulent material drained through the colocutaneous fistula and exteriorized via the umbilical scar.*



***Figure 2*** *- Contrast enema showing the spontaneous colocutaneous fistula.*

With a good postoperative course, the patient was discharged asymptomatic. Fifteen days later, he returned to the Coloproctology Department presenting with abdominal pain, edema, and purulent discharge from the surgical wound, in addition to constipation.

The histopathological report showed a chronic granulomatous inflammatory process with a fistulous tract and specific lymphadenitis suggestive of intestinal tuberculosis, although acid-fast bacilli (AFB) testing was negative.

A triple therapy regimen with isoniazid (INH) (400 mg/day), pyrazinamide (PZA) (2 g/day), and rifampicin (RFM) (600 mg/day) was initiated for 2 months, followed by a dual regimen of rifampicin and isoniazid for an additional 4 months, resulting in complete symptom remission.

## DISCUSSION

Enteric tuberculosis remains a problem in developing countries. The bacillus localizes in the mucosal glands and spreads to the Peyer's patches, where inflammation, tissue destruction, and local defense attempts give rise to the symptoms.

Two patterns of involvement are observed: the hypertrophic type, which causes stenosis with obstructive symptoms; and the ulcerative type, which leads to abdominal pain and alternating constipation and diarrhea. On physical examination, a palpable mass or tumor, hepatosplenomegaly, ascites, and anal or internal fistulas may be observed[4].



***Figure 3*** *- Lesions of the small intestine and mesentery.*

Free perforation and fistula formation may occur, which is an uncommon finding, mainly in severe untreated cases.

The diagnosis is usually not established preoperatively; only 50% of patients show signs of active pulmonary tuberculosis, and 45% have negative skin tests.

However, diagnosis should not rely solely on isolated clinical suspicion, as the clinical presentation is nonspecific, with symptoms compatible with other intestinal diseases such as nonspecific ulcerative colitis, sarcoidosis, amebiasis, histoplasmosis, and Crohn's disease. When diarrhea is present, difficulties in differentiating from Crohn's disease increase. A palpable abdominal mass, present in 50% to 80% of patients, along with weight loss, is common and may suggest a neoplastic process.[5]

Complications may include obstructive, hemorrhagic, or malabsorptive conditions resulting from extensive involvement of the intestinal mucosa.

A specific diagnosis can only be confirmed by histological demonstration of acid-fast bacilli in the lesion or by culture, the presence of caseous necrosis, and specific histological evidence in regional lymph nodes. Even in surgical specimens, the detection of bacilli and caseous necrosis is not frequent, although they are sometimes found in lymph nodes. When pulmonary lesions are present, the diagnosis is evident; in their absence, with negative bacteriological or histopathological tests, a probable diagnosis may be supported by a specific therapeutic trial.[6] Laparotomy and histopathological examination of the resected intestinal segment were necessary to demonstrate the organism.

The presence of tuberculous lesions at the resection margins does not indicate the development of postoperative fistulas .[7]

Antituberculous chemotherapy is the mainstay of treatment, using the triple regimen of PZA, INH, and RFM. Surgical intervention is indicated for stenotic, obstructive, hypertrophic forms, acute abdomen, and fistulas. The ideal approach is resection followed by anastomosis in elective cases. The prognosis is favorable when the patient undergoes surgery in the early stages of the disease and receives concomitant medical treatment, similar to pulmonary tuberculosis.

**SUMMARY: The tuberculosis (TB), an entity caused by bacteria belonging to the compound constituted by the *Mycobacterium tuberculosis*, has a universal distribution in the organism and may reach any organ. In Brazil, the enteric tuberculosis, in the absence of active or scarred lung tuberculosis is rare, being frequently confused with neoplasia and Crohn's disease. The spontaneous enterocutaneous fistula is a rare event in those patients. The authors present a case of a 29 year-old patient with dysenteric syndrome and enterocutaneous fistula that was submitted to a sygmoidectomy. The diagnosis of enteric tuberculosis was confirmed after the therapeutic test. The colonoscopy and the endoscopic biopsy pointed to inflammatory intestinal disease (Crohn). Histopatology observed a chronic granulomatous process suggesting intestinal tuberculosis with a fistulous itinerary and specific lymphadenitis, although the research of BAAR has been negative. Initially, the patient showed good evolution, but fifteen days after hospital discharge, he presented abdominal pain, bloat and elimination of festering secretion for the operative wound, besides constipation. He was treated clinically with isoniazid , pyrazinamide and rifampin for two months. After that, he continued on rifampin and isoniazid for four months, obtaining redemption of the symptoms. The diagnosis of enteric tuberculosis is quite difficult and the specific diagnosis must be secured by finding the bacillus in the direct exam or in the culture. Associated with lung lesions, the diagnosis is evident; in its absence, with negative bacteriological or histopatologic exams, the probable diagnosis can be assured by the specific therapeutic proof.**

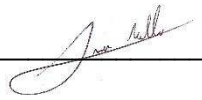
**Key words:** enteric tuberculosis; abdominal tuberculosis

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**Date: October 31, 2025.**

# TUBERCULOSE ENTÉRICA COM FÍSTULA COLO-CUTÂNEA ESPONTÂNEA : RELATO DE CASO

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BARRETO JBP; CARNEIRO NETO JD; LIMA FILHO PWL; SOUZA YLMS. Tuberculose Entérica Com Fístula Colo-Cutânea Espontânea - Relato de Caso. **Rev Bras Coloproct**, 2003;23(2):108-111

**RESUMO: A tuberculose (TB), uma entidade causada por bactérias pertencentes ao complexo constituído pelo *Mycobacterium tuberculosis*, tem uma distribuição universal no organismo, podendo atingir qualquer órgão. No Brasil, a tuberculose entérica, na ausência de tuberculose pulmonar ativa ou cicatrizada, é rara, sendo freqüentemente confundida com neoplasia e doença de Crohn. A fístula êntero-cutânea espontânea é um evento raro nesses pacientes. Os autores apresentam um caso de um paciente de 29 anos, masculino, com síndrome disentérica e fístula êntero-cutânea que foi submetido a uma sigmoidectomia, cujo diagnóstico de tuberculose entérica só foi confirmado após teste terapêutico. A colonoscopia e a biópsia endoscópica apontaram para doença intestinal inflamatória (Crohn). A histopatologia observou processo inflamatório crônico granulomatoso, sugestivo de Tuberculose entérica com trajeto fistuloso e linfadenite específica, embora a pesquisa de BAAR tenha sido negativa. Inicialmente, o paciente apresentou boa evolução, mas, quinze dias após alta hospitalar, apresentou dor abdominal, edema e secreção de material purulento pela ferida operatória, além de constipação. Foi tratado clinicamente com o esquema tríplice de isoniazida, pirazinamida e rifampicina durante dois meses e, posteriormente, foi mantida a rifampicina e isoniazida por mais quatro meses, obtendo-se remissão dos sintomas. O diagnóstico da Tuberculose entérica é bastante difícil, tendo o diagnóstico específico que ser assegurado pelo achado do bacilo no exame direto ou na cultura. Havendo associação de lesão pulmonar, o diagnóstico é evidente; na sua ausência, com exames bacteriológico ou histopatológico negativos, o diagnóstico provável pode apoiar-se na prova terapêutica específica.**

**Unitermos:** tuberculose entérica, tuberculose extra-pulmonar, fístula êntero-cutânea, tuberculose abdominal

## INTRODUÇÃO

A tuberculose é uma doença infecciosa transmissível causada pelo *Mycobacterium tuberculosis*. Apenas cerca de 1% dos pacientes com tuberculose pulmonar tem envolvimento intestinal. Praticamente em todos os casos, a infecção é devida ao Mycobacterium tuberculosis, mesmo em países onde a tuberculose bovina encontra-se prevalente[1]. Com o advento da AIDS, houve um aumento significativo de sua incidência neste grupo de pacientes[2]. No Brasil, é excepcional a constatação da variedade bovina como agente etiológico das lesões intestinais. Vários mecanismos patogênicos estão envolvidos: deglutição de escarro com semeadura direta, disseminação hematogênica ou, raramente, cerca de 10%, ingestão de leite infectado pela cepa bovina.

A região íleocecal constitui o sítio de comprometimento entérico em cerca de 85% dos pacientes[3], presumivelmente devido à abundância de tecido linfóide nessa área.

O fato de a tuberculose intestinal simular neoplasia e doença de Crohn complica bastante o estabelecimento do diagnóstico, quase sempre feito por exclusão, e, conseqüentemente, dificultando a terapêutica a ser instituída. A fístula êntero-cutânea espontânea é um evento raro, aumentando significativamente a semelhança com a doença de Crohn.

*Trabalho realizado no serviço de coloproctologia do Hospital Universitário Presidente Dutra (HUUPD) da Universidade Federal do Maranhão.*

## RELATO DO CASO

Paciente de 29 anos, masculino, natural de Bacabal, Maranhão, apresentava há 1 mês quadro de dor abdominal em flanco esquerdo, em peso e contínua, fezes pastosas com 4 evacuações ao dia, tenesmo e hematoquezia. Após uma semana do início dos sintomas, apresentou febre diária e vespertina que cessava com uso de antitérmico. Duas semanas após notou presença de massa umbilical dolorosa à palpação que fistulizou, drenando material purulento (Figura-1). Procurou assistência médica em Pronto-Socorro no estado do Piauí, onde foi realizado somente curativo cirúrgico (sic). Paciente relata ainda perda ponderal de 10 kg em 1 mês.

Com o quadro acima e sem melhora dos sintomas, procurou o Serviço de Coloproctologia do Hospital Universitário, onde foi internado para investigação diagnóstica. Na admissão, foram realizados exames laboratoriais, sendo evidenciados leucopenia (3.140 leucócitos/mm3) e discreta alteração na velocidade de hemossedimentação (44). A avaliação radiológica simples de tórax e abdome mostrou-se normal. O clister opaco revelou presença de trajeto fistuloso colo-cutâneo em abdome inferior (Figura-2). A colonoscopia e o exame histopatológico da biópsia endoscópica foram sugestivos de doença de Crohn.

O paciente foi submetido à laparotomia exploradora, sendo observado grande número de aderências entre alças delgadas, epíplon e cólon esquerdo, além de numerosos linfonodos acometidos em mesentério e parede intestinal (Figura-3). Após inventário da cavidade e adesiólise, foi feita colectomia esquerda e confecção de colostomia terminal com fechamento do coto retal (Colostomia à Hartman).

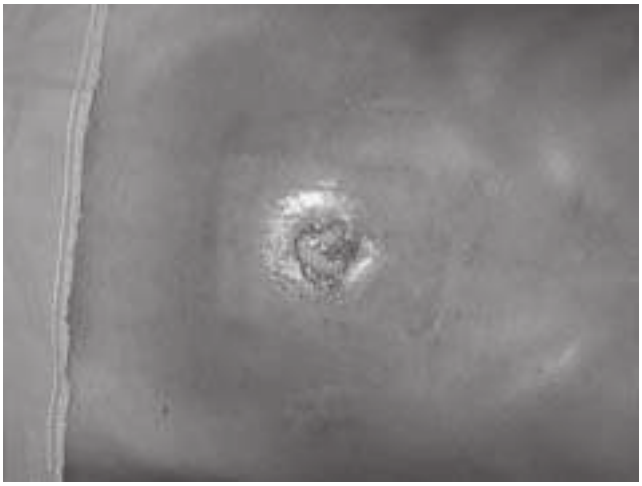


***Figura 1** - Material purulento drenado pela fístula colo-cutânea e exteriorizado através da cicatriz umbilical.*



***Figura 2** - Clister opaco evidenciando a fístula colo-cutânea espontânea.*

Com boa evolução pós-operatória, o paciente recebeu alta assintomático. Quinze dias após, retornou ao Serviço de Coloproctologia apresentando dor abdominal, edema e secreção de material purulento pela ferida operatória, além de constipação.

O laudo histopatológico demonstrou processo inflamatório crônico granulomatoso com trajeto fistuloso e linfadenite específica sugestivo de tuberculose intestinal, embora a pesquisa de BAAR tenha sido negativa.

Iniciou-se esquema tríplice de isoniazida (INH) (400mg/dia), pirazinamida (PZA) (2g/dia) e rifampicina (RFM) (600mg/dia), durante 2 meses e permaneceu com o esquema duplo rifampicina e isoniazida por mais 4 meses, apresentando remissão total dos sintomas.

## DISCUSSÃO

A tuberculose entérica continua sendo um problema nos países em desenvolvimento. O bacilo localiza-se nas glândulas mucosas e dissemina-se para as placas de Peyer, onde a inflamação, a destruição de tecidos e as tentativas locais de defesa originam os sintomas.

São observados dois padrões de comprometimento: o hipertrófico, quando ocorre estenose com sintomatologia obstrutiva; e o ulcerativo, que causa dor abdominal e constipação alternada com diarréia. No exame físico, podemos encontrar massa ou tumor palpável, hepatoesplenomegalia, ascite e fístulas anais ou internas[4].



***Figura 3*** *- Lesões do intestino delgado e mesentério.*

Pode haver perfuração livre e formação de fístula, que é um achado pouco freqüente, ocorrendo principalmente nos casos graves não tratados.

O diagnóstico não costuma ser estabelecido pré-operatoriamente; somente 50% dos pacientes tem sinais de tuberculose pulmonar ativa e 45%, testes cutâneos negativos.

Entretanto, não se deve basear somente na suspeita clínica isolada, pois o quadro clínico é inespecífico, sendo os sintomas compatíveis com outras doenças intestinais, como a retocolite ulcerativa inespecífica, sarcoidose, amebíase, histoplasmose e a doença de Crohn. Quando a diarréia está presente, aumentam as dificuldades no diagnóstico diferencial com doença de Crohn. Massa abdominal palpável, presente em 50% a 80% dos pacientes, além de emagrecimento são comuns e sugerem processo neoplásico[5].

As complicações podem ser um quadro obstrutivo, hemorrágico ou disarbsortivo conseqüente ao extenso comprometimento da mucosa intestinal.

O diagnóstico específico só poderá ser assegurado pela demonstração histológica de bacilos álcool-ácido resistentes na lesão ou pela cultura, presença de necrose caseosa e evidências histológicas específicas em linfonodos regionais. Mesmo em peças cirúrgicas, o encontro dos bacilos e de necrose caseosa não é freqüente, embora sejam, algumas vezes, encontrados nos linfonodos. Havendo associação de lesão pulmonar, o diagnóstico é evidente; na sua falta, com exames bacteriológico ou histopatológico negativos, o diagnóstico provável pode apoiar-se na prova terapêutica específica[6]. A laparotomia e o exame anatomopatológico da alça intestinal ressecada foram necessários para demonstrar o organismo.

A presença de processos tuberculosos nas margens da ressecção não indica a formação de fístulas pós-operatórias[7].

A quimioterapia antituberculosa é a base terapêutica, usando-se o esquema tríplice de PZA, INH e RFM. A indicação cirúrgica é obrigatória para as formas estenóticas, obstrutivas, hipertróficas, abdome agudo e fístula. A conduta ideal é a ressecção seguida de anastomose nos casos eletivos. O prognóstico é bom quando o paciente for operado nos estágios iniciais da doença e se associado ao tratamento clínico, semelhante ao da forma pulmonar.

**SUMMARY: The tuberculosis (TB), an entity caused by bacteria belonging to the compound constituted by the *Mycobacterium tuberculosis*, has a universal distribution in the organism and may reach any organ. In Brazil, the enteric tuberculosis, in the absence of active or scarred lung tuberculosis is rare, being frequently confused with neoplasia and Crohn's disease. The spontaneous enterocutaneous fistula is a rare event in those patients. The authors present a case of a 29 year-old patient with dysenteric syndrome and enterocutaneous fistula that was submitted to a sygmoidectomy. The diagnosis of enteric tuberculosis was confirmed after the therapeutic test. The colonoscopy and the endoscopic biopsy pointed to inflammatory intestinal disease (Crohn). Histopatology observed a chronic granulomatous process suggesting intestinal tuberculosis with a fistulous itinerary and specific lymphadenitis, although the research of BAAR has been negative. Initially, the patient showed good evolution, but fifteen days after hospital discharge, he presented abdominal pain, bloat and elimination of festering secretion for the operative wound, besides constipation. He was treated clinically with isoniazid , pyrazinamide and rifampin for two months. After that, he continued on rifampin and isoniazid for four months, obtaining redemption of the symptoms. The diagnosis of enteric tuberculosis is quite difficult and the specific diagnosis must be secured by finding the bacillus in the direct exam or in the culture. Associated with lung lesions, the diagnosis is evident; in its absence, with negative bacteriological or histopatologic exams, the probable diagnosis can be assured by the specific therapeutic proof.**

**Key words:** enteric tuberculosis; abdominal tuberculosis

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January 2003

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# Enteric Tuberculosis with Colocutaneous Fistula SPONTANEOUS : RELACASE TO

**JOHN THE BAPTISTAPINHEIRO BARRETO -ASB(**
**JOAQUIM DAVID CARNEIRO NETO**
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BARRETO JBP; CARNEIRO NETO JD; LIMAFILHO PWL; SOUZA YLMS. TEnteric uberculosis with spontaneous colocutaneous fistula - Case Report. **Rev Bras Coloproct** , 2003;23(2):108-111

**ABSTRACT: Atuberculosis (TB), an entity caused by bacteria belonging to the complex consisting of *Mycobacterium tuberculosis*, has a universal distribution in the body and can affect any organ. In Brazil, enteric tuberculosis, in absence of active or healed pulmonary tuberculosis, is rare, and is often confused with neoplasia and Crohn's disease. Spontaneous enterocutaneous fistula is a rare event in these patients. The authorses present a case of a 29-year-old patient,**

**male, with dysenteric syndrome and enterocutaneous fistula who underwent a sigmoidectomy, whose diagnosis of tuberculosis enteric was only confirmed after therapeutic testing. Thecolonoscopy and endoscopic biopsy pointed to inflammatory bowel disease (Crohn). Ahistopathology observed a chronic granulomatous inflammatory process, suggestive of Tenteric tuberculosis with tra fistulous and specific lymphadenitis, although the BAAR test was negative. Initially, the patient showed good progress , but, fifteen days after hospital discharge, presented abdominal pain, edema and secretion of purulent material from the surgica in addition to constipation. He was clinically treated with a triple regimen of isoniazid, pyrazinamide, and rifampicin for two mont and subsequently, rifampicin and isoniazid were maintained for another four months, achieving remission of symptoms. The diagn Tenteric tuberculosis is quite difficult, and the specific diagnosis must be ensured by finding the bacillus in the direct examinatior in culture. If there is an association with lung injury, the diagnosis is evident; in its absence, with bacteriological or negative histopathological results, the probable diagnosis can be supported by specific therapeutic testing.**

**Keywords:**enteric tuberculosis, extrapulmonary tuberculosis, enterocutaneous fistula, abdominal tuberculosis

## INTRODUCTION

Tuberculosis is an infectious disease transmissible caused by *Mycobacterium tuberculosis culosis*. Only about 1% of patients with tuberculosis pulmonary culosis has intestinal involvement. Practically mind in all cases, the infection is due to Mycobacterium tuberculosis, even in countries where [1] bovine tuberculosis is prevalent . With the advent of AIDS, there was a significant increase in its incidence in this group of patients [2]. In Brazil, it is exceptional the finding of the bovine variety as etiological agent of intestinal lesions. Several mecha pathogenic organisms are involved: swallowing of sputum with direct seeding, hematopoietic dissemi togenic or, rarely, about 10%, ingestion of milk infected with the bovine strain.

The ileocecal region constitutes the site of co [3] enteric injection in about 85% of patients , presumably due to the abundance of lymphoid tissue in that area.

The fact that intestinal tuberculosis simu neoplasia and Crohn's disease greatly complicates th establishing the diagnosis, almost always done by exclusion, and consequently, making therapy difficult ethics to be instituted. Thespontaneous enterocutane nea is a rare event, increasing significantly the similarity to Crohn's disease.

W*ork rcarried out in the coloproctology service of the Hospital Presidente Dutra University (HUUPD) of the Federal University of Maranhão.*

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# Journal of Coloproctology (Rio de Janeiro)

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# ABOUT THE JOURNAL

## Brief Background

The Journal of Coloproctology (JCOL) is the scientific publication of the Brazilian Society of Coloproctology. The journal aims to publish articles that can contribute to the improvement and development of the practice, research, and teaching of coloproctology and related specialties.

## Open Science Compliance

The journal adheres to the Diamond Open Access model.

To promote open science, JCOL adopts the open access model. In addition, it receives articles that have already been published on preprint platforms for evaluation and possible publication. All data used in research published in JCOL are duly referenced.

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JCOL is committed to following exemplary ethical conduct in the publication of journals. We do not tolerate plagiarism cases. Authors submitting articles to the journal must ensure the originality of the material, in addition to confirming that the work has not been published in other journals. The journal always seeks to keep up with updates to Open Science principles and allows preprint articles to be submitted for publication, if the information that the article has already been published as a preprint is clear during the article submission process and that the text maintains its character of originality. Articles involving research with human beings must include information on ethics and an attached approval from the Ethics Committee during submission.

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Endoscopy 2008; 40(7): 572-575
DOI: 10.1055/s-2008-1077398

**Original article**

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# NOTES transvaginal video-assisted cholecystectomy: first series

A. Cardoso Ramos[1] , A. Murakami[1] , M. Galvão Neto[1] , M. Santana Galvão[1] , A. C. Souza Silva[1] , E. Gonzalo Canseco[1] , Y. Moyses[1]

[1]Gastro Obeso Center, São Paulo, Brazil

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Endoscopy 2008; 40(07): 709-710
DOI: 10.1055/s-0032-1306851

**Background and study aims:** Extensive research has been conducted to develop natural-orifice transluminal endoscopic surgery (NOTES) as a new approach to less invasive surgery. Our aim is to present the technique and initial prospective results of a transvaginal video-assisted laparoscopic approach to NOTES cholecystectomy in order to perform minimally invasive surgery without visible scars.

**Patients and methods:** From July 2007 to March 2008, 32 women underwent transvaginal video-assisted laparoscopic cholecystectomy using a transvaginal 10-mm 45° rigid bariatric optic through a 12-mm bariatric trocar and two abdominal trocars (2-mm and 5-mm). Data on the history, surgical time, complications, and recovery were recorded prospectively in each case.

**Results:** Mean age was 33 years (range 22–47 years); mean body mass index was 29 (range 20–42). Mean operative time was 38 minutes (range 18–50 minutes). Patients were discharged 6 hours after the procedure without the need for pain medication in the following days and returned to normal working activities within 24 hours of the procedure.

**Conclusions:** Transvaginal video-assisted NOTES cholecystectomy seems to be an efficient and safe approach to minimally invasive surgery, providing patients with a comfortable recovery with virtually no abdominal scars as a bridge to exclusively NOTES procedures.

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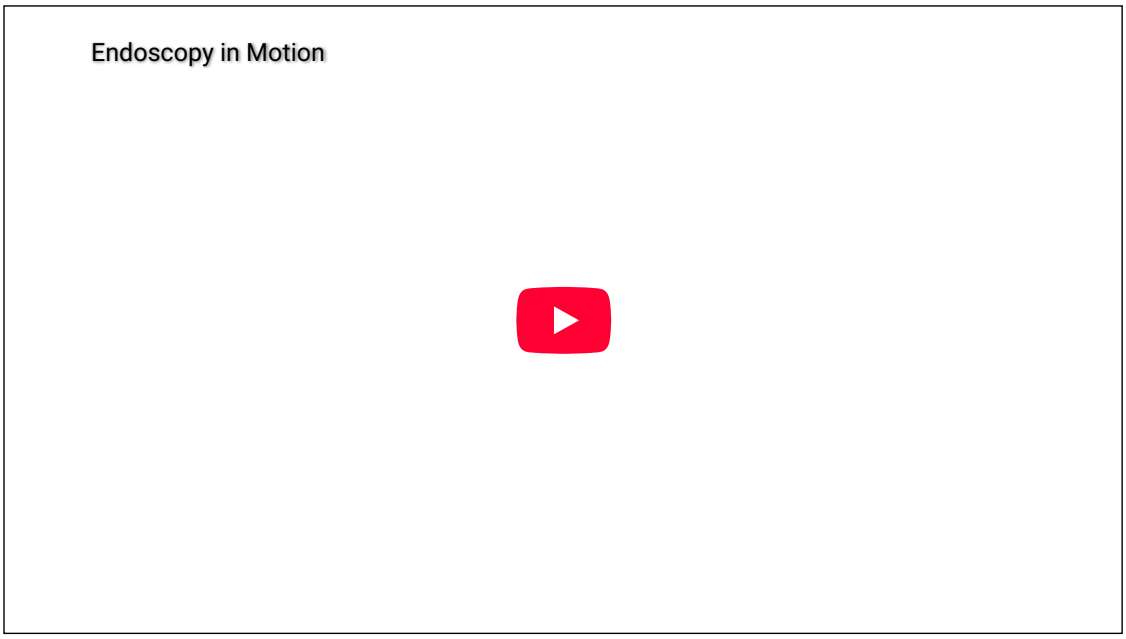
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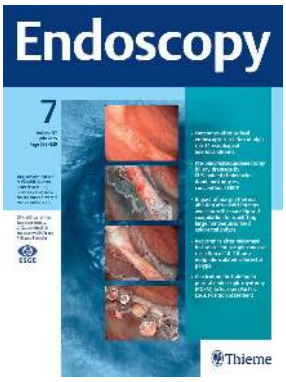
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**PL-313.**

## INCISIONLESS REVISION OF POST ROUX-EN-Y BYPASS STOMAL AND POUCH DILATATION: MULTI-CENTER REGISTRY RESULTS

*Santiago Horgan, MD[1];* Garth Jacobsen, MD[1];
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**Background:** Surgical revision for weight regain after Roux-en-Y gastric bypass (RYGB) has partially failed to gain acceptance due to higher complication rates associated with standard approaches. Endoluminal revision of stoma and pouch dilatation should intuitively confer a better risk profile. However, questions of clinical safety, durability, and weight loss need to be answered. We report our multi-center intra-operative experience and post-operative follow-up to date utilizing the EndoSurgical Operating System™ (EOS) for this patient subset.

**Methods:** Patients who had regained significant weight 2+ years after RYGB after losing ≥ 50% of EBW post-RYGB were endoscopically screened for stomal and/or pouch dilatation. Qualified patients underwent endoluminal revision using the EOS to reduce stoma and pouch size by placing anchors to create tissue plications. Data on safety, intra-operative performance, post-op weight loss, and anchor durability were recorded to date as part of 2 year post-op follow-up.

**Results:** 116 consecutive patients were prospectively studied. 112 (97%) were technically successful in placing anchors intra-operatively. Average stoma diameter and pouch length reduction was 50% and 44%, respectively (N=112). O.R. time averaged 87 minutes. There were no significant complications. At 3 months post procedure (N=50), an average of 33% of weight regain post-RYGB was lost. Median weight loss/%EWL was 21 lbs (9.5 kg) and 21% respectively. 3 month EGD results confirmed presence of anchors with stoma and pouch reduction still present.

**Conclusion:** Incisionless revision of stoma and pouch dilatation with the EOS can be performed safely. 3 month data shows anchor durability and clinically significant weight loss. Patients remain actively followed for weight loss outcomes.

**PL-314.**

## LAP TOTAL GASTRECTOMY AS AN ALTERNATIVE TO TREAT DIFFICULT FISTULAS AFTER SLEEVE GASTRECTOMY

*Almino C. Ramos, MD[1];* Manoel Galvao, MD[1];
Abel H. Murakami, MD[1]; Josemberg M. Campos, MD[2];
Eduardo G. de Moura, MD[3]; Manoel Galvao, MD[1];
Andrey C. Silva, MD[1]; Edwin Gonzalo C. Canseco, MD[1];
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**Background:** Despite bariatric surgery societies as ASMBS and Brazilian Metabolic and Bariatric Society (SBCBM) advocate the Sleeve Gastrectomy (SG) only in selected patients under restricted protocols, it has become very common as an easier and low-morbidity procedure. High-volume centers are increasingly admitting patients with SG complications, among them fistulas at the Angle of Hiss (AH), which can be very difficult to treat. We present a series of Lap total Gastrectomies (LTG) for the treatment of SG fistula.

**Methods:** We have collected prospective data on 8 referred patients that were submitted to LTG due to post-SG AH fistulas that could not be resolved by prior surgery or endoscopic means.

**Results:** Half of the patients were age 18-62 years (mean 46). The number of surgical reinterventions for fistula treatment ranged from 1-6 (mean 3.16). Patients had undergone prior endoscopic treatment with a mean of 5.7 sessions (3-8) using fibrin glue, mesh, clips and prosthetics. Mean time from SG to LTG ranged from 6-18 months (mean 12.3). Surgical time of the LTG ranged from 4-7 hours (mean 5h30m) with a mean hospital stay of 7 days (5-12). Complications occurred in 2 cases, with pneumonia in one case and intestinal obstruction in another caused by adhesions within 5 days from LTG. It seems that fistula and mortality rates could be higher with SG than Gastric Bypass. SG fistulas are more difficult to manage and have a longer recovery time. When fistulas do not heal with conservative surgery or endoscopic treatment after 6 months, more aggressive surgical alternatives such as LTG could be necessary.

**Conclusion:** LTG for the treatment of SG fistula could be the only alternative in some cases and can be performed safely with low rates of complications.

**PL-315.**

## IS THE LAPAROSCOPIC DUODENAL SWITCH FEASIBLE, SAFE AND EFFICTIVE IN PATIENTS WHO FAILED ADJUSTABLE GASTRIC BAND AND VERTICAL BANDED GASTROPLASTY?

*Giovanni Dapri, MD;* Guy Bernard Cadière, MD, PhD;
Jacques Himpens, MD; *Department of Gastrointestinal Surgery, European School of Laparoscopic Surgery, Brussels, Belgium.*

**Background:** The aim of this retrospective consecutive study was to evaluate the feasibility, safety and efficacy of the conversion of laparoscopic adjustable gastric band (LAGB) and vertical banded gastroplasty (VBG) into duodenal switch (DS) by laparoscopy.

**Methods:** Between November 2003 and February 2007, laparoscopic conversion into DS was performed in one-step in 43 patients, 31 after LAGB and 12 after VBG. Reason for conversion was weight loss issues, such as weight regain or insufficient % Excess Weight Loss (EWL). Mean interval time between LAGB and VBG and conversion into DS was 42.7±28.7 months and

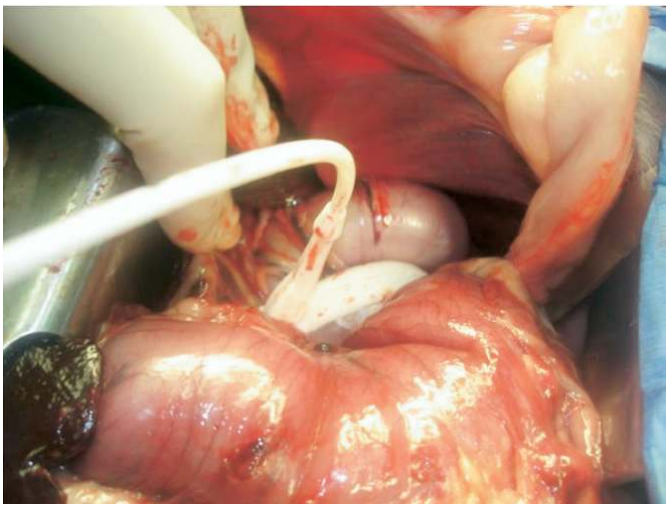
**Conclusion:** A band that needs to be overfilled may be a sign of an erosion, and patients should have an endoscopy. Band revision carries a higher rate of erosion than primary banding. The Vanguard band carries a higher risk of erosion than the 4cc bands.

**PL-115.**

## A CANINE MODEL OF LAPAROSCOPIC ADJUSTABLE GASTRIC BAND (LAGB) PROLAPSE AND THE IMPORTANCE OF A COMPLETE GASTROGASTRIC WRAP

*Amar Gupta, MD;* Danny A. Sherwinter, MD; Jerzy Macura, MD; *Minimally Invasive and Bariatric Surgery, Maimonides Medical Center, Brooklyn, NY, USA.*

**Background:** The most prevalent long-term complications in patients undergoing laparoscopic adjustable gastric band (LAGB) surgery are pouch dilatation and gastric prolapse (slippage). A canine model of LAGB and a setup using a pump and pressure transducer was created to mimic esophageal contractions against a LAGB outlet obstruction. Multiple arrangements of gastro-gastric sutures and gastric wraps were then placed and evaluated for their utility in preventing gastric prolapse.
**Methods:** The esophagus of male mongrel dogs was accessed through the right chest and a pressure transducer and an insufflation catheter were introduced. An AP Lap-Band (Allergan, Irvine, CA) was placed using the pars-flaccida technique. 20cc of saline was instilled into the band to produce complete occlusion. Following the placement of multiple different gastrogastric suture configurations, air was insufflated into the gastric pouch via the esophagus.
**Results:** This model confirmed that prolapse can be caused by increased pressure acting on an LAGB outlet obstruction. In addition, prolapse was reproduced with all gastrogastric configurations that did not secure the anterior gastric wall to within 2cm of the lesser curve.
**Conclusion:** In this canine model gastrogastric sutures encompassing the anterior gastric wall were integral in preventing prolapse.



Prolapsed anterior gatsric wall.

**PL-116.**

## SEVERE ESOPHAGITIS AND BARRETT'S ESOPHAGUS AS AN IMPORTANT COMPLICATION OF ADJUSTABLE GASTRIC BAND

*Almino C. Ramos, MD[1];* Manoel Galvao, MD[1]; Abel H. Murakami, MD[1]; Manoel Galvao, MD[1]; Andrey C. Silva, MD[1]; Edwin Gonzalo C. Canseco, MD[1]; Yglesio M. Souza, MD[1]; Josemberg M. Campos, MD[2]; Marcelo Falcão, MD[1]; *[1]Metabolic and Bariatric Surgery, Gastro Obeso Center, São Paulo, Brazil; [2]Surgery and Endoscopy Department, Federal University Of Pernambuco, Recife, Brazil.*

**Background:** Laparoscopic adjustable gastric band (LAGB) is recognized as an effective treatment for morbid obesity. Its main complications are slippage and erosion. Esophagitis is a known complication of LAGB that courses at various degrees. Esophageal metaplasia and Barrett's esophagus development on LAGB patients is still not well defined as in GERD and are much more related to stasis than to gastroesofageal reflux. We aim to present a series of 7 year experience on LAGB to report incidence and outcomes of esophagitis and Barrett's esophagus formation.
**Methods:** Retrospective case series of 1325 AGB performed from December, 1999 to December, 2007 with mean age and BMI of 34.5years (12-72) and 42.5 (35-79) kg/m$^2$. Complicated reflux esophagitis (grade C-D, Los Angeles scale) and hiatal hernia larger than 3 cm were exclusion criteria for AGB. Patients were enrolled to perform upper endoscopy yearly or for symptoms investigation.
**Results:** From 1325 patients, 78% (1033p) underwent post-op upper endoscopies (2.8 tests/patient). 22% (291 patients) of tests revealed esophagitis (7% grade C-D). Four patients (0.3% from 1325 AGB) with repeated and complicated esophagitis developed Barrett's esophagus and were converted to laparoscopic gastric bypass. Within the esophagitis group, 29 patients (10%) were converted due to poor quality of life. Band erosion occurred in 14 patients (1% from 1325 LAGB). There was a higher incidence of band erosion in esophagitis group compared to non-esophagitis group (2.7% vs 0.58%, $p<0.01$).
**Conclusion:** Esophagitis represents an important complication of LAGB and may end up as a Barrett's esophagus on those with complicated esophagitis with all the concerns of adenocarcinoma formation. The presence of esophagitis on LAGB may lead to more band erosions.

**PL-117.**

## QUALITIES OF LIFE, WEIGHT LOSS, AND RESOLUTION OF CO-MORBID DISEASES AFTER ADJUSTABLE GASTRIC BANDING: ARE THEY RELATED?

*Brad Snyder, MD;* Todd Wilson, MD; Benjamin Leong, MD; Connie Klein, NP; Erik B. Wilson, MD; *Surgery, University of Texas, Houston, TX, USA.*

**Background:** Measuring the mechanisms of outcome is critical for determining the success of our patients after weight loss surgery. We used the measured outcome results of bariatric interval data (MORBID) to classify outcome in terms of weight loss, co-morbid disease, and quality of life. Understanding how these components change over time is vital to ensure rewarding outcomes.

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- III - Important information
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## VI - Instructions for authors of approved papers - Electronic Poster

**ELECTRONIC POSTER**

- The e-poster must be submitted using the following submission link: **[CLICK HERE] TO BE REDIRECTED OR COPY AND PASTE THE FOLLOWING LINK INTO YOUR BROWSER:** https://e-poster.com.br/envio/coloprocto2025/.
- **Submission deadline: until 08/25/2025 - The system will be open until 23:59 - Brasília time**

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- Accepted works must not be printed. The poster exhibition will be 100% digital.
- The author who submitted the abstract through the website is responsible for its timely submission and proper formatting. The conference organizers are not responsible for files submitted after the deadline or with formatting issues.
- Accepted posters will be discussed. Each poster will be assigned a date and time for discussion and evaluation. Posters are expected to be self-explanatory, so the discussion session will be for discussion only, not presentation.
- One of the authors of the work, duly registered at the Brazilian Congress of Coloproctology 2025, must be present at the designated Totem to discuss their work at the designated time.

## VII - Evaluation Criteria and Awards

- All works accepted for presentation will be competing for prizes.
- Each work will compete for the award category for which it was accepted.
- The placement of each work will be a combination of the grade from the two evaluation phases.
- Criteria for evaluating each work:
  - First phase – Pre-Congress:
    - The works will be evaluated, scored and classified at the time of submission.
    - Relevant criteria will be considered in the evaluation of the Abstract: Relevance of the subject, clarity, title, respect for pre-established criteria.
    - The works will be evaluated by evaluators who are unaware of the institution of origin and authors of the work.
  - Second phase – Congress:
    - The works will be evaluated during their presentation by 2 evaluators.
    - Relevant criteria will be considered in the evaluation of the Presentation (Free Themes and Videos): Clarity of the presentation, Quality of the slides/video, Mastery of the subject by the presenter, Relevance of the subject, Coherence with the submitted summary.
    - Relevant criteria will be considered in the evaluation of Posters: Visual impact of the

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1st place: R$5,000.00 (five thousand reais)
2nd place: R$ 3,000.00 (three thousand reais)
3rd place: R$2,000.00 (two thousand reais)

**Poster**

1st place: R$4,000.00 (four thousand reais)
2nd place: R$2,000.00 (two thousand reais)
3rd place: R$1,000.00 (one thousand reais)

## VIII - Publication

## The congress proceedings will be published in the *Journal of Coloproctology,* in electronic format, and will be available on the congress website.

## IX - Certificates

After the conference, electronic certificates for the papers will be available on the event website. To print or download the PDF, attendees should access the "Certificates" section on the conference homepage, enter their registered email address, and complete the "Satisfaction Survey."

**Important: Certificates are not sent directly to the congressperson's email address.**

- **A certificate of presentation** will be issued , containing the paper title, the approved modality, and the presenter's name. If the presenter of the paper is different from the one indicated at the time of submission, the change must be requested through the HelpDesk on the conference website.
- This certificate will be made available **to the author responsible for submitting the work** , is valid for all authors and may be shared by the author responsible for the work.
- Regarding Posters: the issuance of the electronic certificate is subject to the submission of the e-poster slide and the author's participation in the event.
- Regarding Free Themes and Videos: the issuance of the electronic certificate is subject to the

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## SUPPORT

CNPq

Anvisa communication protocol number: 2025031945 | Responsible Medical Technician - Dr. Sergio Eduardo Alonso Araujo | CRM 75637 - SP

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55th BRAZILIAN CONGRESS
OF COLOPROCTOLOGY

**September 7–10, 2006 - InterContinental Hotel - Rio de Janeiro**

# C E R T I F I C A T E

**We hereby certify that the work**

***PROCTOCOLECTOMY WITH ILEAL POUCH – VIDEO-LAPAROSCOPIC ACCESS***

**by the author(s)**

Lupinacci, R.A.; Pedroso, M.A.; Souza, Y.L.M.S.; Almeida, B.S.

**was presented in the format**

***Video***

Rio de Janeiro, September 10, 2006

João de Aguiar Pupo Neto
*President*

Francisco Lopes Paulo
*Secretary*

Amil
Itaú made for you
ETHICON ENDO-SURGERY
Johnson & Johnson
PROFESSIONAL PRODUCTS LTD.

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 26, 2025.

55º CONGRESSO BRASILEIRO
DE COLOPROCTOLOGIA

7 a 10 de setembro de 2006 • Hotel Inter.Continental • Rio de Janeiro

# CERTIFICADO

**Certificamos que o trabalho**

***PROCTOCOLECTOMIA COM BOLSA ILEAL-ACESSO VÍDEO-LAPAROSCÓPICO***

**do(s) autor(es)**

Lupinacci,R.A.; Pedroso,M.A.; Souza,Y.L.M.S.; Almeida,B.S.

**foi apresentado na forma**

***Vídeo***

Rio de Janeiro, 10 de setembro de 2006

João de Aguiar Pupo Neto
*Presidente*

Francisco Lopes Paulo
*Secretário*

Amil

Itaú feito para você

ETHICON ENDO-SURGERY
Johnson & Johnson
PRODUTOS PROFISSIONAIS LTDA.

## For whom is the

# 73rd Brazilian Congress of Coloproctology?

The 73rd Brazilian Congress of Coloproctology mainly targets physicians, surgeons, residents, medical students and other health professionals that work or have interest in the coloproctology area. This includes specialists in colon, rectum and anus diseases, as well as in inflammatory intestinal diseases, colorectal cancer, among other conditions related. The congress serves as a forum to exchange knowledge, professional updating and networking of participants.



**Sergio Eduardo Alonso Araujo**

*President 73rd Brazilian Congress of Coloproctology*

MENSAGE FROM PRESIDENT ▶

# Exhibit D.VI.a – Director General - Socorrao I

# D.O. SÃO LUÍS

## Official Gazette of the City

YEAR XXXIII – SÃO LUÍS, 01/24/2013 | No. 17 | TODAY'S EDITION 24 Pages


## MUNICIPAL SECRETARIAT OF GOVERNMENT

The MAYOR OF SÃO LUIS, in the exercise of his legal duties and following Article 91, Section I, paragraph "b" of the Municipal Organic Law,

RESOLVES

To APPOINT YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA to the commissioned position, code DAS-1, as General Director of the Djalma Marques Municipal Hospital (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, SÃO LUÍS, January 7, 2013, 192nd year of Independence and 125th of the Republic.

Edivaldo de Holanda Braga Junior
Mayor

Rodrigo dos Santos Marques
Secretary of Government

O PREFEITO MUNICIPAL DE SÃO LUÍS, no uso [illegible]

RESOLVE:

NOMEAR ALESSANDRE AUGUSTO GOMES ALVES, para exercer o cargo em comissão, símbolo DAS-2, da Diretor da Divisão de Traumato Ortopedia do Hospital Municipal Djalma Marques (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, EM SÃO LUÍS, EM DE JANEIRO DE 2013, 192º DA INDEPENDÊNCIA E 125º DA REPÚBLICA.

Edivaldo de Holanda Braga Junior
Prefeito

Rodrigo dos Santos Marques
Secretário de Governo

O PREFEITO MUNICIPAL DE SÃO LUÍS, no uso [illegible]

RESOLVE:

NOMEAR PATRICIA ABREU DE CASTRO, para exercer o cargo em comissão, símbolo DAS-2, da Diretor da Divisão de Urgência Pediátrica do Hospital Municipal Djalma Marques (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, EM SÃO LUÍS, EM DE JANEIRO DE 2013, 192º DA INDEPENDÊNCIA E 125º DA REPÚBLICA.

Edivaldo de Holanda Braga Junior
Prefeito

Rodrigo dos Santos Marques
Secretário de Governo

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 16, 2025.**

# D.O. SÃO LUÍS
## Diário Oficial do Município

ANO XXXIII - SÃO LUÍS, 24/01/2013 | Nº 17 | EDIÇÃO DE HOJE 24 Páginas


## SECRETARIA MUNICIPAL DE GOVERNO

O PREFEITO MUNICIPAL DE SÃO LUIS, no uso de suas atribuições legais, e de acordo com o disposto no art. 91, inciso I, alínea "b" da Lei Orgânica do Município.

RESOLVE:

NOMEAR YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA, para exercer o cargo em comissão, símbolo DAS-1, de Diretor Geral do Hospital Municipal Djalma Marques (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, EM SÃO LUÍS, 07 DE JANEIRO DE 2013, 192º DA INDEPENDÊNCIA E 125º DA REPÚBLICA.

Edivaldo de Holanda Braga Junior
Prefeito

Rodrigo dos Santos Marques
Secretário de Governo

O PREFEITO MUNICIPAL DE SÃO LUIS, no uso de suas atribuições legais, e de acordo com o disposto no art. 91, inciso I, alínea "b" da Lei Orgânica do Município.

RESOLVE:

NOMEAR ALEXANDRE AUGUSTO GOMES ALVES, para exercer o cargo em comissão, símbolo DAI-2, de Diretor da Divisão de Terapia Intensiva do Hospital Municipal Djalma Marques (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, EM SÃO LUÍS, 04 DE JANEIRO DE 2013, 192º DA INDEPENDÊNCIA E 125º DA REPÚBLICA.

Edivaldo de Holanda Braga Junior
Prefeito

Rodrigo dos Santos Marques
Secretário de Governo

O PREFEITO MUNICIPAL DE SÃO LUIS, no uso de suas atribuições legais, e de acordo com o disposto no art. 91, inciso I, alínea "b" da Lei Orgânica do Município.

RESOLVE:

NOMEAR ANA CAROLINE RIBEIRO DA SILVA SERRA, para exercer o cargo em comissão, símbolo DAI-2, de Diretor da Divisão de Urgência de Adulto do Hospital Municipal Djalma Marques (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, EM SÃO LUÍS, 04 DE JANEIRO DE 2013, 192º DA INDEPENDÊNCIA E 125º DA REPÚBLICA.

Edivaldo de Holanda Braga Junior
Prefeito

Rodrigo dos Santos Marques
Secretário de Governo

O PREFEITO MUNICIPAL DE SÃO LUIS, no uso de suas atribuições legais, e de acordo com o disposto no art. 91, inciso I, alínea "b" da Lei Orgânica do Município.

RESOLVE:

NOMEAR PATRICIA ABREU DE CASTRO, para exercer o cargo em comissão, símbolo DAI-2, de Diretor da Divisão de Urgência Pediátrica do Hospital Municipal Djalma Marques (Socorrão I).

PALÁCIO DE LA RAVARDIÈRE, EM SÃO LUÍS, 04 DE JANEIRO DE 2013, 192º DA INDEPENDÊNCIA E 125º DA REPÚBLICA.

Edivaldo de Holanda Braga Junior
Prefeito

Rodrigo dos Santos Marques
Secretário de Governo

**Bem vindo ao nosso novo site!** Para acessar as funcionalidades que ainda não foram implementadas, favor clicar aqui.





## Dados Estabelecimento

| CNES | CNPJ Próprio | Nome Fantasia |
|---|---|---|
| 2308762 | 07.008.865/0001-43 | HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I |

| Tipo de Estabelecimento | Gestão | Natureza Jurídica(Grupo) |
|---|---|---|
| HOSPITAL GERAL | MUNICIPAL | ADMINISTRAÇÃO PÚBLICA |

| CNPJ Mantenedora | Nome da Mantenedora |
|---|---|
| --- | |

| Cadastrado em | Atualização na Base Local | Última atualização Nacional |
|---|---|---|
| 30/10/2001 | 07/07/2026 | 19/07/2026 |

## Caracterização

**Atividade ensino/pesquisa**

UNIDADE SEM ATIVIDADE DE ENSINO

**Natureza Jurídica**

1120 - AUTARQUIA MUNICIPAL

**Nível de Atenção**

| Atividade | Nível de atenção | Gestão |
|---|---|---|
| AMBULATORIAL | ALTA COMPLEXIDADE | MUNICIPAL |
| HOSPITALAR | MEDIA COMPLEXIDADE | MUNICIPAL |
| HOSPITALAR | ALTA COMPLEXIDADE | MUNICIPAL |
| AMBULATORIAL | MEDIA COMPLEXIDADE | MUNICIPAL |

**Atendimento Prestado**

| Tipo de atendimento | Convênio |
|---|---|
| AMBULATORIAL | SUS |
| INTERNACAO | SUS |
| REGULACAO | SUS |
| SADT | SUS |
| URGENCIA | SUS |
| VIGILANCIA EM SAUDE | SUS |

| Contrato/Convênio |
|---|
| Possui contrato/convênio formalizado com o SUS? |
| Não |

| ESTIMATES OF THE RESIDENT POPULATION IN BRAZILIAN MUNICIPALITIES WITH REFERENCE DATE OF JULY 1, 2013 | | | | |
|---|---|---|---|---|
| STATE | STATE CODE | MUNICIPALITY CODE | NAME OF THE MUNICIPALITY | ESTIMATED POPULATION |
| RO | 11 | 00015 | Alta Floresta D'Oeste | 25.728 |
| RO | 11 | 00379 | Alto Alegre dos Parecis | 13.827 |
| RO | 11 | 00403 | Alto Paraíso | 19.459 |
| RO | 11 | 00346 | Alvorada D'Oeste | 17.399 |
| RO | 11 | 00023 | Ariquemes | 101.269 |
| RO | 11 | 00452 | Buritis | 36.555 |
| RO | 11 | 00031 | Cabixi | 6.495 |
| RO | 11 | 00601 | Cacaulândia | 6.268 |
| RO | 11 | 00049 | Cacoal | 85.863 |
| RO | 11 | 00700 | Campo Novo de Rondônia | 13.939 |
| RO | 11 | 00809 | Candeias do Jamari | 22.973 |
| RO | 11 | 00908 | Castanheiras | 3.689 |
| RO | 11 | 00056 | Cerejeiras | 18.041 |
| RO | 11 | 00924 | Chupinguaia | 9.636 |
| RO | 11 | 00064 | Colorado do Oeste | 19.190 |
| RO | 11 | 00072 | Corumbiara | 9.036 |
| RO | 11 | 00080 | Costa Marques | 15.853 |
| RO | 11 | 00940 | Cujubim | 19.410 |
| RO | 11 | 00098 | Espigão D'Oeste | 31.699 |
| RO | 11 | 01005 | Governador Jorge Teixeira | 10.534 |
| RO | 11 | 00106 | Guajará-Mirim | 45.761 |
| RO | 11 | 01104 | Itapuã do Oeste | 9.661 |
| RO | 11 | 00114 | Jaru | 55.597 |
| RO | 11 | 00122 | Ji-Paraná | 128.026 |
| RO | 11 | 00130 | Machadinho D'Oeste | 35.633 |
| RO | 11 | 01203 | Ministro Andreazza | 10.899 |
| RO | 11 | 01302 | Mirante da Serra | 12.469 |
| RO | 11 | 01401 | Monte Negro | 15.541 |
| RO | 11 | 00148 | Nova Brasilândia D'Oeste | 21.427 |
| RO | 11 | 00338 | Nova Mamoré | 26.227 |
| RO | 11 | 01435 | Nova União | 7.883 |
| RO | 11 | 00502 | Novo Horizonte do Oeste | 10.515 |
| RO | 11 | 00155 | Ouro Preto do Oeste | 40.099 |
| RO | 11 | 01450 | Parecis | 5.477 |

| TO | 17 | 20200 | São Miguel do Tocantins | 11.271 |
|---|---|---|---|---|
| TO | 17 | 20259 | São Salvador do Tocantins | 3.030 |
| TO | 17 | 20309 | São Sebastião do Tocantins | 4.553 |
| TO | 17 | 20499 | São Valério da Natividade | 4.322 |
| TO | 17 | 20655 | Silvanópolis | 5.289 |
| TO | 17 | 20804 | Sítio Novo do Tocantins | 9.297 |
| TO | 17 | 20853 | Sucupira | 1.856 |
| TO | 17 | 20903 | Taguatinga | 15.931 |
| TO | 17 | 20937 | Taipas do Tocantins | 2.056 |
| TO | 17 | 20978 | Talismã | 2.695 |
| TO | 17 | 21109 | Tocantínia | 7.158 |
| TO | 17 | 21208 | Tocantinópolis | 23.165 |
| TO | 17 | 21257 | Tupirama | 1.718 |
| TO | 17 | 21307 | Tupiratins | 2.342 |
| TO | 17 | 22081 | Wanderlândia | 11.450 |
| TO | 17 | 22107 | Xambioá | 11.736 |
| MA | 21 | 00055 | Açailândia | 107.790 |
| MA | 21 | 00105 | Afonso Cunha | 6.197 |
| MA | 21 | 00154 | Água Doce do Maranhão | 12.028 |
| MA | 21 | 00204 | Alcântara | 21.644 |
| MA | 21 | 00303 | Aldeias Altas | 25.177 |
| MA | 21 | 00402 | Altamira do Maranhão | 11.564 |
| MA | 21 | 00436 | Alto Alegre do Maranhão | 25.748 |
| MA | 21 | 00477 | Alto Alegre do Pindaré | 31.253 |
| MA | 21 | 00501 | Alto Parnaíba | 10.904 |
| MA | 21 | 00550 | Amapá do Maranhão | 6.669 |
| MA | 21 | 00600 | Amarante do Maranhão | 39.544 |
| MA | 21 | 00709 | Anajatuba | 26.339 |
| MA | 21 | 00808 | Anapurus | 14.815 |
| MA | 21 | 00832 | Apicum-Açu | 17.474 |
| MA | 21 | 00873 | Araguanã | 14.658 |
| MA | 21 | 00907 | Araioses | 44.317 |
| MA | 21 | 00956 | Arame | 31.867 |
| MA | 21 | 01004 | Arari | 28.986 |
| MA | 21 | 01103 | Axixá | 11.706 |
| MA | 21 | 01202 | Bacabal | 101.851 |
| MA | 21 | 01251 | Bacabeira | 15.982 |
| MA | 21 | 01301 | Bacuri | 17.164 |
| MA | 21 | 01350 | Bacurituba | 5.440 |
| MA | 21 | 01400 | Balsas | 89.126 |

| MA | 21 | 01509 | Barão de Grajaú | 18.074 |
|---|---|---|---|---|
| MA | 21 | 01608 | Barra do Corda | 85.022 |
| MA | 21 | 01707 | Barreirinhas | 58.599 |
| MA | 21 | 01772 | Bela Vista do Maranhão | 10.717 |
| MA | 21 | 01731 | Belágua | 7.105 |
| MA | 21 | 01806 | Benedito Leite | 5.510 |
| MA | 21 | 01905 | Bequimão | 20.821 |
| MA | 21 | 01939 | Bernardo do Mearim | 6.176 |
| MA | 21 | 01970 | Boa Vista do Gurupi | 8.626 |
| MA | 21 | 02002 | Bom Jardim | 40.134 |
| MA | 21 | 02036 | Bom Jesus das Selvas | 31.320 |
| MA | 21 | 02077 | Bom Lugar | 15.604 |
| MA | 21 | 02101 | Brejo | 34.754 |
| MA | 21 | 02150 | Brejo de Areia | 4.591 |
| MA | 21 | 02200 | Buriti | 27.697 |
| MA | 21 | 02309 | Buriti Bravo | 23.238 |
| MA | 21 | 02325 | Buriticupu | 68.626 |
| MA | 21 | 02358 | Buritirana | 15.008 |
| MA | 21 | 02374 | Cachoeira Grande | 8.698 |
| MA | 21 | 02408 | Cajapió | 10.822 |
| MA | 21 | 02507 | Cajari | 18.751 |
| MA | 21 | 02556 | Campestre do Maranhão | 13.808 |
| MA | 21 | 02606 | Cândido Mendes | 19.426 |
| MA | 21 | 02705 | Cantanhede | 21.125 |
| MA | 21 | 02754 | Capinzal do Norte | 10.729 |
| MA | 21 | 02804 | Carolina | 23.939 |
| MA | 21 | 02903 | Carutapera | 22.811 |
| MA | 21 | 03000 | Caxias | 159.396 |
| MA | 21 | 03109 | Cedral | 10.414 |
| MA | 21 | 03125 | Central do Maranhão | 8.255 |
| MA | 21 | 03158 | Centro do Guilherme | 12.395 |
| MA | 21 | 03174 | Centro Novo do Maranhão | 20.382 |
| MA | 21 | 03208 | Chapadinha | 76.217 |
| MA | 21 | 03257 | Cidelândia | 14.125 |
| MA | 21 | 03307 | Codó | 119.641 |
| MA | 21 | 03406 | Coelho Neto | 47.821 |
| MA | 21 | 03505 | Colinas | 39.915 |
| MA | 21 | 03554 | Conceição do Lago-Açu | 15.313 |
| MA | 21 | 03604 | Coroatá | 63.154 |
| MA | 21 | 03703 | Cururupu | 31.149 |

| MA | 21 | 03752 | Davinópolis | 12.646 |
|---|---|---|---|---|
| MA | 21 | 03802 | Dom Pedro | 22.844 |
| MA | 21 | 03901 | Duque Bacelar | 10.942 |
| MA | 21 | 04008 | Esperantinópolis | 17.460 |
| MA | 21 | 04057 | Estreito | 38.932 |
| MA | 21 | 04073 | Feira Nova do Maranhão | 8.263 |
| MA | 21 | 04081 | Fernando Falcão | 9.783 |
| MA | 21 | 04099 | Formosa da Serra Negra | 18.087 |
| MA | 21 | 04107 | Fortaleza dos Nogueiras | 12.343 |
| MA | 21 | 04206 | Fortuna | 15.212 |
| MA | 21 | 04305 | Godofredo Viana | 11.046 |
| MA | 21 | 04404 | Gonçalves Dias | 17.572 |
| MA | 21 | 04503 | Governador Archer | 10.466 |
| MA | 21 | 04552 | Governador Edison Lobão | 17.094 |
| MA | 21 | 04602 | Governador Eugênio Barros | 16.312 |
| MA | 21 | 04628 | Governador Luiz Rocha | 7.532 |
| MA | 21 | 04651 | Governador Newton Bello | 10.113 |
| MA | 21 | 04677 | Governador Nunes Freire | 25.262 |
| MA | 21 | 04701 | Graça Aranha | 6.151 |
| MA | 21 | 04800 | Grajaú | 65.078 |
| MA | 21 | 04909 | Guimarães | 11.939 |
| MA | 21 | 05005 | Humberto de Campos | 27.364 |
| MA | 21 | 05104 | Icatu | 26.014 |
| MA | 21 | 05153 | Igarapé do Meio | 13.347 |
| MA | 21 | 05203 | Igarapé Grande | 11.431 |
| MA | 21 | 05302 | Imperatriz | 251.468 |
| MA | 21 | 05351 | Itaipava do Grajaú | 14.084 |
| MA | 21 | 05401 | Itapecuru Mirim | 64.951 |
| MA | 21 | 05427 | Itinga do Maranhão | 25.269 |
| MA | 21 | 05450 | Jatobá | 9.360 |
| MA | 21 | 05476 | Jenipapo dos Vieiras | 15.899 |
| MA | 21 | 05500 | João Lisboa | 23.450 |
| MA | 21 | 05609 | Joselândia | 15.755 |
| MA | 21 | 05658 | Junco do Maranhão | 3.653 |
| MA | 21 | 05708 | Lago da Pedra | 48.002 |
| MA | 21 | 05807 | Lago do Junco | 9.873 |
| MA | 21 | 05948 | Lago dos Rodrigues | 8.775 |
| MA | 21 | 05906 | Lago Verde | 15.742 |
| MA | 21 | 05922 | Lagoa do Mato | 10.989 |
| MA | 21 | 05963 | Lagoa Grande do Maranhão | 12.687 |

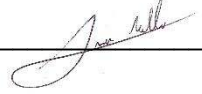
| MA | 21 | 05989 | Lajeado Novo | 7.211 |
|---|---|---|---|---|
| MA | 21 | 06003 | Lima Campos | 11.580 |
| MA | 21 | 06102 | Loreto | 11.714 |
| MA | 21 | 06201 | Luís Domingues | 6.697 |
| MA | 21 | 06300 | Magalhães de Almeida | 18.680 |
| MA | 21 | 06326 | Maracaçumé | 20.268 |
| MA | 21 | 06359 | Marajá do Sena | 7.721 |
| MA | 21 | 06375 | Maranhãozinho | 15.011 |
| MA | 21 | 06409 | Mata Roma | 15.951 |
| MA | 21 | 06508 | Matinha | 22.515 |
| MA | 21 | 06607 | Matões | 32.545 |
| MA | 21 | 06631 | Matões do Norte | 15.322 |
| MA | 21 | 06672 | Milagres do Maranhão | 8.237 |
| MA | 21 | 06706 | Mirador | 20.576 |
| MA | 21 | 06755 | Miranda do Norte | 26.419 |
| MA | 21 | 06805 | Mirinzal | 14.504 |
| MA | 21 | 06904 | Monção | 32.180 |
| MA | 21 | 07001 | Montes Altos | 9.183 |
| MA | 21 | 07100 | Morros | 18.544 |
| MA | 21 | 07209 | Nina Rodrigues | 13.465 |
| MA | 21 | 07258 | Nova Colinas | 5.120 |
| MA | 21 | 07308 | Nova Iorque | 4.599 |
| MA | 21 | 07357 | Nova Olinda do Maranhão | 19.963 |
| MA | 21 | 07407 | Olho d'Água das Cunhãs | 18.934 |
| MA | 21 | 07456 | Olinda Nova do Maranhão | 13.911 |
| MA | 21 | 07506 | Paço do Lumiar | 113.378 |
| MA | 21 | 07605 | Palmeirândia | 19.133 |
| MA | 21 | 07704 | Paraibano | 20.636 |
| MA | 21 | 07803 | Parnarama | 33.883 |
| MA | 21 | 07902 | Passagem Franca | 18.216 |
| MA | 21 | 08009 | Pastos Bons | 18.687 |
| MA | 21 | 08058 | Paulino Neves | 15.234 |
| MA | 21 | 08108 | Paulo Ramos | 20.514 |
| MA | 21 | 08207 | Pedreiras | 39.337 |
| MA | 21 | 08256 | Pedro do Rosário | 23.874 |
| MA | 21 | 08306 | Penalva | 36.520 |
| MA | 21 | 08405 | Peri Mirim | 13.956 |
| MA | 21 | 08454 | Peritoró | 22.123 |
| MA | 21 | 08504 | Pindaré-Mirim | 31.866 |
| MA | 21 | 08603 | Pinheiro | 80.365 |

| MA | 21 | 08702 | Pio XII | 21.512 |
|---|---|---|---|---|
| MA | 21 | 08801 | Pirapemas | 17.917 |
| MA | 21 | 08900 | Poção de Pedras | 18.633 |
| MA | 21 | 09007 | Porto Franco | 22.651 |
| MA | 21 | 09056 | Porto Rico do Maranhão | 5.943 |
| MA | 21 | 09106 | Presidente Dutra | 46.039 |
| MA | 21 | 09205 | Presidente Juscelino | 12.103 |
| MA | 21 | 09239 | Presidente Médici | 6.674 |
| MA | 21 | 09270 | Presidente Sarney | 17.988 |
| MA | 21 | 09304 | Presidente Vargas | 11.105 |
| MA | 21 | 09403 | Primeira Cruz | 14.588 |
| MA | 21 | 09452 | Raposa | 28.543 |
| MA | 21 | 09502 | Riachão | 20.011 |
| MA | 21 | 09551 | Ribamar Fiquene | 7.514 |
| MA | 21 | 09601 | Rosário | 40.983 |
| MA | 21 | 09700 | Sambaíba | 5.538 |
| MA | 21 | 09759 | Santa Filomena do Maranhão | 7.426 |
| MA | 21 | 09809 | Santa Helena | 41.081 |
| MA | 21 | 09908 | Santa Inês | 82.106 |
| MA | 21 | 10005 | Santa Luzia | 75.444 |
| MA | 21 | 10039 | Santa Luzia do Paruá | 23.256 |
| MA | 21 | 10104 | Santa Quitéria do Maranhão | 29.208 |
| MA | 21 | 10203 | Santa Rita | 34.710 |
| MA | 21 | 10237 | Santana do Maranhão | 12.521 |
| MA | 21 | 10278 | Santo Amaro do Maranhão | 14.828 |
| MA | 21 | 10302 | Santo Antônio dos Lopes | 14.289 |
| MA | 21 | 10401 | São Benedito do Rio Preto | 18.118 |
| MA | 21 | 10500 | São Bento | 42.867 |
| MA | 21 | 10609 | São Bernardo | 27.369 |
| MA | 21 | 10658 | São Domingos do Azeitão | 7.147 |
| MA | 21 | 10708 | São Domingos do Maranhão | 33.725 |
| MA | 21 | 10807 | São Félix de Balsas | 4.593 |
| MA | 21 | 10856 | São Francisco do Brejão | 11.027 |
| MA | 21 | 10906 | São Francisco do Maranhão | 11.955 |
| MA | 21 | 11003 | São João Batista | 20.152 |
| MA | 21 | 11029 | São João do Carú | 15.599 |
| MA | 21 | 11052 | São João do Paraíso | 10.917 |
| MA | 21 | 11078 | São João do Soter | 17.809 |
| MA | 21 | 11102 | São João dos Patos | 25.199 |
| MA | 21 | 11201 | São José de Ribamar | 170.423 |

| MA | 21 | 11250 | São José dos Basílios | 7.507 |
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| MA | 21 | 11573 | São Pedro dos Crentes | 4.520 |
| MA | 21 | 11607 | São Raimundo das Mangabeir | 18.093 |
| MA | 21 | 11631 | São Raimundo do Doca Bezer | 5.554 |
| MA | 21 | 11672 | São Roberto | 6.329 |
| MA | 21 | 11706 | São Vicente Ferrer | 21.445 |
| MA | 21 | 11722 | Satubinha | 12.959 |
| MA | 21 | 11748 | Senador Alexandre Costa | 10.657 |
| MA | 21 | 11763 | Senador La Rocque | 14.315 |
| MA | 21 | 11789 | Serrano do Maranhão | 10.693 |
| MA | 21 | 11805 | Sítio Novo | 17.449 |
| MA | 21 | 11904 | Sucupira do Norte | 10.454 |
| MA | 21 | 11953 | Sucupira do Riachão | 5.498 |
| MA | 21 | 12001 | Tasso Fragoso | 8.130 |
| MA | 21 | 12100 | Timbiras | 28.368 |
| MA | 21 | 12209 | Timon | 161.721 |
| MA | 21 | 12233 | Trizidela do Vale | 19.559 |
| MA | 21 | 12274 | Tufilândia | 5.681 |
| MA | 21 | 12308 | Tuntum | 40.273 |
| MA | 21 | 12407 | Turiaçu | 34.554 |
| MA | 21 | 12456 | Turilândia | 24.190 |
| MA | 21 | 12506 | Tutóia | 55.705 |
| MA | 21 | 12605 | Urbano Santos | 26.833 |
| MA | 21 | 12704 | Vargem Grande | 52.937 |
| MA | 21 | 12803 | Viana | 50.687 |
| MA | 21 | 12852 | Vila Nova dos Martírios | 12.352 |
| MA | 21 | 12902 | Vitória do Mearim | 31.793 |
| MA | 21 | 13009 | Vitorino Freire | 30.959 |
| MA | 21 | 14007 | Zé Doca | 49.848 |
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| PI | 22 | 00103 | Agricolândia | 5.097 |
| PI | 22 | 00202 | Água Branca | 16.869 |
| PI | 22 | 00251 | Alagoinha do Piauí | 7.467 |
| PI | 22 | 00277 | Alegrete do Piauí | 5.211 |
| PI | 22 | 00301 | Alto Longá | 13.923 |
| PI | 22 | 00400 | Altos | 39.522 |

Translation Notes:
RO – Rondônia
TO - Tocantins
MA – Maranhão
PI - Piauí

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 11, 2026.**

| ESTIMATIVAS DA POPULAÇÃO RESIDENTE NOS MUNICÍPIOS BRASILEIROS COM DATA DE REFERÊNCIA EM 1º DE JULHO DE 2013 | | | | |
|---|---|---|---|---|
| UF | COD. UF | COD. MUNIC | NOME DO MUNICÍPIO | POPULAÇÃO ESTIMADA |
| RO | 11 | 00015 | Alta Floresta D'Oeste | 25.728 |
| RO | 11 | 00379 | Alto Alegre dos Parecis | 13.827 |
| RO | 11 | 00403 | Alto Paraíso | 19.459 |
| RO | 11 | 00346 | Alvorada D'Oeste | 17.399 |
| RO | 11 | 00023 | Ariquemes | 101.269 |
| RO | 11 | 00452 | Buritis | 36.555 |
| RO | 11 | 00031 | Cabixi | 6.495 |
| RO | 11 | 00601 | Cacaulândia | 6.268 |
| RO | 11 | 00049 | Cacoal | 85.863 |
| RO | 11 | 00700 | Campo Novo de Rondônia | 13.939 |
| RO | 11 | 00809 | Candeias do Jamari | 22.973 |
| RO | 11 | 00908 | Castanheiras | 3.689 |
| RO | 11 | 00056 | Cerejeiras | 18.041 |
| RO | 11 | 00924 | Chupinguaia | 9.636 |
| RO | 11 | 00064 | Colorado do Oeste | 19.190 |
| RO | 11 | 00072 | Corumbiara | 9.036 |
| RO | 11 | 00080 | Costa Marques | 15.853 |
| RO | 11 | 00940 | Cujubim | 19.410 |
| RO | 11 | 00098 | Espigão D'Oeste | 31.699 |
| RO | 11 | 01005 | Governador Jorge Teixeira | 10.534 |
| RO | 11 | 00106 | Guajará-Mirim | 45.761 |
| RO | 11 | 01104 | Itapuã do Oeste | 9.661 |
| RO | 11 | 00114 | Jaru | 55.597 |
| RO | 11 | 00122 | Ji-Paraná | 128.026 |
| RO | 11 | 00130 | Machadinho D'Oeste | 35.633 |
| RO | 11 | 01203 | Ministro Andreazza | 10.899 |
| RO | 11 | 01302 | Mirante da Serra | 12.469 |
| RO | 11 | 01401 | Monte Negro | 15.541 |
| RO | 11 | 00148 | Nova Brasilândia D'Oeste | 21.427 |
| RO | 11 | 00338 | Nova Mamoré | 26.227 |
| RO | 11 | 01435 | Nova União | 7.883 |
| RO | 11 | 00502 | Novo Horizonte do Oeste | 10.515 |
| RO | 11 | 00155 | Ouro Preto do Oeste | 40.099 |
| RO | 11 | 01450 | Parecis | 5.477 |

| TO | 17 | 20200 | São Miguel do Tocantins | 11.271 |
|---|---|---|---|---|
| TO | 17 | 20259 | São Salvador do Tocantins | 3.030 |
| TO | 17 | 20309 | São Sebastião do Tocantins | 4.553 |
| TO | 17 | 20499 | São Valério da Natividade | 4.322 |
| TO | 17 | 20655 | Silvanópolis | 5.289 |
| TO | 17 | 20804 | Sítio Novo do Tocantins | 9.297 |
| TO | 17 | 20853 | Sucupira | 1.856 |
| TO | 17 | 20903 | Taguatinga | 15.931 |
| TO | 17 | 20937 | Taipas do Tocantins | 2.056 |
| TO | 17 | 20978 | Talismã | 2.695 |
| TO | 17 | 21109 | Tocantínia | 7.158 |
| TO | 17 | 21208 | Tocantinópolis | 23.165 |
| TO | 17 | 21257 | Tupirama | 1.718 |
| TO | 17 | 21307 | Tupiratins | 2.342 |
| TO | 17 | 22081 | Wanderlândia | 11.450 |
| TO | 17 | 22107 | Xambioá | 11.736 |
| MA | 21 | 00055 | Açailândia | 107.790 |
| MA | 21 | 00105 | Afonso Cunha | 6.197 |
| MA | 21 | 00154 | Água Doce do Maranhão | 12.028 |
| MA | 21 | 00204 | Alcântara | 21.644 |
| MA | 21 | 00303 | Aldeias Altas | 25.177 |
| MA | 21 | 00402 | Altamira do Maranhão | 11.564 |
| MA | 21 | 00436 | Alto Alegre do Maranhão | 25.748 |
| MA | 21 | 00477 | Alto Alegre do Pindaré | 31.253 |
| MA | 21 | 00501 | Alto Parnaíba | 10.904 |
| MA | 21 | 00550 | Amapá do Maranhão | 6.669 |
| MA | 21 | 00600 | Amarante do Maranhão | 39.544 |
| MA | 21 | 00709 | Anajatuba | 26.339 |
| MA | 21 | 00808 | Anapurus | 14.815 |
| MA | 21 | 00832 | Apicum-Açu | 17.474 |
| MA | 21 | 00873 | Araguanã | 14.658 |
| MA | 21 | 00907 | Araioses | 44.317 |
| MA | 21 | 00956 | Arame | 31.867 |
| MA | 21 | 01004 | Arari | 28.986 |
| MA | 21 | 01103 | Axixá | 11.706 |
| MA | 21 | 01202 | Bacabal | 101.851 |
| MA | 21 | 01251 | Bacabeira | 15.982 |
| MA | 21 | 01301 | Bacuri | 17.164 |
| MA | 21 | 01350 | Bacurituba | 5.440 |
| MA | 21 | 01400 | Balsas | 89.126 |

| MA | 21 | 01509 | Barão de Grajaú | 18.074 |
|---|---|---|---|---|
| MA | 21 | 01608 | Barra do Corda | 85.022 |
| MA | 21 | 01707 | Barreirinhas | 58.599 |
| MA | 21 | 01772 | Bela Vista do Maranhão | 10.717 |
| MA | 21 | 01731 | Belágua | 7.105 |
| MA | 21 | 01806 | Benedito Leite | 5.510 |
| MA | 21 | 01905 | Bequimão | 20.821 |
| MA | 21 | 01939 | Bernardo do Mearim | 6.176 |
| MA | 21 | 01970 | Boa Vista do Gurupi | 8.626 |
| MA | 21 | 02002 | Bom Jardim | 40.134 |
| MA | 21 | 02036 | Bom Jesus das Selvas | 31.320 |
| MA | 21 | 02077 | Bom Lugar | 15.604 |
| MA | 21 | 02101 | Brejo | 34.754 |
| MA | 21 | 02150 | Brejo de Areia | 4.591 |
| MA | 21 | 02200 | Buriti | 27.697 |
| MA | 21 | 02309 | Buriti Bravo | 23.238 |
| MA | 21 | 02325 | Buriticupu | 68.626 |
| MA | 21 | 02358 | Buritirana | 15.008 |
| MA | 21 | 02374 | Cachoeira Grande | 8.698 |
| MA | 21 | 02408 | Cajapió | 10.822 |
| MA | 21 | 02507 | Cajari | 18.751 |
| MA | 21 | 02556 | Campestre do Maranhão | 13.808 |
| MA | 21 | 02606 | Cândido Mendes | 19.426 |
| MA | 21 | 02705 | Cantanhede | 21.125 |
| MA | 21 | 02754 | Capinzal do Norte | 10.729 |
| MA | 21 | 02804 | Carolina | 23.939 |
| MA | 21 | 02903 | Carutapera | 22.811 |
| MA | 21 | 03000 | Caxias | 159.396 |
| MA | 21 | 03109 | Cedral | 10.414 |
| MA | 21 | 03125 | Central do Maranhão | 8.255 |
| MA | 21 | 03158 | Centro do Guilherme | 12.395 |
| MA | 21 | 03174 | Centro Novo do Maranhão | 20.382 |
| MA | 21 | 03208 | Chapadinha | 76.217 |
| MA | 21 | 03257 | Cidelândia | 14.125 |
| MA | 21 | 03307 | Codó | 119.641 |
| MA | 21 | 03406 | Coelho Neto | 47.821 |
| MA | 21 | 03505 | Colinas | 39.915 |
| MA | 21 | 03554 | Conceição do Lago-Açu | 15.313 |
| MA | 21 | 03604 | Coroatá | 63.154 |
| MA | 21 | 03703 | Cururupu | 31.149 |

| MA | 21 | 03752 | Davinópolis | 12.646 |
|---|---|---|---|---|
| MA | 21 | 03802 | Dom Pedro | 22.844 |
| MA | 21 | 03901 | Duque Bacelar | 10.942 |
| MA | 21 | 04008 | Esperantinópolis | 17.460 |
| MA | 21 | 04057 | Estreito | 38.932 |
| MA | 21 | 04073 | Feira Nova do Maranhão | 8.263 |
| MA | 21 | 04081 | Fernando Falcão | 9.783 |
| MA | 21 | 04099 | Formosa da Serra Negra | 18.087 |
| MA | 21 | 04107 | Fortaleza dos Nogueiras | 12.343 |
| MA | 21 | 04206 | Fortuna | 15.212 |
| MA | 21 | 04305 | Godofredo Viana | 11.046 |
| MA | 21 | 04404 | Gonçalves Dias | 17.572 |
| MA | 21 | 04503 | Governador Archer | 10.466 |
| MA | 21 | 04552 | Governador Edison Lobão | 17.094 |
| MA | 21 | 04602 | Governador Eugênio Barros | 16.312 |
| MA | 21 | 04628 | Governador Luiz Rocha | 7.532 |
| MA | 21 | 04651 | Governador Newton Bello | 10.113 |
| MA | 21 | 04677 | Governador Nunes Freire | 25.262 |
| MA | 21 | 04701 | Graça Aranha | 6.151 |
| MA | 21 | 04800 | Grajaú | 65.078 |
| MA | 21 | 04909 | Guimarães | 11.939 |
| MA | 21 | 05005 | Humberto de Campos | 27.364 |
| MA | 21 | 05104 | Icatu | 26.014 |
| MA | 21 | 05153 | Igarapé do Meio | 13.347 |
| MA | 21 | 05203 | Igarapé Grande | 11.431 |
| MA | 21 | 05302 | Imperatriz | 251.468 |
| MA | 21 | 05351 | Itaipava do Grajaú | 14.084 |
| MA | 21 | 05401 | Itapecuru Mirim | 64.951 |
| MA | 21 | 05427 | Itinga do Maranhão | 25.269 |
| MA | 21 | 05450 | Jatobá | 9.360 |
| MA | 21 | 05476 | Jenipapo dos Vieiras | 15.899 |
| MA | 21 | 05500 | João Lisboa | 23.450 |
| MA | 21 | 05609 | Joselândia | 15.755 |
| MA | 21 | 05658 | Junco do Maranhão | 3.653 |
| MA | 21 | 05708 | Lago da Pedra | 48.002 |
| MA | 21 | 05807 | Lago do Junco | 9.873 |
| MA | 21 | 05948 | Lago dos Rodrigues | 8.775 |
| MA | 21 | 05906 | Lago Verde | 15.742 |
| MA | 21 | 05922 | Lagoa do Mato | 10.989 |
| MA | 21 | 05963 | Lagoa Grande do Maranhão | 12.687 |

| MA | 21 | 05989 | Lajeado Novo | 7.211 |
|---|---|---|---|---|
| MA | 21 | 06003 | Lima Campos | 11.580 |
| MA | 21 | 06102 | Loreto | 11.714 |
| MA | 21 | 06201 | Luís Domingues | 6.697 |
| MA | 21 | 06300 | Magalhães de Almeida | 18.680 |
| MA | 21 | 06326 | Maracaçumé | 20.268 |
| MA | 21 | 06359 | Marajá do Sena | 7.721 |
| MA | 21 | 06375 | Maranhãozinho | 15.011 |
| MA | 21 | 06409 | Mata Roma | 15.951 |
| MA | 21 | 06508 | Matinha | 22.515 |
| MA | 21 | 06607 | Matões | 32.545 |
| MA | 21 | 06631 | Matões do Norte | 15.322 |
| MA | 21 | 06672 | Milagres do Maranhão | 8.237 |
| MA | 21 | 06706 | Mirador | 20.576 |
| MA | 21 | 06755 | Miranda do Norte | 26.419 |
| MA | 21 | 06805 | Mirinzal | 14.504 |
| MA | 21 | 06904 | Monção | 32.180 |
| MA | 21 | 07001 | Montes Altos | 9.183 |
| MA | 21 | 07100 | Morros | 18.544 |
| MA | 21 | 07209 | Nina Rodrigues | 13.465 |
| MA | 21 | 07258 | Nova Colinas | 5.120 |
| MA | 21 | 07308 | Nova Iorque | 4.599 |
| MA | 21 | 07357 | Nova Olinda do Maranhão | 19.963 |
| MA | 21 | 07407 | Olho d'Água das Cunhãs | 18.934 |
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| MA | 21 | 09502 | Riachão | 20.011 |
| MA | 21 | 09551 | Ribamar Fiquene | 7.514 |
| MA | 21 | 09601 | Rosário | 40.983 |
| MA | 21 | 09700 | Sambaíba | 5.538 |
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| MA | 21 | 14007 | Zé Doca | 49.848 |
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| PI | 22 | 00103 | Agricolândia | 5.097 |
| PI | 22 | 00202 | Água Branca | 16.869 |
| PI | 22 | 00251 | Alagoinha do Piauí | 7.467 |
| PI | 22 | 00277 | Alegrete do Piauí | 5.211 |
| PI | 22 | 00301 | Alto Longá | 13.923 |
| PI | 22 | 00400 | Altos | 39.522 |

Viver o Maranhão é descobrir o melhor da nossa terra.
CONHEÇA O TRABALHO DA ASSEMBLEIA LEGISLATIVA DO MARANHÃO

98 noito nove
notícias | variedades | política

Tagged Socorrão I , Yglésio Moyses Leave a Comment

# Ministry of Health recognizes Yglésio Moyses' commitment to Socorrão I

Editorial Staff August 1, 2013

On the morning of this Wednesday, the 31st, a team from the Ministry of Health (MS) was at the Djalma Marques Municipal Hospital (Socorrão I) to carry out a new inspection.

The Ministry of Health's Network Coordinator, Alberto Fagundes, highlighted the improvements made by the City of São Luís to the physical and administrative structure of the health center.

Yglésio Moyses' work is recognized even by hospital patients

Yglésio Moyses' work is recognized even by hospital patients

Earlier this year, a technical team from the Ministry of Health visited the hospital to assess the conditions at the state's main public emergency hospital. At the time, improvements to Socorrão I were identified.

During this new team visit, just over six months later, the hospital's progress was recognized. ***"We saw significant progress in the structure of reception, social assistance, risk assessment, and other areas of the hospital,"*** stated Alberto Fagundes.

The general director of Djalma Marques Hospital, Yglésio Moyses, welcomed the news. ***"We're working very hard here at Socorrão I. Mayor Edivaldo Holanda Júnior and***

***Secretary César Felix have provided all the necessary conditions to bring significant improvements to the population,"*** he stated.

Advances also highlighted biometric patient registration, the installation of electronic medical records, new access for visitors to hospitalized patients, a better division of the yellow and red axis, among others.

The Ministry of Health's Network Coordinator also drew attention to the implementation of the endoscopy and laparoscopic surgery service, which will take place in the coming days.

Alberto Fagundes also checked and inspected the technical project that plans to increase the number of ICU beds at Socorrão I, which will have 22 beds.

***"There is a significant change in patient care. One of the biggest problems was the separation of the red and yellow axis, where patients are classified according to the severity of their condition upon arrival at the hospital,"*** said Alberto Fagundes.

Yglésio Moyses stated that the improvements cited by the Ministry of Health technician were the result of administrative and structural adjustments at the hospital, without requiring excessive expenditures. "With ongoing dialogue between the Socorrão I departments and the Health Department, we have improved the quality of our care for the population," he said.

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APR 02

April 2, 2025

# Hospital Socorrão I receives national recognition for excellence in the ICU

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São Luís celebrates a historic milestone in public health. Djalma Marques Municipal Hospital (Socorrão I) has been recognized as one of the most efficient ICUs in Brazil, becoming the first unit in the municipal network to receive this certification. The seal was granted by the Brazilian Association of Intensive Care Medicine (AMIB) and Epimed Solutions, institutions that evaluate quality and performance criteria in Intensive Care Units nationwide.

Health Secretary Ana Carolina Mitri highlighted the importance of this recognition, which culminates work begun three years ago with the implementation of a quality plan for the ICU.

"Today, we've achieved a dream that began three years ago, when we launched our quality plan. For the first time, an ICU in the municipal network has received this seal. In Maranhão, only the Carlos Macieira and UDI hospitals had previously been recognized. Now, Socorrão I joins this select group, an achievement that reinforces our commitment to excellence in public care."

The secretary also emphasized that this achievement is not only due to technology or investments in cutting-edge equipment, but mainly to the daily efforts of health professionals.

"A certified ICU isn't just about technology or expensive resources, but also about committed people. This seal belongs to each professional who tirelessly dedicates themselves to ensuring quality, safety, and continuous process improvement within the unit," emphasized the head of Semus.

The certification is the result of a collaborative effort involving doctors, nurses, physiotherapists, a multidisciplinary team, and the hospital management, who have always believed in and supported this project.

With this recognition, São Luís reinforces its position on the national stage as a reference in public health, guaranteeing increasingly qualified care to the population.

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11/11/2013 15:36 - Updated on 11/11/2013 15:59

# The management of Socorrão I hospital attributes the lack of food to terminated contracts.

In a statement, Yglesio Moyses says the situation is "exceptional and an emergency."
Contracts must undergo an audit due to indications of irregularities.

From G1 MA

FACEBOOK

The management of the Djalma Marques Municipal Hospital (Socorrão I) sent a clarification note to the press, in the early afternoon of this Friday (11), regarding the food donation campaign started by the Hospital's director, Yglesio Moyses, through social networks, in which it states that the food and materials provided on an emergency basis by the State Government have already run out and there has been no continuation of the supply.

According to the statement, "virtually all contracts for the supply of food and supplies to the Municipal Health Department (Semus) are terminated or require audit due to evidence of irregularities, an extreme situation that demands a minimum legal timeframe for its resolution."

The director of the Djalma Marques Hospital classified the situation as "exceptional, emergency, voluntary, and temporary." According to Yglesio Moyses, new channels of dialogue are being opened with the State Government and the Ministry of Health, aiming for the full resumption of services.

The donated food is being evaluated by the Health Surveillance and the nutrition team of the HMDM, in addition to being supervised by the Municipal Comptroller's Office.

Learn more

**Director of 'Socorrão I' hospital makes appeal for donations online in São Luís.**

**Following an appeal, Hospital Socorrão I begins receiving donated food.**

**Mayor declares state of emergency in São Luís' health system.**

**Donor**

George Anrais, a federal prosecutor for the Attorney General's Office, was one of the food donors to the Djalma Marques Municipal Hospital. He, who is on vacation in São Luís, sent 50 kg of rice to the health unit. "I am familiar with the handling of bidding processes and contracts. In an emergency situation, even with the waiver of bidding, this food will only be delivered within 15 days, as the administration is obliged to seek at least three proposals from suppliers. It's the bidding law. The patients need the food now. That's why I acted this way," he explained.

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MARANHÃO

# City Hall announces modernization project for Socorrão I hospital.

Published 09/07/2013 09:41 | Edited 04/03/2020 16:46




Socorrão I

The Djalma Marques Municipal Hospital, Socorrão I, will gain a new structure to increase its service capacity. The expansion will be carried out on a 2,000 square meter plot of land next to the original building. To ensure the start of construction, the City Hall of São Luís, through the Health (Semus) and Urban Planning and Housing (Semurh) departments, has already begun the architectural design of the new space.

The basic structure of the annex will offer the population a capacity of 250 beds, 50 of which are in the ICU, in addition to a surgical center and a central supply unit. The two structures will be interconnected by a walkway, aiming to guarantee the safety of patients, staff, and visitors. Currently, the hospital has 130 beds, 25 of which are in the ICU.

"After six months of hard work, we are beginning a new phase for the city of São Luís, as determined by Mayor Edivaldo Holanda Júnior. This will be a project to improve services for the population. It is an ambitious project, but one that will be completed with the necessary budget adjustments and the securing of resources through the City Hall," says Yglésio Moyses, director of the hospital.

The original Socorrão I building will be used exclusively for healthcare services, as the administrative sectors will be transferred to a nearby property, resulting in a reduction of R$30,000 per year for the City Hall. New areas will also be created within the current HMDM structure, including spaces for employees to rest during their breaks.

**FIRST SEMESTER**

After six months at the helm of Socorrão I, Yglésio Moyses presented a summary of the actions developed during that period. Among the items mentioned were improvements to the infrastructure and an expansion of services offered. Currently, the hospital provides more than 10,000 services per month.

Among the achievements listed by the health unit's management are the regularity of the medical schedule and the implementation of a selection process to reduce the shortage of Nursing, Psychology, and Physiotherapy professionals; this decreases the workload of professionals and improves patient care, as patients can now count on a multidisciplinary team in addition to doctors.

New doctors were also hired, allowing for a permanent on-call physician in the red zone, who attends to the most serious cases. Another improvement was noted in the nutrition service, where the lack of regular supplies, such as basic products like rice and meat, was also corrected. Patients, staff, and companions now have a balanced diet, in accordance with the standards of the World Health Organization.

In the emergency department, the current administration has ensured greater security in accessing the hospital, prioritizing the physical integrity of professionals and patients. Previously, there were cases of physical assault due to a lack of security control at the site.

The Social Services sector has had its professionals reassigned to their specific roles, eliminating the need for further transfers to fill shifts. The team is more motivated, resulting in faster service for hospitalized patients and ensuring smoother transfers.

Another notable improvement highlighted by Yglésio Moyses refers to the hospital's cleanliness, in addition to the renovation of the sanitary facilities, which will be completed in September.

Source: City Hall of São Luís.

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**PROF. NATÁLIA RIBEIRO MANDARINO, RN, MSc, PhD**

Professor of Nursing — Federal University of Maranhão (UFMA)

**São Luís, July 28, 2026.**

U.S. Citizenship and Immigration Services

**RE: Support Letter in connection with the O-1A petition for Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., J.D. — Criterion 7: Critical or Essential Role for an Organization of Distinguished Reputation.**

I am Natália Ribeiro Mandarino. I hold a doctorate in Health Sciences from the Federal University of Maranhão (2018), where I am a Professor in the Department of Nursing. In the São Luís municipal health system I held successive offices: Director of the Hospital da Mulher; Deputy Municipal Secretary of Health, to which I was appointed by municipal act of 27 November 2017; and Municipal Secretary of Health in 2020. I was relieved of the office of Deputy Municipal Secretary by municipal act of 27 July 2020. What follows rests on direct personal and institutional knowledge of Dr. Souza's work acquired across those offices.

Two things should be clear before I describe what I saw. My acquaintance with Dr. Souza is entirely institutional. It came from the offices I held and from the daily traffic between the hospitals we ran; it did not come from any private connection. We have never been colleagues on a publication, partners in any venture, or relatives. I set out below exactly how the knowledge arose, so that the officer can weigh it for what it is.

**I. Basis of knowledge**

My knowledge of Dr. Souza's leadership at Socorrão I comes from four institutional vantage points across more than seven years of continuous engagement with the São Luís municipal health network. From 2013 to 2017, as Director of the Hospital da Mulher, I worked in direct operational coordination with Socorrão I, which relied on our hospital as a regular inpatient referral backup — a retaguarda de leitos. Patients stabilised in Socorrão I's emergency unit and needing continued inpatient care were transferred to us as a matter of routine. That arrangement required constant coordination with his administration and gave me continuous visibility of the management decisions being taken there.

As Deputy Municipal Secretary of Health, and afterwards as Municipal Secretary of Health, I held first supervisory and then full executive authority over the whole municipal hospital network, Socorrão I included. In those offices I was responsible for coordinating hospital operations, evaluating institutional performance and supporting strategic decisions across every municipal health facility, which placed me in the direct hierarchical chain above the directors of all municipal hospitals. I had institutional access to the administrative, personnel and service records of the network, including those of Socorrão I for the period of Dr. Souza's directorship, and I reviewed them in the ordinary course of my duties.

The decisions he took at Socorrão I had immediate and measurable consequences for patient flow across the network, including the volume, condition and timing of the patients transferred to the Hospital da Mulher. His leadership was not abstract; its effects were visible daily throughout my tenure in each of these roles.

**II. The standing of Socorrão I**

Socorrão I — formally the Hospital Municipal Djalma Marques — is one of São Luís's principal public emergency and high-complexity referral hospitals. During the 2013 period of Dr. Souza's directorship it received more than 10,000 patient visits a month and maintained approximately 130 inpatient beds and 25 intensive-care beds; publicly announced modernisation plans contemplated expansion to 250 beds and 50 intensive-care beds. São Luís had an estimated population of 1,053,922 in 2013 according to IBGE.

São Luís is the regional health capital of Maranhão. As recorded in Technical Note No. 06/2020 of the São Luís Municipal Secretariat for Planning, drawing on the IBGE REGIC 2018 study, health services in the São Luís Population Arrangement were the principal reference for 115 cities, with an area of influence covering 119 municipalities and approximately 3.15 million people; for high-complexity care specifically, 112 Maranhão cities identified the São Luís arrangement as their principal destination. Socorrão I, identified in the Municipal Health Plan as one of the region's three principal emergency entry points, held a central position in that architecture.

**III. The capacity in which Dr. Souza served**

His role as Director of Socorrão I was not that of an ordinary physician or a department manager. He exercised institution-wide executive authority over an operation directly affecting patients from São Luís and from other municipalities of Maranhão. On my direct observation, my continuing

operational coordination with the hospital, and my later supervisory and executive authority over the network, I attest to the following.

**Physician staffing and emergency coverage.** One of the most critical problems at Socorrão I was irregular coverage of physician schedules, particularly in the emergency department. Dr. Souza implemented a systematic regularisation of medical schedules and secured permanent physician coverage in the hospital's red zone, the highest-acuity area of the emergency department. This bore directly on the stability of transfers to the Hospital da Mulher: when emergency coverage at Socorrão I was unstable, the volume and severity of the patients transferred to us rose unpredictably. The stabilisation he achieved allowed the network as a whole to work more efficiently.

**Recruitment across disciplines.** He addressed significant shortages in nursing, psychology and physiotherapy — disciplines essential not only to acute care but to preparing patients for safe transfer and admission. Better multidisciplinary staffing improved the condition and appropriateness of the patients moving through the network.

**Social services and patient flow.** He reorganised the social services department to accelerate inpatient referrals and transfers, which measurably reduced bottlenecks at the emergency-department level and improved coordination across the municipal network.

**Operations and infrastructure.** Under his direction the hospital improved food services, sanitation, emergency-department security and cleaning protocols. In a high-volume public emergency hospital these are foundational to safe operation and to preventing hospital-acquired complications that affect care across the network.

**Modernisation.** He initiated or advanced institutional modernisation touching surgical capacity, intensive-care expansion, laboratory services and video-assisted surgery, including planning and procurement steps taken during his administration, intended to widen the hospital's high-complexity capability and strengthen its position as a principal referral institution.

**Pace and breadth.** What set his administration apart was not only the nature of these measures but the speed and range with which they were undertaken. Within the early months he set in motion, more or less at once, structural reform across physician scheduling, emergency coverage, multidisciplinary staffing, social services and patient flow, security, sanitation and institutional modernisation. Reform of that scope at that pace, in a public emergency hospital of this size operating under continuous demand and severe resource constraint, is uncommon;

institutions of this kind more often change incrementally. From my position — first in coordination with the hospital, later in supervisory and executive authority over the network — the rapid and wide-ranging character of the changes was itself apparent, and it departed from how the institution had previously operated.

**IV. The change in operating pattern that I observed**

The official DATASUS production records for Socorrão I are filed separately in this petition and I do not restate them here. What I describe is what my own position let me see: first through daily operational coordination with Socorrão I, and later through supervisory and executive authority over the municipal network.

During his administration the way Socorrão I functioned at its interface with the rest of the network changed in ways apparent to me daily. Before the measures he implemented, transfers from Socorrão I to the Hospital da Mulher were often unpredictable in volume, timing and clinical condition, reflecting the instability of emergency coverage and staffing at the referring institution. As his administration regularised physician schedules, secured permanent coverage in the highest-acuity area, strengthened multidisciplinary staffing and reorganised social services and patient flow, the transfers we received became more orderly and predictable, the clinical condition of transferred patients was more consistently stabilised before transfer, and the accompanying documentation improved.

I want to be careful about what that does and does not prove. Reading cause into a public hospital's monthly output is beyond what any single witness can honestly do, and I do not attempt it. My evidence is narrower and I saw it week by week: the traffic between his hospital and mine changed character. That is a statement about operational discipline and institutional practice, not about volume, and it is the one I am positioned to make.

**V. Why the capacity was essential**

I should record here that I hold no interest of any kind in Sperling Medical USA LLC, and that nothing turns for me on whether this petition succeeds or fails. What follows is my professional assessment and nothing more.

The director of a public emergency institution of this scale in Brazil carries responsibilities fundamentally unlike those of a clinical department head or an attending physician. The director answers for the operational continuity of an institution that cannot close, cannot turn patients away, and must function around the clock under severe resource constraint. His decisions — on

staffing, coverage, patient flow, infrastructure and institutional development — determined whether Socorrão I could discharge its function as a major emergency safety net for São Luís and the wider region.

From my vantage as Director of the Hospital da Mulher, then as Deputy Municipal Secretary and afterwards as Municipal Secretary of Health with full executive authority over the municipal health system, I can state without qualification that the functioning of the emergency and referral network in São Luís depended materially on effective leadership at Socorrão I. Dr. Souza provided that leadership during a period of significant institutional difficulty. His contribution was not marginal: it was critical to the hospital's ability to serve its patients and to the integrity of the regional emergency network.

On that basis I support this petition. Should the adjudicating officer wish to verify any statement in this letter, I welcome direct contact at the telephone or e-mail below.

Sincerely,

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**Natália Ribeiro Mandarino, RN, MSc, PhD**
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Former Deputy Municipal Secretary of Health, São Luís (appointed Nov. 27, 2017; relieved July 27, 2020)
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# Natália Ribeiro Mandarino

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Ultima atualização do currículo em 17/07/2026

Doutora em Ciências da Saúde pela Universidade Federal do Maranhão Mestre em Saúde Materno Infantil - UFMA Graduada em Enfermagem pela Universidade Severino Sombra Pós graduada em saúde Pública - Habilitada em Saúde Pública pela UNIRIO, Especialização em Saúde da Família pela Universidade Federal do Maranhão Especialização em Formação pedagógica em Educação Profissional na área da Saúde pela escola Nacional de Saúde Pública - Fundação Oswaldo Cruz-Ministério da Saúde.Secretária Adjunta de Ações e Saúde Secretária Municipal de Saúde dez/ 2020 **(Texto informado pelo autor)**

## Identificação

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**Nome em citações bibliográficas**

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## Formação acadêmica/titulação

**2013 - 2017**

Doutorado em Ciencias da Saude.
UFMA - Universidade Federal do Maranhão, UFMA, Brasil.
Título: Correlação entre os niveis sericos de vitamina D e aterosclerose subclinica, Ano de obtenção: 2018.
Orientador: Natalino Salgado Filho.
Coorientador: Francisco das Chagas Monteiro Junior.
Setores de atividade: Atividades de atenção à saúde humana.

**2005 - 2008**

Mestrado em Saúde Materno Infantil.
Universidade Federal do Maranhão, UFMA, Brasil.
Título: fatores associados à escolha do tipo de parto:um estudo comparativo entre uma maternidade pública e outra privada em são Luís- Ma, Ano de Obtenção: 2008.
Orientador: Maria Betânia da Costa Chein.
Bolsista do(a): Coordenação de Aperfeiçoamento de Pessoal de Nível Superior, CAPES, Brasil.

**2002 - 2002**

Especialização em Especialização em Enfermagem. (Carga Horária: 660h).

Universidade Federal do Maranhão, UFMA, Brasil.
Título: Formação Pedagógica em Educação Profissional na área de Saúde (PROFAE) Ministério da Saúde.

**2001 - 2003**

Especialização em Especialização em Enfermagem. (Carga Horária: 660h).
Universidade Federal do Maranhão, UFMA, Brasil.
Título: Proposta Política Pedagógica para a formação de auxiliares de enfermagem do Colégio Êxito..
Orientador: Nair Portela.

**2001 - 2003**

Especialização em Especialização em Enfermagem. (Carga Horária: 660h).
Universidade Federal do Maranhão, UFMA, Brasil.
Título: Proposta Política Pedagógica para a formação de auxiliares de enfermagem do Colégio Êxito..
Orientador: Nair Portela.

**2001 - 2002**

Especialização em Especialização Em Saúde Pública Saúde da Familia. (Carga Horária: 570h).
Universidade Federal do Maranhão, UFMA, Brasil.
Título: Conhecimento dos Métodos Contraceptivos pelas Gestantes da Zona Rural do Município de Araioses - MA.
Orientador: Nair Portela.

**1998 - 1999**

Especialização em Especialização Em Enfermagem.
Universidade Federal do Estado do Rio de Janeiro, UNIRIO, Brasil.
Título: Habilitação em Saúde Pública:.

**1994 - 1997**

Graduação em Enfermagem.
UNIVERSIDADE DE VASSOURAS, FUSVE, Brasil.

## Formação Complementar

**2003 - 2003**

Planejamento Estratégico Participativo em Saúde. (Carga horária: 90h).
Universidade Federal do Maranhão, UFMA, Brasil.

**2001 - 2001**

Curso de Módulos Clínicos. (Carga horária: 40h).
Universidade Federal do Maranhão, UFMA, Brasil.

**1998 - 1998**

1º Curso Intensivo de Eletrocardiograma. (Carga horária: 4h).
Centro de Estudos e Aperfeiçoamento, CEA, Brasil.

**1998 - 1998**

National Safety Council. (Carga horária: 20h).
Rescue Training International, RTI, Brasil.

## Atuação Profissional

**Universidade Federal do Maranhão, UFMA, Brasil.**

**Vínculo institucional**

**2021 - Atual**

Vínculo: Servidor público, Enquadramento Funcional: Chefe da divisão de integração profissional e, Carga horária: 20

**Outras informações**

Chefe da divisão de integração profissional e acadêmica da Pró- reitoria de ensino e pesquisa (PROEN)

**Vínculo institucional**

**2010 - Atual**

Vínculo: , Enquadramento Funcional: Professor Assistente I, Carga horária: 40

**Atividades**

**02/2021 - Atual**

Direção e administração, Pró-Reitoria de Pesquisa e Pós-Graduação.

Cargo ou função
Chefe da divisão de integração acadêmica e profissional DIAP/PROEN.

**Universidade Federal do Rio de Janeiro, UFRJ, Brasil.**

**Vínculo institucional**

**1998 - 1998**

Vínculo: Prestação de Serviço, Enquadramento Funcional: Programa controle de Tuberculose Hospitalar, Carga horária: 40

**Atividades**

**1/1998 - 12/1998**

Serviços técnicos especializados , Público, Hospital Universitario Clementino Fraga Filho.

Serviço realizado
Enfermeira.

**Hospital Tarquinio Lopes Filho, HTLF, Brasil.**

**Vínculo institucional**

**2005 - 2009**

Vínculo: Celetista, Enquadramento Funcional: Coordenadora Centro de Estudos, Carga horária: 20

**Secretaria Municipal da Saúde, SMS, Brasil.**

**Vínculo institucional**

### 2008 - Atual

Vínculo: , Enquadramento Funcional: Técnico Municipal de Nível Superior (TMNS), Carga horária: 24

**Vínculo institucional**

### 1999 - 1999

Vínculo: Prestação de Serviço, Enquadramento Funcional: Enfermeira- Unidade Básica de Saúde Buerarema, Carga horária: 24

**Atividades**

### 03/1999 - 12/1999

Serviços técnicos especializados , Público, Secretaria Municipal de Saúde.

Serviço realizado
Enfermeira.

**Hospital de Base Luis Eduardo Magalhães, HBLEM, Brasil.**

**Vínculo institucional**

### 1999 - 1999

Vínculo: Prestação de Serviço, Enquadramento Funcional: Enfermeira-Hospital de Base Itabuna -Ba, Carga horária: 24

**Atividades**

### 3/1999 - 12/1999

Serviços técnicos especializados , Particular, Hospital.

Serviço realizado
Enfermeira.

**Prefeitura Municipal de Itabuna, P/ITABUNA, Brasil.**

**Vínculo institucional**

### 2000 - 2000

Vínculo: Prestação de Serviço, Enquadramento Funcional: Coordenadora Saúde em sua casa, Carga horária: 40

**Atividades**

### 5/2000 - 12/2000

Serviços técnicos especializados , Público, Secretaria de Saúde.

Serviço realizado
Coordenadora.

Programa de Interiorização do Trabalho e Saúde Pits, PITS, Brasil.

**Vínculo institucional**

**2001 - 2004**

Vínculo: Bolsista CNPQ, Enquadramento Funcional: Programa de Interiorização trabalho em saúde, Carga horária: 40

**Atividades**

**6/2001 - 6/2003**

Pesquisa e desenvolvimento, Público, Ministério da Saúde.

Linhas de pesquisa
Saúde Pública

Secretaria de Saúde de São Luis, SEMUS, Brasil.

**Vínculo institucional**

**2020 - 2020**

Vínculo: Servidor público, Enquadramento Funcional: Secretária de Saúde da SEMUS - São Luís, Carga horária: 40

**Vínculo institucional**

**2020 - 2020**

Vínculo: Servidor público, Enquadramento Funcional: Secretária Municipal de Saúde, Carga horária: 40

**Vínculo institucional**

**2019 - 2020**

Vínculo: Servidor público, Enquadramento Funcional: Secretária Adjunta de Ações e Saúde - SEMUS, Carga horária: 40

**Outras informações**

Desenvolveu a função de secretária adjunta de ações e saúde da secretária municipal de saúde de São Luís

**Vínculo institucional**

**2019 - 2020**

Vínculo: Servidor público, Enquadramento Funcional: Secretária Adjunta de ações e Saúde, Carga horária: 40

**Vínculo institucional**

### 2017 - 2018

Vínculo: Servidor público, Enquadramento Funcional: Diretora do Hospital da Mulher, Carga horária: 20

**Vínculo institucional**

### 2004 - 2008

Vínculo: Cago Comissionado, Enquadramento Funcional: Coodenadora de área do psf, Carga horária: 20

**Atividades**

### 01/2021 - Atual

Direção e administração, universidade federal do maranhão.

Cargo ou função
Diretota da Divisão de integração academica e profissional DIAP/PROEN.

### 06/2020 - 12/2020

Direção e administração, Secretaria Municipal de Saúde.

Cargo ou função
Secretária Municipal de saúde.

### 01/2019 - 06/2020

Direção e administração, Secretaria Municipal de Saúde.

Cargo ou função
SCRETARIA ADJUNTA DE AÇÕES E SÚDE.

### 01/2017 - 12/2018

Direção e administração, Secretaria Municipal de Saúde.

Cargo ou função
Diretora do Hospital da Mulher.

**secretaria municipal de saude, SEMUS, Brasil.**

**Vínculo institucional**

### 2013 - 2017

Vínculo: Servidor público, Enquadramento Funcional: Diretora hospital da Mulher, Carga horária: 20

## Linhas de pesquisa

**1.**

Saúde Pública

## Áreas de atuação

**1.**

Grande área: Ciências da Saúde / Área: Enfermagem.

## Idiomas

**Espanhol**

Compreende Razoavelmente, Fala Razoavelmente, Lê Razoavelmente, Escreve Razoavelmente.

**Inglês**

Compreende Razoavelmente, Fala Razoavelmente, Lê Razoavelmente, Escreve Razoavelmente.

## Prêmios e títulos

**2018**

Menção Honrosa, Universidade Federal do Maranhão.

**2017**

Premio Dr. Pinotti, Ministerio da Saúde.

## Produções

Produção bibliográfica

### Artigos completos publicados em periódicos

Ordenar por

Ordem Cronológica

**1.**

thassia Camila Frazão Gomes ; ROLIM, I. L. T. P. ; Geysa Santos Góis ; Nice Mara Silvia Pereira ; Poliana Pereira Costa Rabelo ; AQUINO, D. M. C. ; MANDARINO, N. R. ; **MANDARINO, Natália Ribeiro** . Impact on the Social Life of Leprosy Patients With Leprosy Reactions. INTERNATIONAL JOURNAL OF DEVELOPMENT RESEARCH, v. 09, p. 28476-28475, 2019.

**2.**

**MANDARINO, Natália Ribeiro**; Monteiro Júnior FC ; SALGADO FILHO, N. ; LAGES, J. S. . Is VitaminD Deficiency a New Risk Factor for Cardiovascular. The Open Cardiovascular Medicine Journal JCR, v. 9, p. 40-49, 2015. **Citações:** SCOPUS 12

**3.**

Monteiro Júnior FC ; **MANDARINO, Natália Ribeiro** ; SALGADO FILHO, N. ; LAGES, J. S. . DEFICIÊNCIA DE VITAMINA D: UM NOVO FATOR DE RISCO. Revista Brasileira de Cardiologia, v. 27, p. 356-365-365, 2014.

**4.**

Monteiro Júnior FC ; SOUZA, F. L. ; LAGES, J. S. ; **MANDARINO, Natália Ribeiro** . ADEQUAÇÃO DAS INDICAÇÕES DA INTERVENÇÃO PERCUTÂNEA NA DOENÇA CORONARIANA ESTÁVEL E PREDITORES DO SEU EMPREGO INAPROPRIADO EM UM HOSPITAL DE ENSINO. Revista Brasileira de Cardiologia, v. 26, p. 174-179-179, 2013.

**5.**

Monteiro Júnior FC ; LAGES, J. S. ; **MANDARINO, Natália Ribeiro** ; SALGADO FILHO, N. . CORRELAÇÃO ENTRE O INDICE DE MASSA VENTRICULAR ESQUERDA E A FUNÇÃO ENDOTELIAL EM PACIENTES HIPERTENSOS. Revista Brasileira de Hipertensão, v. 20, p. 180-185, 2013.

**6.**

**MANDARINO, Natália Ribeiro**; CHEIN, M. B. C. ; Monteiro Júnior FC ; Brito, L.M.O ; Lamy,Z.C ; Nina, V.J.S ; MOCHEL, E. G. ; FIGUEREDO NETO, J. A. . Aspectos Relacionados à escolha do tipo de parto: um estudo comparativo entre um uma maternidade pública e outra privada em São Luis - Maranhão. Cadernos de Saúde Pública (ENSP. Impresso)JCR, v. 25, p. 1587-1596, 2009. **Citações:** WEB OF SCIENCE℠ 10 | SciELO 15 | SCOPUS 13

**7.**

Monteiro Júnior FC ; ANUNCIACAO, F. ; SALGADO FILHO, N. ; **MANDARINO, Natália Ribeiro** . Prevalência de verdadeiras Crises hipertensivas e Adequação da conduta Médica em pacientes atendidos em um Pronton Socorro Geral com Pressão Arterial Elevada. Arquivos Brasileiros de CardiologiaJCR, v. 90, p. 269-273, 2008. **Citações:** WEB OF SCIENCE℠ 10 | SCOPUS 11

**8.**

Monteiro Júnior FC ; SALGADO FILHO, N. ; **MANDARINO, Natália Ribeiro** ; Pereira, MM . Avaliação Cardiológica Pré - Operatória. Jornal Brasileiro de Medicina, v. 89, p. 12-19, 2005. **Citações:** SCOPUS 1

**9.**

Monteiro Júnior FC ; SALGADO FILHO, N. ; **MANDARINO, Natália Ribeiro** ; Pereira, MM ; Ferreira muniz PA . Prevalência e fatores sociados à presença de disfunção èretil em portadores de hipertensão arterial. Revista do Hospital Universitário/UFMA, v. 6, p. 35-40, 2005.

### Textos em jornais de notícias/revistas

**1.**

Rogaciano de Medeiros souto ; Francisco Nelson Cavalcante filho ; **MANDARINO, Natália Ribeiro** . TRANSTORNO DE DÉFICIT DE ATENÇÃO E HIPERATIVIDADE (TDAH) , EM ADULTOS: DIAGNÓSTICO, IMPACTOS NA SAÚDE MENTAL E ESTRATÉGIAS TERAPÊUTICAS. Revista Ibero-Americana de Humanidades, Ciências e Educação,, São Paulo, p. 1213-1221, 13 ago. 2025.

### Resumos publicados em anais de congressos

1.

Monteiro Júnior FC ; SILVA JUNIOR, W. S. ; SALGADO FILHO, N. ; **MANDARINO, Natália Ribeiro** . Efeito da perda ponderal induzida pela cirurgia bariátrica sobre. In: 62º Congresso Brasileiro de Cardiologia, 2007, São Paulo. Arquivos Brasileiros de Cardiologia, 2007. v. 89. p. 160-160.

### Artigos aceitos para publicação

1.

Monteiro Júnior FC ; SILVA JUNIOR, W. S. ; SALGADO FILHO, N. ; Ferreira muniz PA ; ARAUJO, G. F. ; **MANDARINO, Natália Ribeiro** . efeito da perda ponderal induzida pela cirugia bariátrica sobre a prevalência de síndrome metabólica.. Arquivos Brasileiros de Cardiologia JCR, 2009.

### Apresentações de Trabalho

1.

**MANDARINO, Natália Ribeiro**. Aspectos relacionados a escolha do tipo de parto: um estudo comparativo entre uma maternidade pública e outra particular em São Luís do Maranhão. 2010. (Apresentação de Trabalho/Outra).

## Bancas

**Participação em bancas de trabalhos de conclusão**

### Monografias de cursos de aperfeiçoamento/especialização

1.

MOCHEL, E. G.; BANDEIRA, S. C.; **MANDARINO, Natália Ribeiro**. Participação em banca de Lorena Lauren Chaves Queiroz. Mortalidade Materna em São Luís-MA, 2006. 2010. Monografia (Aperfeiçoamento/Especialização em Curso de Especialização em Ciências da Saúde) - Universidade Federal do Maranhão.

### Trabalhos de conclusão de curso de graduação

1.

BANDEIRA, S. C.; AGUIAR, M. I. F.; **MANDARINO, Natália Ribeiro**. Participação em banca de Cassandra do Santos Maia.Fatores que desencadeiam as quedas em idosos atendidos em uma unidade de saúde da família.. 2012. Trabalho de Conclusão de Curso (Graduação em Enfermagem) - Universidade Federal do Maranhão.

2.

ROLIM, I. L. T. P.; BANDEIRA, S. C.; **MANDARINO, Natália Ribeiro**. Participação em banca de Gliccia Morguete Vieira Rego.Mortalidade Materna no município de São Luís-MA, 2008 a 2012. 2011. Trabalho de Conclusão de Curso (Graduação em Enfermagem) - Universidade Federal do Maranhão.

3.

ROLIM, I. L. T. P.; **MANDARINO, Natália Ribeiro**; BANDEIRA, S. C.. Participação em banca de Larissa Di Leo Nogueira Costa.Estudo de fadiga e medo em gestantes

em uma comunidade periférica em São Luís-MA. 2011. Trabalho de Conclusão de Curso (Graduação em Enfermagem) - Universidade Federal do Maranhão.

4.

**MANDARINO, Natália Ribeiro**; ROLIM, I. L. T. P.; BANDEIRA, S. C.. Participação em banca de Moisés Ferreira Serra.Práticas de Saúde sobre DST/AIDS realizadas por adolescentes de uma escola de São Luís-MA. 2010. Trabalho de Conclusão de Curso (Graduação em Enfermagem) - Universidade Federal do Maranhão.

**Participação em bancas de comissões julgadoras**

**Outras participações**

1.

PAIVA, S. S.; **MANDARINO, Natália Ribeiro**; COSTA FILHO, M. R.. Comissão da seleção de monitoria em Informática em Saúde.. 2012. Universidade Federal do Maranhão.

2.

MARQUES, S. G.; CORREA, R. G. C. F.; CAVALCANTE, M. C. V.; VASCONCELOS, A. M. R.; **MANDARINO, Natália Ribeiro**. Processo Seletivo da 7ª turma da Residência Multiprofissional em Saúde do Hospital Universitário-UFMA. 2012. Universidade Federal do Maranhão.

3.

**MANDARINO, Natália Ribeiro**. Colegiado do Curso de Especialização em Enfermagem Clínico-Cirúrgico na Modalidade de Residência. 2011. Universidade Federal do Maranhão.

4.

**MANDARINO, Natália Ribeiro**. Comissão da seleção de monitoria em Semiotécnica. 2011. Universidade Federal do Maranhão.

## Eventos

**Participação em eventos, congressos, exposições e feiras**

1.

27º Congresso Nordestino de Obstetrícia, 3º Congresso Maranhense de Reprodução Humana e 6º Congresso Maranhense de Obstetrícia e Gnecologia. 2012. (Congresso).

2.

I Curso de Interpretação de Hemograma. 2012. (Outra).

**3.**

72ª Semana Brasileira de Enfermagem e da 42ª Jornada Maranhense de Enfermagem.Sistematização a Assistência de Enfermagem a uma Paciente Portadora de Esclerose Múltipla. 2011. (Outra).

**4.**

72ª Semana Brasileira de Enfermagem e da 42ª Jornada Maranhense de Enfermagem.Avaliadora dos Trabalhos Científicos na Modaldade Pôster. 2011. (Outra).

**5.**

9ª Conference on Kidney Disease Prevention in Disadvantaged Population. 2011. (Outra).

**6.**

I Curso de Atualizações em AVC Agudo. 2011. (Outra).

**7.**

Oficina Sistematização da Assistência de Enfermagem e o us uso da Cl Classificação Internacional para a Prática de Enfermagem-CIPE. 2011. (Oficina).

**8.**

62º Congresso Brasileiro de Enfermagem. O paciente oncológico com dor, ansiedade e deglutição prejudicada sob cuidados e com o apoio das taxonomias da Enfermagem. 2010. (Congresso).

**9.**

IV Semana de Enfermagem.Aspectos relacionados a escolha do tipo de parto: um estudo comparativo entre uma maternidade pública e outra particular em São Luís do Maranhão. 2010. (Outra).

**10.**

IX Congresso Maranhense de Cardiologia. 2010. (Congresso).

**11.**

VI Jornada Científica do Hospital Universitário da UFMA.Assistência no Ciclo Gravídico-Puerperal a uma usuária com Diabetes na Gestação. 2010. (Outra).

**12.**

VI Jornada Científica do Hospital Universitário da UFMA. 2010. (Outra).

**13.**

Programa de educação Médica Continuada em Hipertensão. 2008. (Encontro).

**14.**

VIII Congresso Maranhense de Cardiolgia. 2008. (Congresso).

**15.**

V Jornada Multidisciplinar em Cardiologia. 2008. (Outra).

**16.**

62º Congresso Brasileiro de Cardiologia. Tema Livre Oral: Efeito da perda ponderal induzida pela cirugia bariátrica sobre a prevalência da síndrome metabólica. 2007. (Congresso).

**17.**

I Congresso de Cardiologia da sociedade Brasileira De Cardiologia. 2003. (Congresso).

**18.**

XXIII Congresso Norte Nordeste de Cardiologia. 2003. (Congresso).

**19.**

Encontro Norte - Nordeste de Enfermagem em Saúde da família. 2002. (Encontro).

**20.**

Programa de Interiorização do Trabalho em Saúde. 2002. (Outra).

**21.**

VIII Seminario Internacional de Atención Primaria De La Salud.Impacto del Programa de Salud de la Família sobre la utrición en el niño brasileño. 2002. (Seminário).

**22.**

VIII Seminario Internacional de Atención Primaria De La Salud.Salud de la família una mirada sociohistórica del processo salud-enfermedad. 2002. (Seminário).

**23.**

I Curso Teórico Prático de DIU. 2001. (Outra).

**24.**

II Jornada de Neonatologia do Sul da Bahia. 2000. (Outra).

**25.**

8ª Semana de enfermagem UESC. 1999. (Outra).

**26.**

8ª Semana de Enfermagem UESC.Participante da oficina: informação em saúde. 1999. (Oficina).

**27.**

8ª Semana de Enfermagem UESC.Mini-curso: Pesquisa em Enfermagem. 1999. (Outra).

**28.**

Caoacitação em Infecções Respiratória Aguda. 1999. (Outra).

**29.**

I Jornada de Infec ção Hospitalar. 1999. (Outra).

**30.**

Treinamento Introdutório do PACS. 1999. (Outra).

**31.**

III Congresso Brasileiro de Prevenção do Câncer. 1998. (Congresso).

**32.**

II Seminário de Supervisão na Saúde Perspectivas e Desafios. 1998. (Seminário).

**33.**

VI Encontro de Enfermagem do Rio de Janeiro. 1998. (Encontro).

**34.**

XXIX Congresso Brasileiro de Pneumologia.Tratamento Lógico das Infecções Respiratórias. 1998. (Simpósio).

**35.**

XXIX Congresso Brasileiro de Pneumologia e Tisiologia. 1998. (Congresso).

## Orientações

**Orientações e supervisões concluídas**

### Trabalho de conclusão de curso de graduação

1.

Tiago de Oliveira Siqueira. Evolução histórica das práticas do enfermeiro no atendimento pré-hospitalar: um estudo bibliográfico.. 2011. Trabalho de Conclusão de Curso. (Graduação em Enfermagem) - Universidade Federal do Maranhão. Orientador: Natália Ribeiro Mandarino.

2.

Moisés Ferreira Serra. Práticas de Saúde sobre DST/AIDS realizadas por adolescentes de uma escola de São Luís-MA. 2010. Trabalho de Conclusão de Curso. (Graduação em Enfermagem) - Universidade Federal do Maranhão. Orientador: Natália Ribeiro Mandarino.

## Outras informações relevantes

Desenvolve atividade de Tutoria no Setor Atenção a Saúde do Adulto e do Idoso com a função de docente-assistencial no curso de especialização na modalidade de Residência Integrada Multiprofissional em Saúde, de 2011 até o presente. Desenvolve atividade de tutoria do Programa Pró-Saúde/PET- Saúde(Programa de Educação pelo Trabalho para a Saúde) na Universidade Federal do Maranhão - UFMA, de 2010 até a presente data.

Página gerada pelo Sistema Currículo Lattes em 24/07/2026 às 14:03:52

Somente os dados identificados como públicos pelo autor são apresentados na consulta do seu Currículo Lattes.
Configuração de privacidade na Plataforma Lattes

DR. MARCELO QUEIROGA
CRM-PB: 4197 RQE 2145

**Marcelo Antônio Cartaxo Queiroga Lopes, M.D.**
Former Minister of Health of Brazil (2021–2022)

Brasília, Brazil
Jul 27, 2026

U.S. Citizenship and Immigration Services
U.S. Department of Homeland Security

**Re: O-1A Nonimmigrant Petition — Dr. Yglésio Luciano Moyses Silva de Souza (Advisory Opinion / Expert Letter)**

Dear Adjudicator,

I write in support of the O-1A petition of Dr. Yglésio Souza. From 2021 to 2022 I served as Minister of Health of the Federative Republic of Brazil; previously I was President of the Brazilian Society of Cardiology and of the Brazilian Society of Hemodynamics and Interventional Cardiology. I am a board-certified interventional cardiologist with a Ph.D. in Bioethics and a Fellow of the American College of Cardiology. I do not write as a personal acquaintance of Dr. Souza, but as a former senior public-health official whose attention his work has drawn — an independent vantage point.

**Two questions organize what follows: whether Dr. Souza has performed in a critical or leading role for organizations of distinguished reputation, and — more broadly — whether he belongs to the small percentage at the top of his field.**

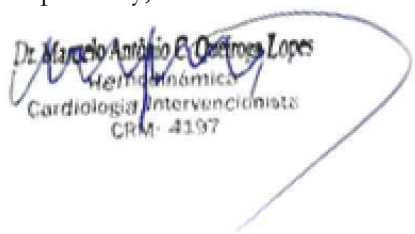
Dr. Souza occupies an unusual position in the Brazilian medical landscape: a clinically active surgeon holding a USP doctorate taken in experimental pathophysiology, with a documented record of surgical-translational research, who has also led at an institutional and system level. He directed one of the largest urgency hospitals in his state and chaired the Health Commission of his State Legislature — roles, by their nature, reserved for individuals recognized as leaders. From my position as Minister, his work intersected with national health-policy questions of ICU capacity and chronic-disease care delivery. The integration of three capacities that ordinarily live apart — clinical competence in a surgical specialty, independent scientific capability documented by peer-reviewed publication, and operational command of how care delivery is built and constrained — is rare. There are not many physicians who can do all three.

DR. MARCELO
QUEIROGA
CRM-PB: 4197 RQE 2145

It is on that combined basis that I regard Dr. Souza as belonging to the top tier of his field. I understand the services he will render in the United States are independent clinical and scientific advisory in the medical and surgical sciences, consistent with that record and not constituting licensed clinical practice.

On the record described above, this petition has my support, and any inquiry USCIS directs to me will be answered.

Respectfully,




**Marcelo Antônio Cartaxo Queiroga Lopes, M.D.**
Former Minister of Health of Brazil (2021–2022)
Past President, Brazilian Society of Cardiology
Past President, Brazilian Society of Hemodynamics and Interventional Cardiology
CRM-PB: 4197 | RQE: 2145
Email: sbc-rn@cardiol.br

# Marcelo Antonio Cartaxo Queiroga Lopes

Address to access this CV: http://lattes.cnpq.br/8072988659584337
Lattes ID: **8072988659584337**
Last updated on 05/12/2022

Minister of Health of Brazil. He graduated in Medicine from the Faculty of Medicine of the Federal University of Paraíba (1988) and is a specialist in Cardiology with Areas of Expertise in Hemodynamics and Interventional Cardiology certified by the Brazilian Society of Cardiology (SBC) and the Brazilian Medical Association (AMB). He completed his Medical Residency in Cardiology, recognized by the Ministry of Education (MEC), at Hospital Adventista Silvestre (RJ) in 1992. He was Director of the Department of Hemodynamics and Interventional Cardiology (Cardiocenter) of Hospital Alberto Urquiza Wanderley (Unimed João Pessoa) and interventional cardiologist at Hospital Metropolitano Dom José Maria Pires, Paraíba, working mainly on the following areas: 1) Drug treatment and percutaneous revascularization in unstable myocardial ischemic syndromes; 2) Diagnosis and treatment of ischemic myocardial disease with interventional methods; 3) Interventional Treatment of Valvular Disease; 4) Ethical Aspects of the Practice of Medicine; and; 6) Health Technology Assessment. He also served as a Director of the Brazilian Society of Hemodynamics and Interventional Cardiology (area of Cardiology validated by the Federal Council of Medicine), of which he served as president in the 2012/2013 biennium, being a permanent member of its Advisory Board. He is a member of the Regional Council of Medicine of the State of Paraíba as a Full Councilor. In 2018, he was elected as the sixtieth President of the Brazilian Society of Cardiology for the 2020-2021 biennium, being inaugurated on December 13, 2019. **(Text provided by the author)**

# Exhibit D.VI.b - Preceptor, General Surgery and Digestive System Surgery Residency Programs - HU-UFMA

UNIVERSITY HOSPITAL OF THE FEDERAL UNIVERSITY OF MARANHÃO
Rua Barão de Itapary, No. 227 – Centro District, São Luís/MA, ZIP Code 65020-070
- http://huufma.ebserh.gov.br

Declaration - SEI

Process No. 23523.016969/2025-65

Interested Party: Medical Residency Committee

We hereby declare, for curricular verification purposes, that **YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA** carried out **PRECEPTORSHIP** activities for the Medical Residency Program in the specialty of **GENERAL SURGERY** at the University Hospital of the Federal University of Maranhão, from **November 3, 2014, to June 5, 2018**, having demonstrated good performance during this period.

São Luís, date of electronic signature.

**Prof. Dr. Sebastião Barreto de B. Filho** **Dr. Waston Gonçalves Ribeiro**
*Vice-Coordinator of COREME/HU-UFMA* *Supervisor of the General Surgery Residency Program*

Document electronically signed by **Waston Goncalves Ribeiro**, **Physician**, on 04/10/2025, at 1:57 p.m., official Brasília time, pursuant to Article 6, caput, of Decree No. 8.539, of October 8, 2015.

Document electronically signed by **Sebastião Barreto de Brito Filho**, **Head of the Medical Team**, on 04/10/2025, at 2:08 p.m., official Brasília time, pursuant to Article 6, caput, of Decree No. 8.539, of October 8, 2015.

The authenticity of this document can be verified at https://sei.ebserh.gov.br/sei/controller_external.php?acao=documento_conferir&id_orgao_acesso_externo=0, by entering the verification code **48586220** and CRC code **01495646**.

**Reference:** Process No. 23523.016969/2025-65 SEI No. 48586220

COREME - Medical Residency Commission
EBSERH - Empresa Brasileira de Serviços Hospitalares
HU-UFMA - University Hospital of the Federal University of Maranhão
SEDE - Electronic System for External Documents
SEI - Electronic Information System

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: May 22, 2025.

HOSPITAL UNIVERSITÁRIO DA UNIVERSIDADE FEDERAL DO MARANHÃO
Rua Barão de Itapary, nº 227 - Bairro Centro, São Luís/MA, CEP 65020-070
- http://huufma.ebserh.gov.br

Declaração - SEI

Processo nº 23523.016969/2025-65

Interessado: Comissão de Residência Médica

Declaramos para fins de comprovação curricular, que **YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA**, desenvolveu atividades de **PRECEPTORIA** do Programa de Residência Médica na especialidade de **CIRURGIA GERAL** do Hospital Universitário da Universidade Federal do Maranhão**,** no período de **03 de novembro de 2014 a 05 de junho de 2018,** tendo realizado um bom desempenho durante esse período.

São Luís, data de assinatura eletrônica.

**Prof. Dr. Sebastião Barreto de B. Filho** **Dr. Waston Gonçalves Ribeiro**
*Vice-Coordenador da COREME/HU-UFMA* *Supervisor do PRM em Cirurgia Geral*

Documento assinado eletronicamente por **Waston Goncalves Ribeiro**, **Médico(a)**, em 10/04/2025, às 13:57, conforme horário oficial de Brasília, com fundamento no art. 6º, caput, do Decreto nº 8.539, de 8 de outubro de 2015.

Documento assinado eletronicamente por **Sebastiao Barreto de Brito Filho**, **Presidente da Equipe**, em 10/04/2025, às 14:08, conforme horário oficial de Brasília, com fundamento no art. 6º, caput, do Decreto nº 8.539, de 8 de outubro de 2015.

A autenticidade deste documento pode ser conferida no site https://sei.ebserh.gov.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **48586220** e o código CRC **01495646**.

**Referência:** Processo nº 23523.016969/2025-65 SEI nº 48586220

FEDERAL UNIVERSITY OF MARANHÃO
Avenida dos Portugueses, 1966, - Vila Bacanga District, São Luís/MA, ZIP Code 65080-805
Phone: (98) 3272-8000 - https://www.ufma.br

Declaration No. 1424264/2025/ FUMA/OEA/CCBS/UFMA/DA/CCBS/DEMOR/CCBS

Process No. 23115.022329/2023-34

Interested Party: DEPARTMENT OF MORPHOLOGY/CCBS

I hereby declare, for all due purposes, that **Professor Dr. YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA, SIAPE registration number 1814622**, performed his duties with diligence and dedication as a Professor of Higher Education at the Department of Morphology of the Center for Biological and Health Sciences at the Federal University of Maranhão, during the period from 09/09/2010, to 08/03/2015.

Sincerely,

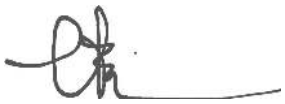
Electronically signed by **DIOGO SOUZA FERREIRA RUBIM DE ASSIS**, **Head**, on 04/11/2025, at 07:51 AM (official Brasília time), pursuant to Law No. 14,063, of September 23, 2020.

The authenticity of this document can be verified at https://sei.ufmg.br/sei/controlador_externo.php? acao=documento_conferir&id_orgao_acesso_externo=0, by entering the verification code **1424264** and CRC code **558E2BD0**.

**Reference:** Process No. 23115.022329/2023-34 SEI No. 1424264

FUMA - Foundation of the Federal University of Maranhão
OEA - Executing Body of Activities
CCBS - Center for Biological and Health Sciences
UFMA - Federal University of Maranhão
DA - Administrative Directorate
DEMOR - Department of Morphology
SIAPE - Integrated Personnel Administration System
SEI - Electronic Information System

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: May 22, 2025.

UNIVERSIDADE FEDERAL DO MARANHÃO
Av. dos Portugueses, 1966, - Bairro Vila Bacanga, São Luís/MA, CEP 65080-805
Telefone: (98) 3272-8000 - https://www.ufma.br

Declaração nº 1424264/2025/FUMA/OEA/CCBS/UFMA/DA/CCBS/DEMOR/CCBS

Processo nº 23115.022329/2023-34

Interessado: DEPARTAMENTO DE MORFOLOGIA/CCBS

Declaro, para os devidos fins, que **o Professor Dr. YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA, matrícula SIAPE 1814622,** exerceu a função com zelo e dedicação de Professor do Magistério Superior no Departamento de Morfologia do Centro de Ciências Biológicas e da Saúde da Universidade Federal do Maranhão, no período de 09.09.2010 a 03.08.2015.

Atenciosamente,

Documento assinado eletronicamente por **DIOGO SOUZA FERREIRA RUBIM DE ASSIS**, **Chefe**, em 11/04/2025, às 07:51, conforme horário oficial de Brasília, com fundamento na Lei nº14.063, de 23 de setembro de 2020.

A autenticidade deste documento pode ser conferida no site https://sei.ufma.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **1424264** e o código CRC **558E2BD0**.

**Referência:** Processo nº 23115.022329/2023-34 SEI nº 1424264

EBSERH
FEDERAL UNIVERSITY HOSPITALS

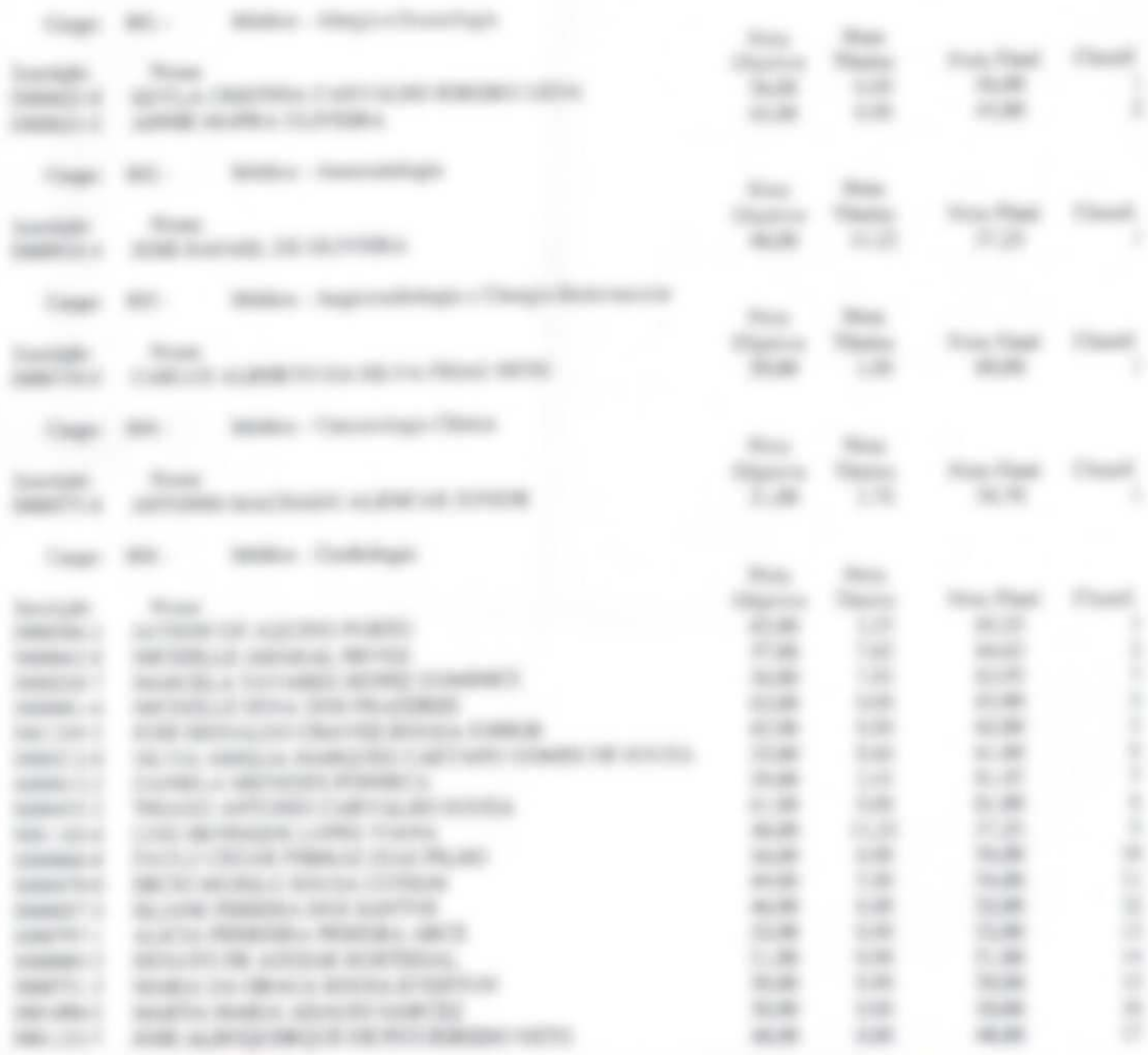
**MINISTRY OF EDUCATION**
**BRAZILIAN HOSPITAL SERVICES COMPANY – EBSERH**

**HU-UFMA – UNIVERSITY HOSPITAL OF THE FEDERAL UNIVERSITY OF MARANHÃO**

# PUBLIC COMPETITIVE EXAMINATION No. 2/2013 – EBSERH/HU-UFMA
# NOTICE No. 18, OF FEBRUARY 20, 2014 – FINAL RESULT

The President of the Brazilian Hospital Services Company – EBSERH, in the exercise of the powers granted to him by item V, Article 18 of the current Bylaws, approved by Decree No. 7,661 of December 28, 2011, published in the Federal Official Gazette on December 29, 2011, hereby makes public the final result of **Public Competitive Examination No. 02/2013**, aimed at filling vacancies and creating a reserve list, with assignments at the **University Hospital of the Federal University of Maranhão (HU-UFMA)**, for positions in the Healthcare Area (Physicians).

**1** The final list of approved and ranked candidates is presented following item 10 of the Regulatory Notice, in order of position, containing the following information: registration number, full name, final grade in the objective test, final grade in the evaluation of academic credentials and professional experience, final grade in the public examination, and ranking position.



Position: 815 - Physician – Digestive System Surgery

| Registration | Name | Objective Grade | Degree Grade | Final Grade | Ranking |
|---|---|---|---|---|---|
| 5000414-0 | Yglesio Luciano Moyses Silva de Souza | 56.00 | 7.30 | 63.30 | 3 |

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 27, 2025.**

EBSERH
HOSPITAIS UNIVERSITÁRIOS FEDERAIS

**MINISTÉRIO DA EDUCAÇÃO**
**EMPRESA BRASILEIRA DE SERVIÇOS HOSPITALARES – EBSERH**

**HU-UFMA – HOSPITAL UNIVERSITÁRIO DA UNIVERSIDADE FEDERAL DO MARANHÃO**

**CONCURSO PÚBLICO 2/2013 – EBSERH/HU-UFMA**
**EDITAL Nº 18, DE 20 DE FEVEREIRO DE 2014-RESULTADO FINAL**

O Presidente da Empresa Brasileira de Serviços Hospitalares – EBSERH, no uso das atribuições que lhe são conferidas pelo item V, artigo 18 do Estatuto Social vigente, aprovado pelo Decreto nº 7.661, de 28 de dezembro de 2011, publicado no DOU de 29 de dezembro de 2011, torna público o resultado final **do Concurso Público 02/2013,** visando ao preenchimento de vagas e formação de cadastro de reserva, com lotação no **Hospital Universitário da Universidade Federal do Maranhão – HUUFMA,** em empregos da Área Assistencial (Médicos).

**1**Relação final dos candidatos aprovados e classificados em conformidade com o item 10 do Edital Normativo, por ordem de emprego, com as seguintes informações: número de inscrição, nome completo, nota final na prova objetiva, nota final da avaliação curricular de títulos e de experiência profissional, nota final no concurso público e ordem de classificação.

Cargo: 801 - Médico - Alergia e Imunologia

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000625-8 | EDYLA CRISTINA CARVALHO RIBEIRO LEDA | 56,00 | 0,00 | 56,00 | 1 |
| 5000621-5 | ANNIE MAFRA OLIVEIRA | 45,00 | 0,00 | 45,00 | 2 |

Cargo: 802 - Médico - Anestesiologia

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000918-4 | JOSE RAFAEL DE OLIVEIRA | 46,00 | 11,25 | 57,25 | 1 |

Cargo: 803 - Médico - Angiorradiologia e Cirurgia Endovascular

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000750-5 | CARLOS ALBERTO DA SILVA FRIAS NETO | 59,00 | 1,00 | 60,00 | 1 |

Cargo: 804 - Médico - Cancerologia Clínica

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000575-8 | ANTONIO MACHADO ALENCAR JUNIOR | 51,00 | 3,70 | 54,70 | 1 |

Cargo: 806 - Médico - Cardiologia

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000586-3 | JAYRON DE AQUINO PORTO | 62,00 | 3,25 | 65,25 | 1 |
| 5000642-8 | MICHELLE AMARAL NEVES | 57,00 | 7,65 | 64,65 | 2 |
| 5000228-7 | MARCELA TAVARES MUNIZ DOMINICI | 56,00 | 7,95 | 63,95 | 3 |
| 5000061-6 | MICHELLE SENA DOS PRAZERES | 63,00 | 0,00 | 63,00 | 4 |
| 5001249-5 | JOSE REINALDO CHAVES BOGEA JUNIOR | 62,00 | 0,00 | 62,00 | 5 |
| 5000212-0 | SILVIA AMELIA MARQUES CAETANO GOMES DE SOUZA | 53,00 | 8,60 | 61,60 | 6 |
| 5000015-2 | DANIELA MENEZES FONSECA | 59,00 | 2,45 | 61,45 | 7 |
| 5000435-2 | THIAGO ANTONIO CARVALHO SOUZA | 61,00 | 0,00 | 61,00 | 8 |
| 5001162-6 | LUIZ HENRIQUE LOPES VIANA | 46,00 | 11,25 | 57,25 | 9 |
| 5000866-8 | PAULO CEZAR FERRAZ DIAS FILHO | 56,00 | 0,00 | 56,00 | 10 |
| 5000470-0 | ERCIO MURILO SOUSA CUTRIM | 49,00 | 5,00 | 54,00 | 11 |
| 5000037-3 | ELIANE PEREIRA DOS SANTOS | 46,00 | 6,00 | 52,00 | 12 |
| 5000797-1 | ALICIA FERREIRA PEREIRA ARCE | 52,00 | 0,00 | 52,00 | 13 |
| 5000085-3 | RENATO DE AGUIAR HORTEGAL | 51,00 | 0,00 | 51,00 | 14 |
| 5000751-3 | MARIA DA GRACA SOUSA EVERTON | 50,00 | 0,00 | 50,00 | 15 |
| 5001090-5 | MARTA MARIA ARAUJO GARCEZ | 50,00 | 0,00 | 50,00 | 16 |
| 5001153-7 | JOSE ALBUQUERQUE DE FIGUEIREDO NETO | 48,00 | 0,00 | 48,00 | 17 |

Cargo: 807 - Médico - Cardiologia - Ecocardiografia

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000490-5 | ANA BARBARA SILVA DOS SANTOS LEITE | 75,00 | 1,00 | 76,00 | 1 |
| 5000114-0 | STERFFESON LAMARE LUCENA DE ABREU | 66,00 | 7,05 | 73,05 | 2 |
| 5000882-0 | ALESSIA BEZERRA PALHANO | 57,00 | 5,20 | 62,20 | 3 |
| 5001210-0 | MAGDA LUCIENE DE SOUSA CARVALHO | 52,00 | 8,00 | 60,00 | 4 |
| 5001243-6 | JULIANA FEITOSA KLOHN E SILVA | 57,00 | 1,40 | 58,40 | 5 |
| 5000715-7 | JULIANA SANTANA FREITAS MOTA | 45,00 | 0,00 | 45,00 | 6 |

Cargo: 809 - Médico - Cardiologia - Ergometria

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5001208-8 | RENATA MELO RAIMUNDO | 61,00 | 0,00 | 61,00 | 1 |
| 5000183-3 | BEATRIZ TIMBO NEVES REGADAS | 58,00 | 3,00 | 61,00 | 2 |

Cargo: 811 - Médico - Cardiologia Pediátrica

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000294-5 | MARIA CAROLINA FERREIRA DA SILVA SOUSA | 58,00 | 0,60 | 58,60 | 1 |
| 5000737-8 | RENATA NASCIMENTO DUARTE | 52,00 | 0,00 | 52,00 | 2 |
| 5001035-2 | NATALIA BENIGNO MOREIRA | 45,00 | 3,25 | 48,25 | 3 |

Cargo: 812 - Médico - Cirurgia Cardiovascular

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000429-8 | EDUARDO CARVALHO FERREIRA | 44,00 | 11,05 | 55,05 | 1 |
| 5000487-5 | ADRIANO MARCIO DE MELO MILANEZ | 49,00 | 1,20 | 50,20 | 2 |

Cargo: 813 - Médico - Cirurgia de Cabeça e Pescoço

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000440-9 | GAUDENCIO BARBOSA JUNIOR | 53,00 | 0,00 | 53,00 | 1 |
| 5000686-0 | JULIO CESAR SA SILVEIRA LIMA | 52,00 | 0,40 | 52,40 | 2 |

Cargo: 815 - Médico - Cirurgia do Aparelho Digestivo

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000132-9 | FELIPE FROTA MACATRAO COSTA | 68,00 | 3,00 | 71,00 | 1 |
| 5000724-6 | ROBERTO COELHO NETTO DA CUNHA COSTA | 59,00 | 9,85 | 68,85 | 2 |
| 5000414-0 | YGLESIO LUCIANO MOYSES SILVA DE SOUZA | 56,00 | 7,30 | 63,30 | 3 |
| 5000651-7 | ANDERSEN LUIZ CAMPOS CANELAS | 50,00 | 4,00 | 54,00 | 4 |
| 5000992-3 | MACKSON MARTINS ROCHA | 49,00 | 0,00 | 49,00 | 5 |

Cargo: 816 - Médico - Cirurgia Geral

| Inscrição | Nome | Nota Objetiva | Nota Títulos | Nota Final | Classif. |
|---|---|---|---|---|---|
| 5000718-1 | OSDEMAR DE CASSOLI MARANHO | 61,00 | 4,00 | 65,00 | 1 |
| 5000325-9 | BRUNO HENRIQUE DA SILVA PEREIRA | 64,00 | 0,00 | 64,00 | 2 |
| 5000780-7 | ROCLIDES CASTRO DE LIMA | 58,00 | 4,00 | 62,00 | 3 |
| 5000716-5 | EMERSON RICARDO ASSUNCAO BARRETO | 52,00 | 8,00 | 60,00 | 4 |
| 5001213-4 | FERNANDO MOREIRA DA SILVA NETO | 59,00 | 0,00 | 59,00 | 5 |
| 5000118-3 | ITAGUACY RODRIGUES COELHO | 48,00 | 9,20 | 57,20 | 6 |
| 5000017-9 | MAYCON JOECIO DOS SANTOS COSTA | 57,00 | 0,00 | 57,00 | 7 |
| 5000357-7 | VINICIUS PEREIRA AGUIAR | 57,00 | 0,00 | 57,00 | 8 |
| 5000792-0 | GEORGE COELHO DA MOTA | 49,00 | 7,55 | 56,55 | 9 |
| 5001102-2 | BRUNO LEONARDO PEREIRA DA SILVA | 55,00 | 1,00 | 56,00 | 10 |
| 5000773-4 | LIVIA MARIA LIMA DE SOUZA OLIVEIRA | 53,00 | 2,40 | 55,40 | 11 |
| 5001129-4 | CELIELSON GERMANO DE OLIVEIRA | 55,00 | 0,30 | 55,30 | 12 |
| 5000178-7 | JOAO CARLOS PEREIRA DOS SANTOS JUNIOR | 51,00 | 1,00 | 52,00 | 13 |
| 5000784-0 | JULIANA CRISTINA MARTINS COSTA | 52,00 | 0,00 | 52,00 | 14 |
| 5000379-8 | GLOUBERG NOBREGA DOS SANTOS | 51,00 | 0,00 | 51,00 | 15 |
| 5000111-6 | FELIPE GOMES DA SILVA | 51,00 | 0,00 | 51,00 | 16 |
| 5000877-3 | MARCOS ROBERTO DIAS MACHADO JUNIOR | 51,00 | 0,00 | 51,00 | 17 |
| 5000109-4 | FRANCISCO JOSE COIMBRA RIBEIRO | 48,00 | 0,00 | 48,00 | 18 |
| 5001240-1 | ROMERITO FONSECA NEIVA | 48,00 | 0,00 | 48,00 | 19 |
| 5001009-3 | LUCIANO ARRUDA MACEDO | 47,00 | 0,00 | 47,00 | 20 |
| 5001010-7 | HORACIO JORGE MACEDO NETO | 47,00 | 0,00 | 47,00 | 21 |
| 5000741-6 | EDNALDO BEZERRA GALVAO FILHO | 46,00 | 0,00 | 46,00 | 22 |

Cargo: 817 - Médico - Cirurgia Pediátrica

ISSN 1677-7050

# FEDERAL OFFICIAL GAZETTE

**Federative Republic of Brazil - National Press**

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Year LI No. 167

Brasília - DF, Tuesday, August 31, 2010

SECTION 2

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Document digitally signed following MP No. 2,200-2 of 08/24/2001, which institutes the Brazilian Public Key Infrastructure - ICP-Brasil.

THE VICE-PRESIDENT, IN THE EXERCISE OF THE OFFICE OF THE PRESIDENT OF THE FEDERAL UNIVERSITY OF MARANHÃO, in the use of his legal, statutory, and regulatory attributions, considering the authorization granted by Ordinances No. 327-MEC, dated 03/19/2010, and No. 889/2010-MEC, dated 07/08//2010; considering Articles 9, 10, 13, and 20 with their subsections and paragraphs of Law No. 8.112/90, as amended by Law No. 9.527/97, and Article 6 of Constitutional Amendment No. 19/98; and based on the contents of case files No. 23115.0549/2010-89 and 23115.1784/2010-76, hereby resolves:

No. 440 To appoint, permanently, by successful qualification in a competitive public examination of tests and academic titles, ratified on 04/09/2010, and published in the Official Gazette on 04/12/2010, YGLESIO LUCIANO MOYSES SILVA DE SOUZA, to the position of Adjunct Professor, Entry Level, under a 20 (twenty) hours per week dedication regime, within the Department of Morphology of the Center for Biological and Health Sciences, in the field of General Anatomy, under vacancy code 0873786, resulting from the vacancy due to appointment to another non-cumulative public position by JOSÉ GUIBSON DELGADO DANTAS, as per Ordinance No. 269/2010-GR, dated 06/04/2010, published in the Official Gazette on 06/10/2010.

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**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 26, 2025.**

ISSN 1677-7050

# DIÁRIO OFICIAL DA UNIÃO

República Federativa do Brasil - Imprensa Nacional

Em circulação desde 1º de outubro de 1862

SEÇÃO 2

Ano LI Nº 167

Brasília - DF, terça-feira, 31 de agosto de 2010

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## Presidência da República

### SECRETARIA-GERAL

**PORTARIA Nº 47, DE 30 DE AGOSTO DE 2010**

**O MINISTRO DE ESTADO CHEFE DA SECRETARIA-GERAL DA PRESIDÊNCIA DA REPÚBLICA**, no uso da competência que lhe foi subdelegada pelo art. 1º da Portaria nº 1.056, de 11 de junho de 2003, do Ministro de Estado Chefe da Casa Civil da Presidência da República, e tendo em vista o Decreto nº 4.734, de 11 de junho de 2003, resolve

**NOMEAR**

LAÉRCIO MONTEIRO DA ROCHA JÚNIOR para exercer o cargo de Assessor Técnico na Secretaria-Executiva da Secretaria-Geral da Presidência da República, código DAS 102.3.

LUIZ SOARES DULCI


| TABELA DE PREÇOS DE JORNAIS AVULSOS | | |
|---|---|---|
| Páginas | Distrito Federal | Demais Estados |
| de 02 a 28 | R$ 0,30 | R$ 1,80 |
| de 32 a 76 | R$ 0,50 | R$ 2,00 |
| de 80 a 156 | R$ 1,10 | R$ 2,60 |
| de 160 a 250 | R$ 1,50 | R$ 3,00 |
| de 254 a 500 | R$ 3,00 | R$ 4,50 |

- Acima de 500 páginas = preço de tabela mais excedente de páginas multiplicado por R$ 0,0107


### GABINETE DE SEGURANÇA INSTITUCIONAL

**PORTARIA Nº 58, DE 30 DE AGOSTO DE 2010**

**O MINISTRO DE ESTADO CHEFE DO GABINETE DE SEGURANÇA INSTITUCIONAL DA PRESIDÊNCIA DA REPÚBLICA**, no uso da competência que lhe foi delegada pelo Decreto nº 3.035, de 27 de abril de 1999, de acordo com os arts. 116, incisos I, II e III, 117, incisos IX e XII, e 132, incisos IV, XI e XIII, todos da Lei nº 8.112, de 11 de dezembro de 1990, e tendo em vista o que consta do Processo nº 011800.01932/2008, resolve:

**DEMITIR**

GERALDO LUIZ FERREIRA DOS SANTOS, matrícula nº 15489, do cargo de Assistente Administrativo do Quadro de Pessoal da Agência Brasileira de Inteligência - ABIN, por valer-se do cargo para lograr proveito pessoal e de outrem, em detrimento da dignidade da função pública, receber propina, improbidade administrativa e corrupção, observando-se, em conseqüência, as disposições dos arts. 136 e 137, parágrafo único, da Lei nº 8.112, de 11 de dezembro de 1990.

JORGE ARMANDO FELIX

**DESPACHO DO CHEFE**
Em 30 de agosto de 2010

Processo nº (00181.001601/2010-39). Afastamento do País do Tenente-Coronel Aviador ANTONIO PEREIRA DA SILVA FILHO, Assessor Militar da Secretaria de Coordenação e Acompanhamento de Assuntos Militares do Gabinete de Segurança Institucional da Presidência da República, com ônus para a Presidência da República, inclusive trânsito, no período de 20 a 24 de setembro de 2010, a fim de participar da reunião, na cidade de Marselha - França, sobre o Projeto H-XBR - "Critical Design Review", ocasião em que serão tratados assuntos afetos ao desempenho e à configuração da versão VIP do helicóptero que atenderá a Presidência da República. Autorizo.

JORGE ARMANDO FELIX

### SECRETARIA EXECUTIVA

**PORTARIAS DE 30 DE AGOSTO DE 2010**

**O SECRETÁRIO-EXECUTIVO DO GABINETE DE SEGURANÇA INSTITUCIONAL DA PRESIDÊNCIA DA REPÚBLICA**, no uso da subdelegação de competência que lhe foi conferida pelo art. 1º da Portaria nº 9 - GSIPR/CH, de 13 de fevereiro de 2009, resolve

**Nº 214 - DESIGNAR**

o Ten Cel Ex MARCO ANTONIO RAMOS para exercer a função de ASSESSOR MILITAR na Secretaria-Executiva do Gabinete de Segurança Institucional da Presidência da República, enquadrando-o na letra "B", da tabela anexa à portaria nº 16-CH/CM, de 30 novembro de 1998, ficando dispensado da que atualmente ocupa.

**Nº 215 - DESIGNAR**

o CMG SERGIO SOARES FERREIRA para exercer a função de CHEFE do Núcleo do Sistema de Proteção ao Programa Nuclear Brasileiro da Secretaria-Executiva do Gabinete de Segurança Institucional da Presidência da República, enquadrando-o na letra "B", da tabela anexa à portaria nº 16-CH/CM, de 30 novembro de 1998.

ANTONIO SERGIO GEROMEL

### ADVOCACIA-GERAL DA UNIÃO

**PORTARIAS DE 30 DE AGOSTO DE 2010**

**O ADVOGADO-GERAL DA UNIÃO**, no uso das atribuições que lhe conferem os arts. 4º, incisos I e XVII, e 23, da Lei Complementar nº 73, de 10 de fevereiro de 1993,

CONSIDERANDO o que consta do Processo nº 00400.013450/2010-30, resolve

**Nº 1.275 - AUTORIZAR**

MARCELO RIBEIRO DO VAL, matrícula Siape 1425551, lotado na Procuradoria-Regional da União em Porto Alegre/RS, a ter exercício provisório junto à Secretaria-Geral de Contencioso, pelo prazo de 180 (cento e oitenta) dias, a contar de 30 de agosto de 2010, sem ônus para a União, inclusive quando de seu retorno para a localidade de lotação.

**O ADVOGADO-GERAL DA UNIÃO**, no uso das atribuições que lhe conferem os incisos I e XVIII do art. 4º da Lei Complementar nº 73, de 10 de fevereiro de 1993, com a finalidade de estabelecer mecanismos de integração e intercâmbio de informações, resolve:

Nº 1.276 - Art. 1º Designar o Advogado da União MARCELO RIBEIRO DO VAL, matrícula Siape 1425551, para integrar o Escritório Avançado da Advocacia-Geral da União, nos termos do Acordo de Cooperação Técnica firmado com a Câmara dos Deputados, sob a coordenação da Secretaria-Geral de Contencioso.

Art. 2º Esta Portaria entra em vigor na data de sua publicação.

LUÍS INÁCIO LUCENA ADAMS

### SECRETARIA-GERAL
### COORDENAÇÃO-GERAL DE RECURSOS LOGÍSTICOS

**PORTARIA Nº 1, DE 26 DE AGOSTO DE 2010**

**O COORDENADOR-GERAL DE RECURSOS LOGÍSTICOS DA SECRETARIA-GERAL DA ADVOCACIA-GERAL DA UNIÃO**, no uso de suas atribuições definidas na Portaria nº 126 DOF/SG/AGU, de 26 de junho de 2003, publicada no Diário Oficial da União de 27 de junho de 2003, e tendo em vista o disposto no artigo 3º, Inciso IV da Lei nº 10.520, de 17 de julho de 2002, e no § 3º do artigo 10 do Decreto nº 5.450, de 31 de maio de 2005, resolve:

Art. 1º Designar, para exercer a função de Pregoeiro, os servidores LUISA AIRES OLIVEIRA, matrícula SIAPE nº 6810082, MARIA JOSÉ TOSTA, matrícula SIAPE nº 6040311 e SEVERIANO FLORÊNCIO NETO, matrícula SIAPE nº 6040856, para conduzir os processos licitatórios na modalidade Pregão, no âmbito da Unidade Gestora 110061.

Art. 2º Designar os servidores ANGELITA MARIA DA COSTA, matrícula SIAPE nº 1655158, DEIVININ BERTSON NERI NUNES, matrícula SIAPE nº 1651934 e CRISTINA SOUZA BRAZ, matrícula SIAPE nº 1651237, para atuarem como membros da Equipe de Apoio aos Pregoeiros acima designados.

Art. 3º Havendo necessidade ou conveniência de assessoramento especial nas licitações, poderão ser designados outros servidores mediante despacho exarado no respectivo processo licitatório.

Art. 4º A autoridade imediatamente superior ao Pregoeiro é o Coordenador-Geral de Recursos Logísticos da Secretaria-Geral.

Art. 5º Esta Portaria entra em vigor na data de sua publicação, ficando revogada a Portaria nº 1, de 14 de setembro de 2009, publicada no Diário Oficial da União de 15 de setembro de 2009.

JOSÉ FELIPE RODRIGUES DE OLIVEIRA

### CONTROLADORIA-GERAL DA UNIÃO

**PORTARIA Nº 1.739, DE 30 DE AGOSTO DE 2010**

**O MINISTRO DE ESTADO CHEFE DA CONTROLADORIA-GERAL DA UNIÃO**, no uso das atribuições que lhe confere o artigo 87, parágrafo único, inciso I, da Constituição Federal, o artigo 18, § 5º, inciso II, da Lei nº 10.683, de 28 de maio de 2003, com fundamento nos artigos 143 e 145, inciso III, da Lei nº 8.112, de 11 de dezembro de 1990, e, ainda, tendo em vista o disposto nos itens 6 e 6.1, da Norma da Infraero 4.01/C, resolve:

EXEMPLAR DE ASSINANTE DA IMPRENSA NACIONAL

O Professor FARID BUTROS IUNAN NADER, no exercício do cargo de REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, por força de disposição Estatutaria e Regimental, no uso de suas atribuições legais,

Considerando os termos do Processo UFPel, protocolado sob o nº 23110.000517/93-11, resolve:

Nº 1.272 - Alterar a Portaria nº 296, de 31 de março de 1993, publicada no D.O.U. em 15/04/1993, que trata da aposentadoria da servidora HELENA PIRES CONCEIÇÃO, onde se lê: "em conformidade com o Art. 186, inciso III, alínea "c" da Lei nº 8.112/90, com proventos proporcionais a 29/30 (vinte e nove trinta avos) e 22% (vinte e dois por cento) de anuênios", leia-se: "com fundamento no art. 186, inciso III, alínea "a" da Lei nº 8.112/90, c/c a vantagem do art. 192, inciso II, da mesma lei, com proventos integrais e 22% (vinte e dois por cento) de anuênios".

FARID BUTROS IUNAN NADER

**PORTARIA Nº 1.292, DE 27 DE AGOSTO DE 2010**

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais, considerando o Memorando nº 111, do Gabinete do Reitor, de 27 de agosto de 2010, resolve:

DISPENSAR o servidor FRANCISCO CARLOS GOMES LUZZARDI, Engenheiro-área/NS, da função de Pró-Reitor Administrativo, a contar de 27 de agosto de 2010.

ANTONIO CESAR GONÇALVES BORGES

**PORTARIAS DE 30 DE AGOSTO DE 2010**

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais, Considerando os termos do Processo UFPel, protocolado sob o nº 23110.005786/2010-90, Resolve:

Nº 1.295 - DESIGNAR o Procurador Federal EDUARDO LOBO COSTA para exercer a função de Assessor do Procurador-Geral da UFPel, percebendo FG-1.

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais, Considerando os termos do Processo UFPel, protocolado sob o nº 23110.005765/2010-74, Resolve:

Nº 1.296 - DESIGNAR o servidor VILSON DIAS DE ÁVILA, ocupante do cargo de Professor Adjunto, para exercer a função de Coordenador do Colegiado do Curso de Meteorologia, da Faculdade de Meteorologia, percebendo FG-1.

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais,

Considerando os termos do Processo UFPel, protocolado sob o nº 23110.005956/2010-36, resolve:

Nº 1.297 - Aposentar, voluntariamente, o servidor LUIZ RENCK REIS, ocupante do cargo de Professor Adjunto N-4, com Especialização e 40 horas semanais, matrícula SIAPE nº 420218, lotado na Faculdade de Medicina, com fundamento no art. 3º da E.C. 47/2005, com proventos integrais e 20% (vinte por cento) de anuênios.

2. Declarar vago o cargo acima referido.

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais, Considerando os termos do Memorando nº 112/2010, do Gabinete do Reitor, de 30 de agosto de 2010, resolve:

Nº 1.298 - DISPENSAR o servidor ELIO PAULO ZONTA, Professor Adjunto, da função de Pró-Reitor de Planejamento e Desenvolvimento, a contar de 27 de agosto de 2010.

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais, Considerando os termos do Memorando nº 112/2010, do Gabinete do Reitor, de 30 de agosto de 2010, resolve:

Nº 1.299 - DESIGNAR o servidor ELIO PAULO ZONTA, ocupante do cargo de Professor Adjunto, para exercer a função de Pró-Reitor Administrativo, a contar de 27 de agosto de 2010, percebendo CD-3.

O REITOR DA UNIVERSIDADE FEDERAL DE PELOTAS, no uso de suas atribuições legais, Considerando os termos do Memorando nº 113/2010, do Gabinete do Reitor, de 30 de agosto de 2010, Resolve:

Nº 1.300 - DISPENSAR a servidora TÂNIA MARISA ROCHA BACHILLI, Assistente em Administração, da função de Diretora do Departamento de Planejamento e Desenvolvimento Institucional, da Pró-Reitoria de Planejamento e Desenvolvimento, a contar de 27 de agosto de 2010.

ANTONIO CESAR GONÇALVES BORGES

## FUNDAÇÃO UNIVERSIDADE FEDERAL DE SÃO CARLOS

**DESPACHO DO REITOR**
Em 30 de agosto de 2010

O Reitor da Universidade Federal de São Carlos, no uso da competência que lhe foi subdelegada pela Portaria nº 404/MEC, de 23 de abril de 2009, autoriza o afastamento do País da servidora HELOISA SOBREIRO SELISTRE DE ARAÚJO, ocupante do cargo de Professor Associado, lotada no Departamento de Ciências Fisiológicas desta IFES, no período de 10 a 23/09/2010, para participar da Conferência MRS-AACR Joint Conference on Metástases and the Tumor Microenvironment - da Sociedade de Pesquisa em Metástase, na Filadélfia, e realizar visita técnica à Universidade do Sudoeste da Califórnia, EUA, com ônus FAPESP (Processo 23112.003247/2010-19).

TARGINO DE ARAÚJO FILHO

## FUNDAÇÃO UNIVERSIDADE FEDERAL DO ABC

**PORTARIA Nº 817, DE 24 DE AGOSTO DE 2010**

O REITOR DA FUNDAÇÃO UNIVERSIDADE FEDERAL DO ABC - UFABC, nomeado pelo Decreto da Presidência da República, de 26 de janeiro de 2010, publicada no Diário Oficial da União, Seção 2, página 01, de 27 de janeiro de 2010, no uso de suas atribuições legais, resolve:

Designar o servidor Klaus Werner Capelle, SIAPE nº 1724836, para exercer o encargo de substituto interino do Pró-reitor de Pós-graduação da UFABC, código CD-3, no dia 03 de setembro de 2010.

HELIO WALDMAN

**PORTARIA Nº 828, DE 27 DE AGOSTO DE 2010**

O REITOR DA FUNDAÇÃO UNIVERSIDADE FEDERAL DO ABC - UFABC, nomeado pelo Decreto da Presidência da República, de 26 de janeiro de 2010, publicada no Diário Oficial da União, Seção 2, página 01, de 27 de janeiro de 2010, no uso de suas atribuições legais, retifica:

Portaria nº 802 de 17 de agosto de 2010, publicada no Diário Oficial da União de 20 de agosto de 2010, seção 2, página 14: onde se lê: Período de 30 de agosto a 03 de setembro de 2010, leia-se: Período de 28 de agosto a 04 de setembro de 2010.

HELIO WALDMAN

**PORTARIA Nº 832, DE 30 DE AGOSTO DE 2010**

O REITOR DA FUNDAÇÃO UNIVERSIDADE FEDERAL DO ABC - UFABC, nomeado pelo Decreto da Presidência da República, de 26 de janeiro de 2010, publicada no Diário Oficial da União, Seção 2, página 01, de 27 de janeiro de 2010, no uso de suas atribuições legais, resolve:

Designar o servidor Marcos José Rubia, SIAPE nº 1534274, ocupante do cargo de Pró-reitor de Administração, responsável legal da UFABC perante o Sistema Integrado de Comércio Exterior - SISCOMEX.

HELIO WALDMAN

## FUNDAÇÃO UNIVERSIDADE FEDERAL DO AMAPÁ

**PORTARIAS DE 30 DE AGOSTO DE 2010**

O Reitor da Universidade Federal do Amapá em exercício, no uso de suas atribuições legais e de conformidade com o disposto na lei nº 8.745, de 09/12/1993, publicada no D.O.U. de 10/12/93 e suas alterações posteriores, Portaria Interministerial nº 303, de 04/07/2002, publicado no DOU de 05/07/2002, e tendo em vista o que consta no Memorando nº 132/2010, de 26 de agosto de 2010, resolve:

Nº 718 - Art. 1º - Extinguir o Contrato Temporário de Trabalho firmado entre a Universidade Federal do Amapá - UNIFAP e o Professor Paulo Marcelo Cambraia da Costa, do cargo de Professor Substituto, matrícula SIAPE 2372864, considerando o Art. 12º, § 2º, parágrafo 1º da Lei 8.745/93 e alterações posteriores.

Art. 2º - Esta Portaria tem seus efeitos administrativos e financeiros a contar de 30 de agosto de 2010.

O Reitor da Universidade Federal do Amapá em exercício, no uso de suas atribuições legais e de conformidade com o disposto no Art. 14, Inciso XI, do Estatuto da Universidade Federal do Amapá, Art. 9º, Inciso "I", da Lei 8.112/90, alterada pela Lei nº 9.527/97, de 10/12/97, conforme os autos do Memorando nº. 198/2010 - COGEO/UNIFAP, em 01 de julho de 2010, resolve:

Nº 719 - Art. 1º - Designar o servidor Alexandro Francisco Camargo, matrícula SIAPE 1528408, ocupante do cargo efetivo de Professor de 3º Grau, desta Universidade Federal do Amapá, até a cidades de Montpellier/França e Berlim/Alemanha, no período de 01 a 20/09/2010, para participar de reuniões do laboratório de pesquisa em Geografia da Universidade de Montpellier III e do Congresso Musique immigration, diversité culturelle com apresentação de trabalho, com ônus limitado para esta IFES.

Art. 2º - Esta Portaria entra em vigor na data de sua assinatura

JOSÉ CARLOS TAVARES CARVALHO

## FUNDAÇÃO UNIVERSIDADE FEDERAL DO MARANHÃO

**PORTARIA Nº 431, DE 3 DE AGOSTO DE 2010**

O VICE-REITOR, NO EXERCÍCIO DA REITORIA DA UNIVERSIDADE FEDERAL DO MARANHÃO, no uso de suas atribuições legais, estatutárias e regimentais, considerando o disposto na Portaria MEC 404, de 23.4.2009, publicada no DOU de 24.4.2009, e face o contido no Processo n.º 23115.8351/2010-46, resolve:

Conceder afastamento a ALEXANDRE GUIDA NAVARRO, Professor Adjunto I, matrícula SIAPE 1740711, lotado no Departamento de História do Centro de Ciências Humanas, desta Universidade, no período de 10.7 a 10.8.2010, com ônus para o CNPq, para efetivar trabalho de campo no sítio arqueológico de Chichén Itzá, México.

ANTONIO JOSÉ SILVA OLIVEIRA

**PORTARIAS DE 17 DE AGOSTO DE 2010**

O VICE-REITOR, NO EXERCÍCIO DA REITORIA DA UNIVERSIDADE FEDERAL DO MARANHÃO, no uso de suas atribuições legais, estatutárias e regimentais, considerando a autorização de que trata as portarias nºs 327-MEC, de 19.03.2010 e 889/2010-MEC, de 08.07.2010, considerando os artigos 9º, 10, 13 e 20 com seus incisos e parágrafos da Lei 8.112/90, com as alterações da Lei n.º 9.527/97 e do art. 6º da Emenda Constitucional n.º 19/98, e o que consta nos processo n.º 23115.3107/2010-96, resolve:

Nº 439 - Nomear, em caráter efetivo, em virtude de habilitação em concurso público de provas e títulos, homologado em 05.05.2010, publicado no DOU de 06.05.2010, LYVIA MARIA RODRIGUES DE SOUSA GOMES, para ocupar o cargo de Professor Assistente, Nível Inicial, no regime de 20 (vinte) horas semanais, junto ao Departamento de Medicina II do Centro de Ciências Biológicas e da Saúde, na área de Ancstesiologia, sob código de vaga 0315609, decorrente da vacância por motivo de posse em outro cargo público inacumulável, de EDNALDO DA SILVA FILHO, conforme portaria n.º 290/2010-GR, de 17.6.2010, publicada no DOU de 21.6.2010.

A posse ocorrerá no prazo de 30 (trinta) dias contados da publicação desta Portaria no Diário Oficial da União.

O VICE-REITOR, NO EXERCÍCIO DA REITORIA DA UNIVERSIDADE FEDERAL DO MARANHÃO, no uso de suas atribuições legais, estatutárias e regimentais, considerando a autorização de que trata as portarias nºs 327-MEC, de 19.03.2010 e 889/2010-MEC, de 08.07.2010, considerando os artigos 9º, 10, 13 e 20 com seus incisos e parágrafos da Lei 8.112/90, com as alterações da Lei n.º 9.527/97 e do art. 6º da Emenda Constitucional n.º 19/98, e o que consta nos processos n.ºs 23115.0549/2010-89 e 23115.1784/2010-76, resolve:

Nº 440 - Nomear, em caráter efetivo, em virtude de habilitação em concurso público de provas e títulos, homologado em 09.04.2010, publicado no DOU de 12.04.2010, YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA, para ocupar o cargo de Professor Adjunto, Nível Inicial, no regime de Dedicação de 20 (vinte) horas semanais, junto ao junto ao Departamento de Morfologia do Centro de Ciências Biológicas e da Saúde, na área de Anatomia Geral, sob o código de vaga 0873786, decorrente da vacância por motivo de posse em outro cargo público inacumulável, de JOSÉ GUIBSON DELGADO DANTAS, conforme portaria n.º 269/2010-GR, de 4.6.2010, publicada no DOU de 10.6.2010.

A posse ocorrerá no prazo de 30 (trinta) dias contados da publicação desta Portaria no Diário Oficial da União.

O VICE-REITOR, NO EXERCÍCIO DA REITORIA DA UNIVERSIDADE FEDERAL DO MARANHÃO, no uso de suas atribuições legais, estatutárias e regimentais, considerando a autorização de que trata as portarias nºs 327-MEC, de 19.03.2010 e 889/2010-MEC, de 08.07.2010, considerando os artigos 9º, 10, 13 e 20 com seus incisos e parágrafos da Lei 8.112/90, com as alterações da Lei n.º 9.527/97 e do art. 6º da Emenda Constitucional n.º 19/98, e o que consta no processo n.º 23115.6968/2010-23, resolve:

Nº 441 - Nomear, em caráter efetivo, em virtude de habilitação em concurso público de provas e títulos, homologado em 24.06.2010, publicado no DOU de 25.06.2010, PRISCILA COIMBRA ROCHA, para ocupar o cargo de Professor Auxiliar, Nível Inicial, no regime de Dedicação Exclusiva, junto ao Centro de Ciências Sociais, Saúde e Tecnologia/Campus de Imperatriz, na área de Enfermagem da Rede Básica/Ambulatorial/Hospitalar, sob código de vaga 0316072, decorrente da aposentadoria de JOÃO JOSÉ FARIA BACELAR, conforme portaria n.º 158/2010-GR, de 6.4.2010, publicada no DOU de 13.4.2010.

A posse ocorrerá no prazo de 30 (trinta) dias contados da publicação desta Portaria no Diário Oficial da União.

O VICE-REITOR, NO EXERCÍCIO DA REITORIA DA UNIVERSIDADE FEDERAL DO MARANHÃO, no uso de suas atribuições legais, estatutárias e regimentais, considerando a autorização de que trata as portarias Interministeriais MEC nºs 22, de 30.04.2007 e 224, de 23.07.2007 e nota Técnica n.º 01/2007/DEDES/SESU/MEC, considerando os artigos 9º, 10, 13 e 20 com seus incisos e parágrafos da Lei 8.112/90, com as alterações da Lei n.º 9.527/97 e do art. 6º da Emenda Constitucional n.º 19/98, e o que consta no processo n.º 23115.3227/2010-93, resolve:

VEDADA A VENDA. DE ASSINANTE DO SIMPRES

# HU-UFMA stands out in international ranking.

The hospital ranked 1st in Brazil in the Scholar indicator (which evaluates the numb of papers and citations for each academic domain) and 11th overall in the national ranking.

Published on 21/02/2017 at 2:18 PM Updated on 12/05/2017 at 2:48 PM




The University Hospital of the Federal University of Maranhão (HU-UFMA), linked to the Brazilian Hospital Services Company (Ebserh), is among the best health institutions in terms of commitment to disseminating content on the internet about academic production, institutional information and services, according to the results of the latest research published by *Webometric Ranking (Web of World Hospitals)* .

HU-UFMA holds the 1st position in Brazil in the *Scholar* indicator (which evaluates the number of papers and citations for each academic domain) and the 11th position overall in the national ranking. Among hospitals in Latin America, the hospital is in 29th place.

The research highlights the ease with which this information is accessed or located by internet users, including individuals and legal entities that aim to facilitate access to this data for all interested parties. The objective is to provide motivation for researchers worldwide to publish scientific content on the Web, making it available to the scientific community.

The ranking is an initiative of the Cybermetrics Lab, a research group of the *Center for Information and Documentation (CINDOC)* , which is part of the *National Research Council (CSIC)* , the largest public research body in Spain. The Cybermetrics Lab is dedicated to the quantitative analysis of the Internet and web content, especially those related to processes of generating and communicating academic scientific knowledge.

Para a superintende do HU-UFMA, Joyce Santos Lages, o destaque é resultado de um intenso trabalho que vem sendo realizado ao longo dos anos no HU-UFMA, onde a preocupação com uma assistência à saúde aliada a um ensino de qualidade, sempre fez com que o incentivo à produção científica a ao compartilhamento de conhecimento fosse uma prioridade na instituição. Para ela, esse reconhecimento só foi possível a partir do investimento implementado pelo Governo Federal e de um trabalho coletivo do corpo técnico da instituição.

O objetivo do Ranking é promover as publicações Web por hospitais, avaliando o comprometimento na distribuição eletrônica dessas organizações e lutar contra a divisão digital acadêmica. O Ranking está medindo o volume, visibilidade e impacto das páginas web publicadas pelos hospitais, com ênfase especial em produção científica (papéis, contribuições em conferências, pre-impressões, monografias, teses, relatórios) mas também levando em consideração outros materiais (cursos, seminários ou documentação de Workshop, bibliotec digitais, bancos de dados, multimídia, páginas pessoais) e o material gerado na instituição, seus departamentos, grupos de pesquisas ou serviços de suporte e pessoas trabalhando e fazendo uso dos cursos.

**Ebserh**

A Empresa Brasileira de Serviços Hospitalares (Ebserh), estatal vinculada ao Ministério da Educação, administra atualmente 39 hospitais universitários federais. O objetivo é, em parceria com as universidades, aperfeiçoar os serviços de atendimento à população, por meio do Sistema Único de Saúde (SUS), e promover o ensino e a pesquisa nas unidades filiadas. O órgão, criado em dezembro de 2011, também é responsável pela gestão do Programa Nacional de Reestruturação dos Hospitais Universitários Federais (Rehuf), que contempla ações nas 50 unidades existentes no país, incluindo as não filiadas à Ebserh.

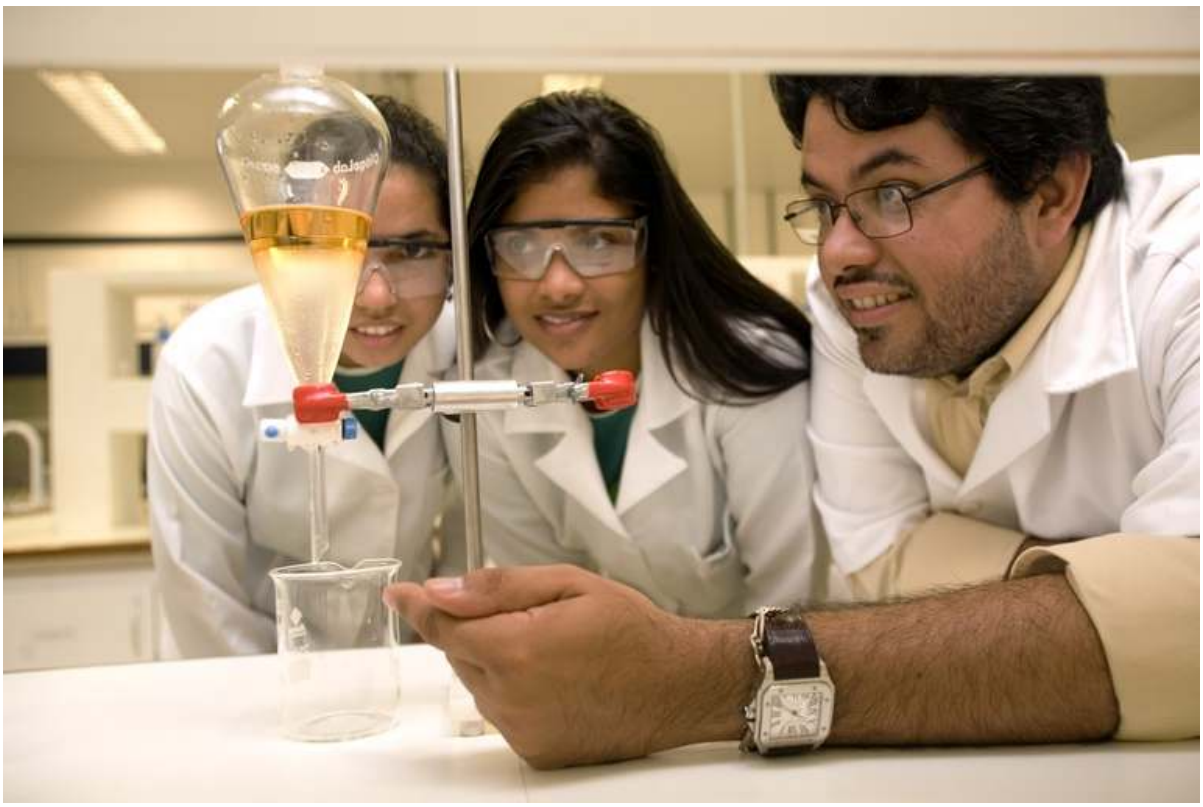
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SEARCH

# Maranhão University Hospital stands out in international scientific dissemination rankings

Published on February 14, 2013, at 7:17 PM Updated on October 31, 2022, at 2:11 PM





The University Hospital of the Federal University of Maranhão (UFMA) is among the world's leading healthcare institutions for its commitment to online content dissemination of academic output, institutional information, and services, according to the results of a survey released by *Webometric Ranking Web of World Hospitals* . Among the 195

The research also highlights the ease with which this information is accessed or located by internet users, including individuals and legal entities, aiming to facilitate access to this data for all interested parties. The goal is to motivate researchers worldwide to publish scientific content on the web, making it available to the scientific community.

The ranking is an initiative of the Cybermetrics Lab, a research group within the *Information and Documentation Center (CINDOC)* , part of the *National Research Council (CSIC)* , Spain's largest public research organization. The Cybermetrics Lab is dedicated to the quantitative analysis of the Internet and web content, especially those related to the processes of academic knowledge generation and communication.

For UFMA's rector, Natalino Salgado Filho, this achievement is the result of intense work that has been ongoing for over a decade, providing the people of Maranhão with quality and humanized care. He believes this growth was only possible thanks to the investment made by the Federal Government and the collective work of the institution's highly qualified technical staff.

Last January, the Federal University of Maranhão signed a partnership agreement with the Brazilian Hospital Services Company (Ebserh) for the management of its university hospital. Upon signing, the implementation of a restructuring plan for each hospital begins, a joint effort between the university and the company. The plan includes measures to restore physical and technological infrastructure, as well as staffing, one of the network's main challenges. Public selection processes and public competitions will be held in cases where the need to hire professionals is identified. The university hospitals managed through the partnership with the company remain academically subordinate to the universities, and the provision of healthcare services remains entirely within the scope of the Unified Health System (SUS).

*Social Communication Advisory with information from the HU-UFMA Communication Advisory*

Share:

# HU-UFMA achieves 100% compliance in patient safety practices

published : 04/17/2025 09:09 , last modified : 04/17/2025 16:48



The UFMA University Hospital (HU-UFMA), affiliated with the Brazilian Hospital Services Company (Ebserh), achieved 100% compliance with patient safety practices, according to the "Report of the National Assessment of Patient Safety Practices: Hospitals with Intensive Care Units (ICU) - 2024." The Report, released by the National Health Surveillance Agency (Anvisa) on April 7, 2025, presents the results of the assessment carried out in 2024. The assessment is carried out annually on a voluntary basis, observing the compliance of hospital institutions with patient safety practices, meeting Anvisa regulations.

For the third consecutive year, HU-UFMA is mentioned in the report for high compliance in the "Hospital with ICU" category, achieving 100% compliance. For Sirlei Garcia Marques, head of the Quality Management Department at HU-UFMA, the result reflects the excellence of the service provided to the community. "We are very pleased with this result, as the HU-UFMA team has always acted with seriousness and commitment to Quality and Patient Safety. This achievement is the result of a collective effort. The evaluation represents an opportunity to demonstrate, in practice, the institution's entire organization, demonstrating compliance with all requirements – from staff training to monitoring safety protocols."

HU-UFMA Superintendent Joyce Santos Lages emphasizes the importance of this achievement and emphasizes that results like this are the result of collaborative work: "We have a committed team that works with excellence and aligns with institutional guidelines, especially in actions focused on patient safety and

care. Management thanks all professionals for their continued commitment and dedication, which were crucial to achieving this result."

**About Anvisa's assessment**

The National Assessment of Patient Safety Practices is an initiative coordinated by Anvisa (National Health Regulatory Agency) in partnership with states and municipalities. It annually assesses patient safety indicators in hospitals with Intensive Care Units (ICUs). Implemented for nearly ten years by the National Health Surveillance System (SNVS), the assessment aims to promote risk management, strengthen a culture of safety, and improve the quality of care in healthcare services.

The participation of hospitals with ICUs, through electronic forms, is essential, as is the work of the Patient Safety Centers (NSP) and Infection Control Committees. The assessment is based on Anvisa regulatory standards, such as RDCs No. 63/2011 and No. 36/2013, and is aligned with the Integrated Plan for Patient Safety Management (2021-2025) and the National Program for the Prevention and Control of Healthcare-Associated Infections (PNPCIRAS).

The 2024 report presents hospital participation rates, key findings from on-site assessments conducted by health surveillance agencies, the level of implementation of safety practices, and comparisons with previous years. It also includes regional and state-level charts, as well as a list of the most compliant hospitals. The publication aims to provide data transparency, enabling healthcare managers and professionals to use the information to improve actions at all levels of the healthcare system.

**About Ebserh**

HU-UFMA has been part of the Ebserh Network since 2013. Associated with the Ministry of Education (MEC), Ebserh was created in 2011 and currently manages 41 federal university hospitals, supporting and advancing their activities through excellent management. As hospitals affiliated with federal universities, these units have specific characteristics: they serve patients of the Unified Health System (SUS) while also supporting the training of healthcare professionals and the development of research and innovation.

**By:** HU-UFMA

**Review:** Jáder Cavalcante

GENERAL

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# HU-UFMA is the second most praised public institution by the federal executive branch

Of the top ten places in the CGU's praise ranking, seven are units of the Ebserh Network.

published : 05/01/2022 15:14 , last modified : 05/01/2022 20:09



Once again, the Federal University of Mato Grosso University (HU-UFMA), affiliated with the Brazilian Hospital Services Company (Ebserh), is among the top-ranked institutions in Brazil's federal executive branch, a ranking initiated by the Comptroller General of the Union (CGU). With 619 accolades throughout 2021, HU-UFMA ranked second.

From January 1 to December 31, 2021, the Federal Administration received 9,181 compliments from users of public services across 320 federal institutions. During the same period, the Ebserh Network received more than half of the compliments from the Federal Executive branch, with the Ombudsman's Offices receiving 4,842 (52.7%). Of the top ten compliments, seven are Ebserh Network units.

The Resolveu? panel is a tool that gathers information on ombudsman complaints (complaints, suggestions, requests, complaints, compliments, and requests for simplification) that the Public Administration receives daily through the e-Ouv system. The application allows you to search, examine, and compare indicators quickly, dynamically, and interactively.

Created by the Comptroller General's Office (CGU), the panel aims to increase transparency and provide data that assists managers and citizens in exercising oversight through social participation.

According to Ebserh's General Ombudsman, Savana Dantas, public ombudsman offices typically deal more with dissatisfaction. "Therefore, when an institution like Ebserh, which deals with health and education, manages to achieve more than 50% of all compliments registered among more than 300 institutions, it's a sign of a difference. The Ebserh Network's 2021 results crown a year of serious work, extensive training, and, above all, networking," she concluded.

The 39 Ombudsman Offices of the Ebserh-MEC Network units form the National Network of Ombudsman Offices of Federal University Hospitals (RNOHUF).

This recognition establishes the institution as one of the most highly regarded by both internal and external stakeholders. The praise mostly relates to patient satisfaction with the care provided, specifically with the care provided by healthcare professionals in the wards during patient admissions.

HU-UFMA's substitute ombudsman, Larissa Nayara de Oliveira, reinforces the importance of this result as positive feedback on the service provided by the hospital. "HU-UFMA's performance in the ranking of the Comptroller General of the Union, as the second most praised federal institution in the country, was possible thanks to the dedication of each professional who carries out their activities daily, always seeking excellence in service, as they recognize the importance of their work in the health and life of each user who seeks the services offered by this hospital."

She adds that the Ombudsman's Office has received praise from a wide range of sectors, both in person from users themselves and through the Complaint Boxes located throughout the hallways, via email, and directly the Fala.Br platform. "All of these efforts make the community feel increasingly welcomed by HU-UFMA, generating recognition. This has led more and more people to contact the Ombudsman's Office to express their satisfaction by expressing their appreciation for the institution's excellent work."

Superintendent Joyce Santos Lages congratulated all employees for their commitment and dedication to patient care. "This result is a spontaneous reflection of the qualified and humanized care provided at our hospital. We are very happy and relieved to know we are on the right track."

**Find out more at:**

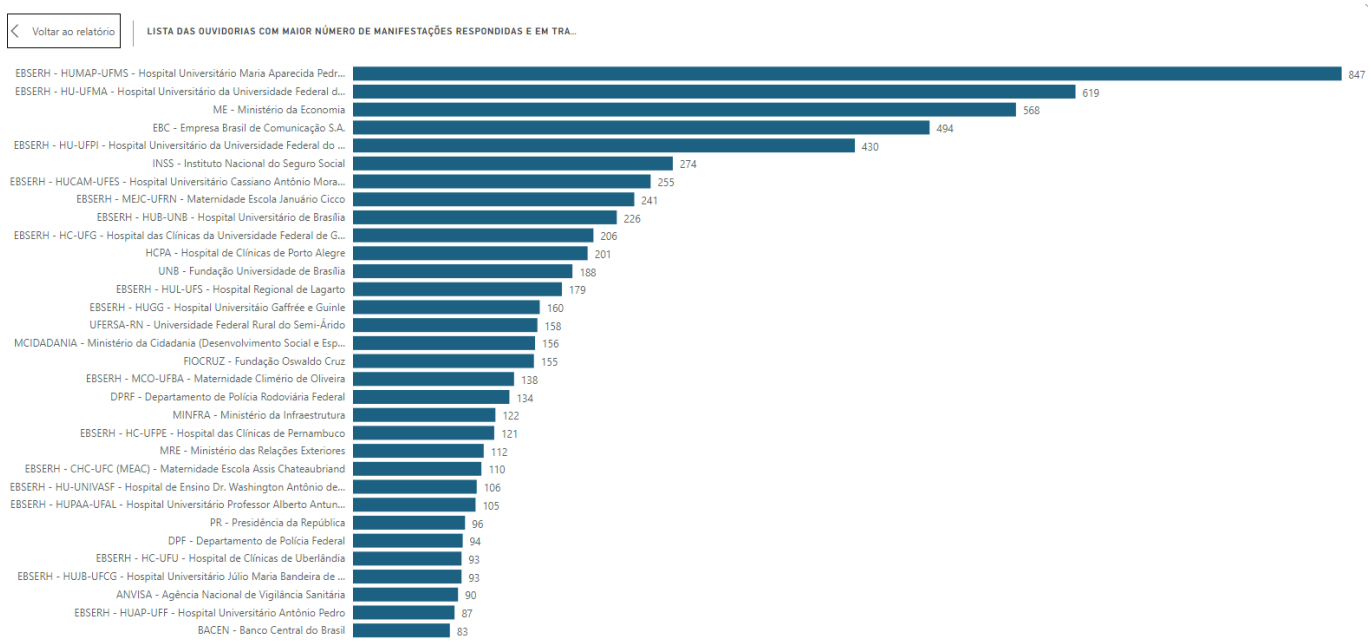
Speak.BR

Panel Solved?

**About Ebserh**

Since January 2013, HU-UFMA has been affiliated with Ebserh, a state-owned institution linked to the Ministry of Education that currently manages 40 federal university hospitals. The goal, in partnership with the universities, is to improve public health services through the Unified Health System (SUS) and promote teaching and research at affiliated units.

The body, created in December 2011, is also responsible for managing the National Program for the Restructuring of Federal University Hospitals (Rehuf), which includes actions in the 50 existing units in the country, including those not affiliated with Ebserh.




**By:** HUUFMA

**Review:** Jáder Cavalcante

GENERAL

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TRANSPARENCY

# HU-UFMA is the sixth Federal institution with the greatest active transparency in the country

The ranking released by the CGU evaluated information made available online by all institutions of the Federal Executive Branch

Published on September 30, 2020, at 3:27 PM Updated on October 16, 2020, at 4:27 PM

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The Federal University of Maranhão (UFMA) University Hospital, affiliated with the Brazilian Hospital Services Company (HU-UFMA/Ebserh), is among the six institutions in the Federal Executive Branch with the highest active transparency out of a total of 300 institutions evaluated. Among the hospitals in the Ebserh Network, HU-UFMA ranked third, and among the Federal institutions in Maranhão, it ranked first, reaffirming the administration's commitment to information transparency for society as a whole. The ranking was released by the Comptroller General's Office (CGU), the agency responsible for monitoring the implementation of Law No. 12,527/2011 (Access to Information Law - LAI). The agency does so through the Active Transparency System (STA), a tool that Federal Executive Branch agencies and entities must comple

To prioritize compliance with these recommendations and the speed of information updates on the institutional website, a working group was created specifically to address these issues. The group is comprised of HU-UFMA's ombudsman, Pedro Germano Neto; Álvaro Andrade, head of the Planning Unit; and Danielle Morais, journalist from the Social Communications Unit. The group held in-person and online meetings and continued its activities even during the novel coronavirus pandemic, delivering excellent results, as evidenced by the 97.92% completion of the items by the STA filing deadline. Of the 49 active transparency items assessed, 47 met the requirements.

Ainda em março, quando o processo de organização das informações no site foi iniciado, o HU-UFMA ocupava a 152º posição no ranking, com 14,29% de itens cumpridos, 18,37% de cumpridos parcialmente e 67,35% que não estavam de acordo. O ouvidor Pedro Germano Neto, destaca a importância do trabalho desenvolvido e o impacto positivo dessa transparência para a melhoria da gestão "A transparência, apesar de um requisito legal a ser cumprido, é uma estratégia de gestão que facilita o fluxo informacional e o controle das prestações de serviços. Toda a equipe está de parabéns, pois mesmo em meio à pandemia, conseguiu-se evoluir consideravelmente, em relação à transparência ativa no HU-UFMA" ressaltou ele.

Esse resultado positivo só foi possível graças ao empenho de toda uma equipe e principalmente da Gerência Administrativa e dos setores ligados a ela, responsáveis por fornecer boa parte dos dados que precisavam ser disponibilizados de forma transparente e de fácil acesso a todos.

O gerente de Administração, Eurico Santos Neto, reforça que o resultado demonstra a maturidade da gestão administrativa e financeira do HU-UFMA. "As informações administrativas precisam ser coletadas em sistemas gerenciais do hospital, bem como em sistemas públicos financeiros que buscam garantir a efetividade e eficiência com a qual gerimos os recursos. Não é fácil consolidar essas informações, uma vez que elas estão distribuídas em vários sistema Hoje, conseguimos mostrar pelo site de forma atualizada dados de contratos, de execução orçamentária, financeira, entre outros, além do painel financeiro elaborado pela sede, que demonstra todo o andamento administrativo e financeiro, em vários aspectos, fazendo também a comparação com outros anos. Tudo isso demonstra uma maturidade de gestão, de transparência e de responsabilidade com o recurso público".

Para o reitor da Universidade Federal do Maranhão - UFMA, Natalino Salgado Filho, é motivo de grande júbilo ter uma das unidades da universidade nessa colocação. "O Hospital Universitário é o maior centro de extensão da UFMA, responsável pela formação de milhares de estudantes da área da saúde. Perceber que essa grandiosa missão de educar, ensinar e tratar os pacientes do SUS está aliada a um esforço exitoso de gestão é muito gratificante. O HU, possui uma cultura de décadas de boas práticas de gestão que se aprimora a cada dia, sempre em sintonia com os órgãos de auditoria federal. A transparência dos nossos processos é exemplar, o reconhecimento pelos órgãos de controle ratifica essa tradição".

A superintendente do HU-UFMA, Joyce Santos Lages, afirmou que o resultado foi fruto de um esforço coletivo e parabenizou a equipe pelo trabalho desenvolvido. "Não medimos esforços e evoluímos muito em todos os quesitos recomendados pelos órgãos de controle, esse resultado nos dá ânimo para continuarmos trabalhando e não só manter, mas melhorar ainda mais, pois isso reforça o nosso compromisso com cada usuário da nossa instituição e com toda a sociedade", disse ela.

A LAI estabelece que as informações de interesse coletivo ou geral devem ser divulgadas pelos órgãos públicos, espontânea e proativamente, independentemente de solicitações. Além disso, no art. 8º prevê um rol mínimo de dados

que os órgãos e entidades devem, obrigatoriamente, divulgar nas suas páginas oficiais na internet, no menu "Acesso à Informação". Diante disso, a equipe do HU-UFMA trabalhou para atender a todas essas exigências.

Para conferir os dados do ranking e outras informações do Painel "Lei de Acesso à Informação" clique no link: http://paineis.cgu.gov.br/lai/index.htm

**Sobre a Ebserh**

Desde janeiro de 2013, o HU-UFMA é filiado à Ebserh, estatal vinculada ao Ministério da Educação que administra atualmente 40 hospitais universitários federais. O objetivo é, em parceria com as universidades, aperfeiçoar os serviços de atendimento à população, por meio do Sistema Único de Saúde (SUS), e promover o ensino e a pesquisa nas unidades filiadas.

O órgão, criado em dezembro de 2011, também é responsável pela gestão do Programa Nacional de Reestruturação dos Hospitais Universitários Federais (Rehuf), que contempla ações nas 50 unidades existentes no país, incluindo as não filiadas à Ebserh.

Por Danielle Morais

Compartilhe:

MANAGEMENT

# HU-UFMA is among the hospitals in the Ebserh Network with high compliance in patient safety

Report from the National Health Surveillance Agency considered data related to 21 quality items

published : 06/07/2023 09:04 , last modified : 06/07/2023 21:27




The UFMA University Hospital (HU-UFMA), a member of the Ebserh Network, is among the Brazilian hospitals that achieved a high compliance rating in patient safety, according to a report by the National Health Surveillance Agency (Anvisa), released in May of this year and referring to data collected in 2022.

Twenty-one items were analyzed, such as the established Patient Safety Center, the protocol for pre[illegible] falls and pressure injuries implemented, in addition to the monthly monitoring of indicators of compliance with

patient safety protocols.

"We underwent a rigorous self-assessment process, in which we were very meticulous, and the external audit validated our submitted work, achieving a 95% compliance rate and positioning ourselves among the high-performing institutions in patient safety in Intensive Care Units in the state," emphasized Sirlei Marques, head of the Quality Management Department at HU-UFMA. "This recognition makes us very happy and motivated to continue working toward increasingly better results," she noted.




**Compliance with indicators**

The National Assessment of Patient Safety Practices is a regulatory practice adopted by the National Health Surveillance System (SNVS) since 2016, to verify compliance with patient safety practice indicators by health services with intensive care unit (ICU) beds.

In addition to filling out forms to certify compliance with the requirements with appropriate documentary evidence, there were in-person visits by evaluation teams to selected hospital units.

Read the full Anvisa report

**About the Ebserh Network**

The UFMA University Hospital (HU-UFMA) has been part of the Ebserh Network since 2013. Linked to the Ministry of Education (MEC), Ebserh was created in 2011 and currently manages 41 federal university hospitals, supporting and promoting their activities through excellent management.

As hospitals affiliated with federal universities, these units have specific characteristics: they serve patients of the Unified Health System (SUS) while supporting the training of health professionals and the development of research and innovation.

**By:** HU-UFMA

**Review:** Jáder Cavalcante

HOSPITAL UNIVERSITÁRIO DA UNIVERSIDADE FEDERAL DO MARANHÃO
Rua Barão de Itapary, nº 227 - Bairro Centro, São Luís/MA, CEP 65020-070
- http://huufma.ebserh.gov.br

**DR. WASTON GONÇALVES RIBEIRO**

General Surgeon, Presidente Dutra University Hospital, Federal University of Maranhão (HU-UFMA) Supervisor, General Surgery Medical Residency Program, HU-UFMA (since March 2011) Career Civil-Service Surgeon, São Luís Municipal Health Department | Titular Member, Brazilian College of Surgeons (TCBC)

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São Luís, Maranhão, Brazil — July 21, 2026

U.S. Citizenship and Immigration Services Re: Expert Testimonial Regarding the Critical and Essential Roles of Dr. Yglésio Luciano Moyses Silva de Souza

Dear USCIS Officer:

## Professional authority

I am a general surgeon at the Presidente Dutra University Hospital of the Federal University of Maranhão (HU-UFMA), where I have served as a federal public physician since 2003 and as Supervisor of the General Surgery Medical Residency Program since March 2011. I am also a career civil-service surgeon of the São Luís Municipal Health Department, appointed through public competitive examination. I hold a Master of Science in Health Sciences from UFMA and a doctorate in Medical Sciences from the State University of Rio de Janeiro. I am a Titular Member of the Brazilian College of Surgeons, and in 2024 I received the Maranhão Academy of Medicine's Medical Merit Honour. My clinical and scientific work covers digestive surgery, trauma, acute pancreatitis, abdominal sepsis, bariatric surgery, complex abdominal-wall hernias, experimental surgery and resident education.

## What connects me to Dr. Souza, and how I know what I describe

The factual statements in this letter are based on my direct and contemporaneous professional knowledge. For clarity: Dr. Souza and I are not relatives; we have never published or conducted research together; and nothing in this petition's outcome — and no arrangement with the petitioning employer — stands to benefit me in any way.

My knowledge comes from two positions. As a career surgeon of the São Luís Municipal Health Department — the same municipal network to which Hospital Municipal Djalma Marques, known as Socorrão I, belongs — I had direct professional insight into the operating condition of that hospital and of the municipal emergency network before, during and after 2013. I observed Dr. Souza's seven-month tenure as Director-General, from January through July 2013, witnessing and collaborating with the institutional work undertaken in that period. Separately, as Supervisor of the General Surgery Medical Residency Program at HU-UFMA, I knew his performance as a surgeon and worked with him directly in residency education.

## Essential service as preceptor in the programme I supervise

I begin with the role over which my knowledge is supervisory and therefore strongest. Dr. Souza served as a Preceptor in the General Surgery Medical Residency Program of HU-UFMA, the accredited programme I have supervised since March 2011. In that capacity he supervised residents in the operating room and on the wards, taught surgical technique and clinical judgment, took part in their formal evaluation, and carried the daily teaching responsibility on which an accredited residency depends.

As the supervisor of this program, I can say without qualification that preceptors perform an essential function: without qualified preceptors, the program cannot properly train, supervise, or evaluate its residents. Dr. Souza was not interchangeable with a routine instructor. His technical ability and experience in major and complex operations materially expanded the advanced operative training available to residents under his supervision. He discharged that function with technical authority, dedication and sound clinical judgment.

His preceptorship in this programme, and in the Digestive System Surgery Residency Program at the same institution, is separately documented by official institutional declarations. My purpose here is to confirm, from direct supervisory knowledge, that the role was real, demanding and important to the programme's educational mission.

## Critical leadership at Socorrão I

Socorrão I is one of Maranhão's principal public emergency and trauma referral hospitals. It works under continuous pressure from patient volume, surgical emergencies, limited physical capacity and the need to coordinate many clinical and administrative services at once. Because of its central position in the municipal

emergency network, what happens to its organisation affects not only the hospital but patient access, transfers, waiting times, surgical availability and the functioning of other urgent-care units across São Luís.

When the new municipal administration took office in January 2013, Socorrão I was operating amid an inherited crisis. The hospital faced severe pressure on available beds, overcrowding, interrupted and insecure supply of food for inpatients, shortages of medicines and essential materials, and operational deficiencies affecting clinical and surgical care. In an emergency referral hospital these were not inconveniences: they threatened continuity of treatment, patient safety, working conditions and the capacity to admit new emergencies. Dr. Souza took up the responsibilities of Director-General in that setting, and had to stabilise essential services while reorganising the institution.

Across those seven months he led a broad reorganisation of the hospital's patient flow — how patients entered, were assessed, prioritised, moved between sectors, prepared for surgery, admitted and discharged. In a crowded emergency hospital, unclear pathways produce delay, duplicated effort, lost clinical information and avoidable risk. Under his direction, responsibilities and routes of care became better organised, and coordination improved among the emergency department, diagnostic services, inpatient units, the surgical centre and the administrative teams.

The administration established practical improvements in the availability and control of food, medicines, surgical supplies and other essential inputs, and worked to improve bed management and reduce avoidable bottlenecks in admission, internal transfer, surgical scheduling and discharge. These measures restored a degree of predictability to daily operations and let clinical teams work to clearer priorities with more reliable support.

He also undertook substantial modernisation of the surgical centre. I saw the improvements to its physical and operational structure: building works, the replacement or acquisition of essential equipment, and the modernisation of anaesthesia resources including anaesthesia workstations. These raised the functional capacity of the surgical centre and supported safer and more reliable operative care. They were concrete institutional improvements completed within a short administration, not plans for future action.

Within that effort the hospital also began a laparoscopic surgery service, bringing minimally invasive procedures into the public emergency-hospital setting. During the same period we started the implementation of an electronic medical-record system at Socorrão I, which to my knowledge was a first within the São Luís municipal public-health network, and the administration computerised hospital-billing workflows, strengthening

the documentation of care and the hospital's ability to account for the services it rendered.

The official DATASUS production figures for that period form part of the record filed with this petition. I do not repeat them here, and I claim no particular numerical change as the consequence of any decision of Dr. Souza's. What I attest to is what I observed: a change in how the institution worked — in access, operative capacity, continuity of care, reliability of information and administrative discipline — over the months in question.

What distinguishes his performance is the concentration of consequential change achieved in seven months. He did not hold a merely nominal executive title. He used the authority of the Director-General's office to confront structural clinical and operational problems, align professional teams, and implement changes that directly affected the Hospital's capacity to serve the public. In my professional judgment, Socorrão I depended materially on that leadership during a period of substantial operational strain.

## Professional assessment

On what I personally observed, I consider both roles — Director-General of Socorrão I, and Preceptor in the residency programme I supervise — to have been critical and essential to the institutions and activities concerned.

The short duration of the executive appointment does not diminish its importance. The number and institutional reach of the measures put in place within seven months show unusual initiative, technical authority and executive effectiveness, and the work materially strengthened one of the most consequential public hospitals in Maranhão. His work as a preceptor showed advanced surgical ability, commitment to resident education, and the capacity to carry responsibilities essential to the running of an accredited residency programme.

I have set down what I saw from the two positions I held, and no more than that. Any point in this letter can be verified with me directly at the address below.

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Rua Barão de Itapary, nº 227 - Bairro Centro, São Luís/MA, CEP 65020-070
- http://huufma.ebserh.gov.br

Respectfully,

gov.br
Documento assinado digitalmente
WASTON GONCALVES RIBEIRO
Data: 24/07/2026 07:25:41-0300
Verifique em https://validar.iti.gov.br

**Dr. Waston Gonçalves Ribeiro, M.D., M.Sc., Ph.D., TCBC**
General Surgeon, Presidente Dutra University Hospital — HU-UFMA
Supervisor, General Surgery Medical Residency Program, HU-UFMA (since March 2011)
Career Civil-Service Surgeon, São Luís Municipal Health Department
wastonnet@hotmail.com | +55 98 98831-9771 | Lattes: http://lattes.cnpq.br/3796269147816368



# Waston Gonçalves Ribeiro

Address to access this CV: http://lattes.cnpq.br/3796269147816368
ID Lattes: **3796269147816368**
Last updated: 29/04/2026

graduate at Medicina from Universidade Federal do Maranhão (1994). Has experience in Medicine, focusing on Gastroenterologic Surgery, acting on the following subjects: videolaparoscopia, politraumatizado, pancreatite aguda, cirurgia geral and ascaridíase biliar. **(Text informed by the author)**

## Personal Information

**Name**

Waston Gonçalves Ribeiro

**Bibliographic Citation**

RIBEIRO, W. G.;RIBEIRO, WASTON GONÇALVES

**Lattes iD**

http://lattes.cnpq.br/3796269147816368

**Nationality**

Brasil

## Address

**Professional Address**

Universidade Federal do Maranhão, Centro de Ciências da Saúde, Departamento de Medicina II.
Rua Barão de Itapary nº 227
Centro
65070020 - São Luís, MA - Brasil
Telephone: (98) 2191000
Extension: 1031
Homepage URL: http://www.huufma.br

## Formal Education/Degree

**2016 - 2021**

Ph.D. in pós graduação em ciências médicas.
Universidade do Estado do Rio de Janeiro, UERJ, Brasil.
, Year of degree: 2021.
Advisor: Prof. Dr. Marcos Bettini Pitombo.
Co-advisor: Prof. Dr. Orlando Jorge Martins Torres.
Keywords: tela cirúrgica; Aderências teciduais; inflamação; colágeno; reação tipo corpo estranho; Ratos.
Major Area: Health Sciences / Area: Medicina / Subarea: Cirurgia / Specialty: Cirurgia Experimental.
Major Area: Health Sciences / Área: Medicina / Subarea: Cirurgia / Specialty: Cirurgia Gastroenterologia.
Activity sectors: Atividades de atenção à saúde humana.

**2005 - 2007**

Master in Ciências da Saúde.
Universidade Federal do Maranhão, UFMA, Brasil. Year of degree: 2007.
Advisor: Orlando Jorge Martins Torres.
Keywords: Transplante Hepático.
Major Area: Health Sciences / Area: Medicina / Subarea: Cirurgia / Specialty: Cirurgia Experimental.

**1995 - 1999**

Specialization - Medical residency.
Universidade Federal do Maranhão, UFMA, Brasil.
Medical residency in: Cirurgia Geral
Registration number: .
Keywords: Cirurgia Geral.

Major Area: Health Sciences / Area: Medicina / Subarea: Cirurgia / Specialty: Cirurgia Gastroenterologia.
Activity sectors: Cuidado À Saúde das Pessoas.

**1988 - 1994**

Graduation in Medicina.
Universidade Federal do Maranhão, UFMA, Brasil.
Advisor: Orlando Santos.

## Professional Experience

**Universidade Federal do Maranhão, UFMA, Brasil.**

**Contract**

**2003 - Present**

Type of contract: Servidor público, Functional Placement: Médico Cirurgião Geral, Credit Hours: 40

**Activities**

**12/2003 - Atual**

Research and Development, Hospital Universitário da Universidade Federal do Maranhão.

Research Fields
Pesquisa experimental com telas para o reparo de hérnias da parede abdominal

**12/2003 - Atual**

Specialized technical services , Centro de Ciências da Saúde, Departamento de Medicina II.

Jobs Accomplished
Cirurgião Geral.

## Research line

**1.**

Pesquisa experimental com telas para o reparo de hérnias da parede abdominal

## Other Projects

**2010 - 2010**

HÉRNIA DE DE GARENGEOT: RELATO DE CASO E REVISÃO DA LITERATURA

Description: Descreve-se um raro caso de um paciente que desenvolveu uma apendicite aguda no interior de uma hérnia femural encarcerada. Acrescenta-se uma revisão de literatura..

Situation: Completed; Nature: Other.

Members: Waston Gonçalves Ribeiro - Coordinator / Santiago Cirilo Noguera Servin - Member / Erico Brito Cantanhede - Member / João Batista Santos Garcia - Member.

## Areas of Expertise

**1.**

Major Area: Health Sciences / Área: Medicina / Subarea: Cirurgia/Specialty: Cirurgia Gastroenterologia.

**2.**

Major Area: Health Sciences / Área: Medicina / Subarea: Clínica Médica/Specialty: Gastroenterologia.

**3.**

Major Area: Health Sciences / Área: Medicina / Subarea: Cirurgia/Specialty: Cirurgia Experimental.

## Languages

**Inglês**

Comprehends Reasonably, Speaks Reasonably, Reads Well, Writes Reasonably.

**Espanhol**

Comprehends Well, Speaks Reasonably, Reads Well, Writes Little.

## Awards and Titles

**2024**

Membro Titular do Colégio Brasileiro de Cirurgiões, Colégio Brasileiro de Cirurgiões.

**2024**

Honra ao Mérito Médico Maranhense, Academia Maranhense de Medicina.

**2005**

Menção Honrosa, VII Congresso Brasileiro das Ligas do Trauma.

**2000**

Membro Associado ao Colégio Brasileiro de Cirurgiões, Colegio Brasileiro de Cirurgiões.

**1998**

Melhor Residente do Programa de Residência Médica em Cirurgia Geral do Hospital Universitário Presidente Dutra, HU-UFMA.

**1993**

Aprovação em 2ª Lugar no 1ª Concurso de Ética Médica (13/03/1993), CRM-MA.

## Scientific, Technological, Artistic and Cultural Production

## Full articles published in journals

Sort by

Chronological Order

1.

CAMPOS, JEFFERSON RUMMENIGGE NASCIMENTO ; **RIBEIRO, WASTON GONÇALVES** ; RIBEIRO, JOÃO LUCAS DE PONTES ; ALVES, ANNA ISABEL RODRIGUES ; TEIXEIRA, FABIO GOMES ; ARAUJO, MARIA CLARA SANTOS . MANEJO CIRÚRGICO E ENDOSCÓPICO DA WALLED-OFF NECROSIS INFECTADA APÓS PANCREATITE AGUDA NECROSANTE. CONTEMPORÂNEA - REVISTA DE ÉTICA E FILOSOFIA POLÍTICA, v. 6, p. e10142, 2026.

2.

CARVALHO, MATEUS RODRIGUES ; CARVALHO, FILIPE RODRIGUES ; **RIBEIRO, WASTON GONÇALVES** ; COIMBRA, THAYNA ROCHA ; ARAÚJO, DÉBORAH LIMA LOPES . PREVENÇÃO DE HÉRNIA INCISIONAL: MOMENTO ATUAL. CONTEMPORÂNEA - REVISTA DE ÉTICA E FILOSOFIA POLÍTICA, v. 5, p. e9515, 2025.

3.

CARVALHO, MATEUS RODRIGUES ; **RIBEIRO, WASTON GONÇALVES** ; HIRAI, ALISSA COSTA ; BARROSO, PEDRO PAULO DE HOLANDA . TROMBOSE VENOSA PROFUNDA APÓS HERNIOPLASTIA INGUINAL À LICHTENSTEIN: RELATO DE CASO E REVISÃO DE LITERATURA. CONTEMPORÂNEA - REVISTA DE ÉTICA E FILOSOFIA POLÍTICA, v. 5, p. e9422, 2025.

4.

BARROSO, PEDRO PAULO DE HOLANDA ; **RIBEIRO, WASTON GONÇALVES** ; HIRAI, ALISSA COSTA ; BARROSO, LETÍCIA MOURA BARROS ; BARROSO, PEDRO MARCELO AZEVEDO . MOMENTO DO FECHAMENTO DAS FÍSTULAS ENTEROCUTÂNEAS: UMA REVISÃO NARRATIVA. CONTEMPORÂNEA - REVISTA DE ÉTICA E FILOSOFIA POLÍTICA, v. 5, p. e9581, 2025.

5.

**RIBEIRO, WASTON GONÇALVES**; MILHOMEM, LUIZA MARIA ARRUDA ; CARVALHO, MATEUS RODRIGUES ; BARROSO, PEDRO PAULO DE HOLANDA ; CARVALHO, MATEUS BALBINO BARBOSA DE . PSEUDOCISTO DE PAREDE ABDOMINAL: COMPLICAÇÃO INSÓLITA APÓS HERNIOPLASTIA. CONTEMPORÂNEA - REVISTA DE ÉTICA E FILOSOFIA POLÍTICA, v. 5, p. e8538, 2025.

6.

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**13.**

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1.

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1.

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17.

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**22.**

**RIBEIRO, W. G.**; TORRES, O. J. M. . , 1997, São Luís - MA, 1997.

**23.**

**RIBEIRO, W. G.**; TORRES, O. J. M. . , 1997, São Luís - MA, 1997.

**24.**

**RIBEIRO, W. G.**; TORRES, O. J. M. . , 1997, São Luís, 1997.

### Presentations of Work

**1.**

**RIBEIRO, W. G.**. Pancreatite Aguda. 2014. (Presentation/Other).

**2.**

**RIBEIRO, W. G.**. Hemotransfusão no trauma. 2013. (Presentation/Symposium).

**3.**

**RIBEIRO, W. G.**. Acesso Venoso Central. 2013. (Presentation/Symposium).

**4.**

**RIBEIRO, W. G.**. Herniorrafia Inguinal. 2013. (Presentation/Symposium).

**5.**

**RIBEIRO, W. G.**. Pancreatite Aguda. 2013. (Presentation/Other).

**6.**

**RIBEIRO, W. G.**. Sepse Abdominal. 2011. (Presentation/Conference or Colloquium).

**7.**

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**9.**

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**10.**

SOUSA, C.A.C. ; SILVA, F.C. ; MATIAS, M.M. ; **RIBEIRO, W. G.** . PERFIL DE INCIDÊNCIA DE CHOQUE HIPOVOLÊMICO EM ÓBITOS DE CAUSA TRAUMÁTICA EM CAPITAL DE UM ESTADO BRASILEIRO. 2008. (Presentation/Congress).

**11.**

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MATOS JÚNIOR, E.M. ; ZANDONADI, E.D. ; AZEVEDO, R.P. ; **RIBEIRO, W. G.** . Estudo Epidemiológico de Óbitos por Afogamento em São Luís-Ma, 2004-2005. 2006. (Presentation/Congress).

**13.**

BOGÉA,B.S. ; MATOS JÚNIOR, E.M. ; ZANDONADI, E.D. ; **RIBEIRO, W. G.** . Perfil epidemiológico das Mortes Violentas no IML em São Luís - Ma. 2006. (Presentation/Congress).

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**15.**

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**16.**

MATOS JÚNIOR, E.M. ; ABOUD, D.A.F. ; LIMA, D.S. ; **RIBEIRO, W. G.** . Trauma Cervical: estudo dos casos atendidos em seis anos. 2006. (Presentation/Congress).

**17.**

MATOS JÚNIOR, E.M. ; BOGÉA,B.S. ; LIMA, D.S. ; **RIBEIRO, W. G.** . Hérnia diafragmática traumática: relato de caso.. 2006. (Presentation/Congress).

**18.**

**RIBEIRO, W. G.**. Atendimento inicial ao paciente politraumatizado. 2005. (Presentation/Conference or Colloquium).

**19.**

**RIBEIRO, W. G.**. Trauma abdominal penetrante. 2005. (Presentation/Congress).

### Other works

**1.**

**RIBEIRO, W. G.**. Palestra Perdão. 2004 (Retiro 2004 - Igreja Presbiteriana de São Luís) .

**2.**

**RIBEIRO, W. G.**. Palestra Restauração. 2003 (Retiro 2003 - Igreja Presbiteriana de São Luís) .

## Boards

#### Participation in course completion works examination boards

### Improvement/specialization monography

**1.**

**RIBEIRO, W. G.**; Serra Neto, A; LIMA, RC. Participation in board of Mateus Rodrigues Carvalho. Trombose venosa profunda após hernioplastia inguinal à Lichtenstein: relato de caso e revisão de literatura. 2024. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**2.**

**RIBEIRO, W. G.**; Serra Neto, A; LIMA, RC. Participation in board of Ingredy Tavares da Silva. CORPO ESTRANHO PULMONAR: diagnóstico inesperado após 15 anos. 2024. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**3.**

**RIBEIRO, W. G.**; LIMA, RC; NEIVA, RF. Participation in board of Mateus Patrício da Silva. Hernioplastia Laparoscópica Transabdominal Pré-peritoneal (TAPP): perfil dos pacientes e resultados dos procedimentos realizados por residentes de cirurgia geral em um Hospital Universitário Federal. 2023. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**4.**

**RIBEIRO, W. G.**; BRANCO NETO, MLC; Serra Neto, A. Participation in board of Tárcia Heliny Nojoza Mendonça Gonçalves. Hérnia de Garengeot: relato de caso e

revisão da literatura. 2023. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**5.**

BARBOSA, MCL; **RIBEIRO, W. G.**; Serra Neto, A. Participation in board of Gabriel Sandrin de Oliveira Melo. Perfil alimentar e nutricional da população residente em comunidades Quilombolas em Codó - Ma. 2020. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**6.**

**RIBEIRO, W. G.**; BRANCO NETO, MLC; Serra Neto, A. Participation in board of Adriana Carneiro Corrêa Nascimento. Hérnia de parede abdominal: avaliação estrutural das próteses sintéticas. 2018. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**7.**

**RIBEIRO, W. G.**; BRANCO NETO, MLC; Serra Neto, A. Participation in board of Francisco Felipe Moreira Atta. Hérnia incisional: técnicas de reparo aberto. 2018. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**8.**

**RIBEIRO, W. G.**; BRANCO NETO, MLC; Serra Neto, A. Participation in board of Larissa Brito Ferreira. Síntese da parede abdominal: material e técnica cirúrgica. 2018. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

**9.**

**RIBEIRO, W. G.**; BRANCO NETO, MLC; Serra Neto, A. Participation in board of Diêgo Vinnicyus Santos. Hérnia incisional: análise da abordagem videolaparoscópica. 2018. Monography (Improvement/Specialization in Programa de Residência Médica em Cirurgia Geral) - Hospital Universitário da UFMA/Ebserh.

## Events

**Participation in events, congresses, exhibitions and fairs**

**1.**

.. 2014. (Workshops).

**2.**

V Jornada Acadêmica de Clínica CirúrgicaHérnia inguinal: correção com PHS. 2013. (Outra).

**3.**

V Jornada Acadêmica de Clínica Cirúrgica. 2013. (Outra).

**4.**

Hérnias da parede abdominal. 2012. (Congresses).

**5.**

III Simpósio SOTIMA de terapia intensiva.Punção Venosa Profunda. 2012. (Symposium).

**6.**

III Simpósio SOTIMA de terapia intensiva.Terapia nutricional nas fístulas digestivas: quando e como conduzir. 2012. (Symposium).

**7.**

III Simpósio SOTIMA de terapia intensiva.Sepse abdominal. 2012. (Symposium).

**8.**

IV Jornada da Liga Acadêmica de Clínica CirúrgicaHérnia inguinal: correção com PHS. 2012. (Outra).

**9.**

IV Jornada da Liga Acadêmica de Clínica Cirúrgica. 2012. (Outra).

**10.**

V Jornada LATEAtendimdento Inicial ao Politrauma. 2012. (Outra).

**11.**

V Jornada LATE. 2012. (Outra).

**12.**

Relato de caso: Cirurgia de Whipple no tratamento cirúrgico de insulinoma. 2012. (Congresses).

**13.**

III Jornada Acadêmica de Clínica Cirúrgica da LACCSepse abdominal. 2011. (Outra).

**14.**

. 2010. (Workshops).

**15.**

Curso de Regualação Médica do Hospital Alemão Osvaldo Cruz. 2010. (Outra).

16.

Vídeo comentado: fígado e ressecção vascular. 2010. (Congresses).

17.

Mini-conferência Via Biliar: tratamento do Câncer de Vesícula Biliar. 2010. (Congresses).

18.

Vídeo comentado: Pâncreas.. 2010. (Congresses).

19.

Caso clínico: Fígado.. 2010. (Congresses).

20.

II Jornada Acadêmica de Clínica Cirúrgica da LACC.Acesso venoso central. 2010. (Symposium).

21.

Caso clínico: via biliar. 2010. (Congresses).

22.

Fístulas enterocutâneas pós-operatórias. 2010. (Congresses).

23.

Mini-conferência: Pâncreas.. 2010. (Congresses).

24.

Treinamento para EnfermagemAtendimento ao paciente politraumatizado. 2009. (Outra).

25.

. Acesso venoso central: quais as alternativas?. 2009. (Congresses).

26.

. 2009. (Congresses).

27.

. Mesa redonda: transporte e triagem no APH.. 2009. (Congresses).

**28.**

Atendimento Incial ao Politraumatizado. 2007. (Congresses).

**29.**

. Pancreatite aguda: cirurgia - quando e como?. 2007. (Congresses).

**30.**

Tratamento cirúrgico da pancreatite aguda. 2007. (Congresses).

**31.**

V Simpósio de Enfermagem.Infecção associada ao uso de cateter venoso central. 2007. (Symposium).

**32.**

Educação Continuada de Enfermagem.Atendimento Inicial ao Politraumatizado. 2006. (Symposium).

**33.**

IV Simpósio de Enfermagem.Infecção de Sítio Cirúrgico. 2006. (Symposium).

**34.**

Programação Científica Continuada UDI-GastroAbdome agudo: pancreatite aguda. 2006. (Outra).

**35.**

Programação Científica Continuada UDI-GastroEstado atual do tratamento da pancreatite aguda severa. 2006. (Outra).

**36.**

Reunião Científica do Programa de Transplante Hepático - HUUFMAMELD. 2006. (Outra).

**37.**

Punção Venosa Profunda - Como eu faço?. 2006. (Congresses).

**38.**

Situações Especiais I. 2006. (Congresses).

**39.**

Avaliador de trabalhos científicos. 2006. (Congresses).

**40.**

Trauma Cervical. 2006. (Congresses).

**41.**

Conduta no Trauma Abdominal Penetrante. 2006. (Congresses).

**42.**

Curso de Atualização em Urgência e EmergênciaAtendimento Inicial ao Paciente Politraumatizado. 2005. (Outra).

**43.**

III Seminário sobre Transplante Hepático. .Conduta na Pancreatite Aguda Grave. 2005. (Seminary).

**44.**

III Seminário sobre Transplante Hepático. . 2005. (Seminary).

**45.**

Moderador de trabalhos científicos (mesa 5). 2005. (Congresses).

**46.**

Atendimento Inicial ao Politraumantizado. 2005. (Congresses).

**47.**

Moderador de trabalhos científicos (mesa 8). 2005. (Congresses).

**48.**

Moderador de trabalhos científicos (mesa 3). 2005. (Congresses).

**49.**

Moderador de trabalhos científicos (mesa 7). 2005. (Congresses).

**50.**

Catástrofes. 2005. (Congresses).

**51.**

Moderador de trabalhos científicos (mesa 6). 2005. (Congresses).

**52.**

Moderador de trabalhos científicos (mesa 4). 2005. (Congresses).

**53.**

Moderador de trabalhos científicos apresentados (mesa 2). 2005. (Congresses).

**54.**

Trauma Abdominal Penetrante. 2005. (Congresses).

**55.**

Advanced Trauma Life Support - ATLS. 2004. (Outra).

**56.**

Assistência de Enfermagem ao PolitraumatizadoCoordenador do curso Assistência de Enfermagem ao Politraumatizado. 2004. (Outra).

**57.**

Curso: Assistência de Enfermagem ao Politraumatizado. 2004. (Meetings).

**58.**

Palestrante do tema: Pancreatite Aguda e conduta cirúrgica no I Curso de Cirurgia do Aparelho Digestivo do Hospital Universitário da UFMA. 2004. (Congresses).

**59.**

I Curso de Cirurgia do Aparelho Digestivo do Hospital Universitário da UFMA. 2004. (Outra).

**60.**

Projeto Internação. 2004. (Outra).

**61.**

I Seminário sobre Transplante Hepático e Pancreático. . 2003. (Seminary).

**62.**

I Seminário sobre Transplante Hepático e Pancreático do HUPD. . 2003. (Seminary).

**63.**

Pré-Congresso Brasileiro das Ligas do TraumaPalestrante do Tema Vias Aéreas no Congresso Multidisciplinar de Atendimento ao Traumatizado - Pré-Congresso Brasileiro das Ligas do Trauma. 2003. (Outra).

**64.**

Atendimento Inicial ao Politraumatizado: teórico/práticoPalestrante do Curso: Atendimento Inicial ao Politraumatizado: teórico/prático. 2002. (Outra).

**65.**

Bases da Cirurgia VideolaparoscópicaPalestrante do Curso: Bases da Cirurgia Videolaparoscópica com o Tema Cisto de Ovário. 2002. (Outra).

**66.**

Bases da Cirurgia VideolaparoscópicaPalestrante do Curso: Bases da Cirurgia Videolaparoscópica com o Tema Colecistectomia Videolaparoscópica. 2002. (Outra).

**67.**

I Curso de Capacitação da LATEPalestrante do I Curso de Capacitação da LATE. 2002. (Outra).

**68.**

Conferencista do Tema Atendimento Inicial ao Politraumatizado - I Jornada de Gastroenterologia e Cirurgia do Maranhão do Sul. 2002. (Congresses).

**69.**

Conferencista do Tema Pancreatite Aguda - I Jornada de Gastroenterologia e Cirurgia do Maranhão do Sul. 2002. (Congresses).

**70.**

I Jornada Maranhense de TraumaCondutas no Atendimento Inicial. 2002. (Outra).

**71.**

I Seminário de Cirurgia Videolaparoscópica do UDI Hospital. . 2002. (Seminary).

**72.**

I Seminário de Cirurgia Videolaparoscópica do UDI Hospital. .Apresentador da Sessão de Vídeo-Livre Colecistite Aguda Videolaparoscópica - I Seminário de Cirurgia Videolaparoscópica do UDI Hospital. 2002. (Seminary).

**73.**

I Seminário de Cirurgia Videolaparoscópica do UDI Hospital. .Apresentador da Sessão de Vídeo-Livre Apendicite Aguda Videolaparoscópica - I Seminário de Cirurgia Videolaparoscópica do UDI Hospital. 2002. (Seminary).

**74.**

Presidente da Mini-Conferência Fístulas Enterocutâneas Pós-Operatórias - IV Congresso do CRM - MA. 2002. (Congresses).

**75.**

IX Curso Avançado em Hérnia Inguinal. 2002. (Outra).

**76.**

Conferência. 2001. (Outra).

**77.**

Conferência: Manuseio da Dor no Pós-Operatório. 2001. (Outra).

**78.**

Conferência Imagenologia Abdominal. 2001. (Outra).

**79.**

Curso Avançado Prático em Esôfago:. 2001. (Outra).

**80.**

Curso de Abdome Agudo. 2001. (Outra).

**81.**

Presidente da Mini-Conferência: Duodenopancreatectomia: experiência pessoal. II Semana do Aparelho Digestivo do Maranhão. 2001. (Congresses).

**82.**

II Semana do Aparelho Digestivo do Maranhão. .Estado Atual do Tratamento da Pancreatite Aguda.. 2001. (Seminary).

**83.**

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II Congresso do Conselho Regional de Medicina do Maranhão. 1997. (Congresses).

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Moderador: Infecção Necrotizante de Tecidos Moles. III Jornada de Cirurgia do Aparelho Digestivo do Maranhão. 1997. (Congresses).

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III Jornada de Cirurgia do Aparelho Digestivo do MaranhãoCoordenador de Temas Livres. III Jornada de Cirurgia do Aparelho Digestivo do Maranhão. 1997. (Outra).

**94.**

III Jornada de Cirurgia do Aparelho Digestivo do MaranhãoModerador: Tratamento Cirúrgico da Colecistite Aguda. III Jornada de Cirurgia do Aparelho Digestivo do Maranhão. 1997. (Outra).

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**RIBEIRO, W. G.**; TORRES, O. J. M. ; SERVIN, S. C. N. . VII Congresso Brasileiro das Ligas do Trauma. 2005. (Event Production/Congress).

## Academic Advisory

Academic Advisory - concluded

### Monograph of completion for improvement/specialization

1.

Mateus Rodrigues Carvalho. Trombose venosa profunda após hernioplastia inguinal à Lichtenstein: relato de caso e revisão de literatura. 2024. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

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Ingredy Tavares da Silva. CORPO ESTRANHO PULMONAR: diagnóstico inesperado após 15 anos. 2024. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

3.

Tárcia Heliny Nojoza Mendonça Gonçalves. Hérnia de Garengeot: relato de caso e revisão da literatura. 2023. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

4.

Diego Vinnicyus Santos Rodrigues. Hérnia incisional: uma análise da abordagem videolaparoscópica. 2018. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

5.

Adriana Carneiro Correa Nascimento. Hérnia de parede abdominal: avaliação estrutural das próteses sintéticas. 2018. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

6.

Francisco Felipe Moreira Atta. Hérnia incisional: técnicas de reparo aberto. 2018. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

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Larissa Brito Ferreira. Síntese da parede abdominal: material e técnica cirúrgica. 2018. Monography - Hospital Universitário da UFMA/Ebserh. Advisor: Waston Gonçalves Ribeiro.

## Education and Popularization of C & T

Articles

### Full articles published in journals

**1.**

Miranda, DL ; Krogh, E ; Costa, jefb ; Teixeira, JAMT ; Miranda, JDS ; Lauletta Neto, J ; Guará, JP ; Cruz, KRS ; Sousa, MS ; SOUZA, M. J. S. ; MELLO, M. R. ; MATOS, M. E. S. ; NUNES, M. V. ; Barbosa M.R. ; MARQUES, P. F. ; ALBUQUEREQUE, R. B. C. ; SALAZAR, R. M. ; CUNHA, R. D. E. S. ; ALVES, M. T. S. B. E. ; **RIBEIRO, W. G.** ; et.al . O Ensino e a Assistência: Valorização e Reconhecimento da Preceptoria na Residência Médica do Maranhão. Cadernos da ABEM, v. 9, p. 47-52, 2013.

**2.**

**RIBEIRO, WASTON GONÇALVES**; RODRIGUES, DIEGO VINNICYUS SANTOS ; ATTA, FRANCISCO FELIPE MOREIRA ; RAMOS, IZABELLE SMITH FRAZÃO ; FRAZÃO, FABIOLA NASSAR SOUSA ; TORRES, ORLANDO JORGE MARTINS ; PITOMBO, MARCOS BETTINI . Comparative study of peritoneal adhesions after intraperitoneal implantation in rats of meshes of polypropylene versus polypropylene/polyglecaprone versus polyester/porcine collagen. ACTA CIRÚRGICA BRASILEIRA (ONLINE)JCR, v. 34, p. e201900603, 2019. **Citações:** WEB OF SCIENCE™ 4 | SCOPUS 5

**3.**

**RIBEIRO, WASTON GONÇALVES**; NASCIMENTO, ADRIANA CARNEIRO CORRÊA ; FERREIRA, LARISSA BRITO ; MARCHI, DANILO DALLAGO DE ; REGO, GUSTAVO MORAES ; MAEDA, CARLOS TOSHINORI ; SILVA, GYL EANES BARROS ; ARTIGIANI NETO, RICARDO ; TORRES, ORLANDO JORGE MARTINS ; PITOMBO, MARCOS BETTINI . Analysis of tissue inflammatory response, fibroplasia, and foreign body reaction between the polyglactin suture of abdominal aponeurosis in rats and the intraperitoneal implant of polypropylene, polypropylene/polyglecaprone and polyester/porcine collagen meshes. ACTA CIRÚRGICA BRASILEIRA (ONLINE)JCR, v. 36, p. e360706, 2021. **Citações:** WEB OF SCIENCE™ 5 | SCOPUS 10

Books and chapters

**1.**

**RIBEIRO, W. G.**; SALAZAR, R. M. ; TORRES, O. J. M. . Pancreatite Aguda. 1. ed. Rio de Janeiro: Rubio, 2019. v. 1. 656p .

## Other Relevant Information

Supervisor/coordenador do Programa de Residência Médica em Cirurgia Geral do Hospital Universitário da Universidade Federal do Maranhão - HUUFMA desde março de 2011 até a presente data.

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# Exhibit D.VII – High Salary

São Luís, Maranhão, Brazil — July 22, 2026

**TO WHOM IT MAY CONCERN**

**INSTITUTIONAL ACCOUNTING CERTIFICATION AND RECONCILIATION**

**PROFESSIONAL MEDICAL EARNINGS OF DR. YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA**

*Issued by Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. — ICADO, through the accountant responsible for its accounting and tax records*

Reference period for bank reconciliation: July 1, 2025 through June 30, 2026

ICADO certifies that 49 transfers totalling R$ 791.829,25 were paid by ICADO to Dr. Souza during the twelve-month period reviewed. These transfers are cash settlements of professional medical earnings generated through ICADO's medical-service operations. They are not passive investment returns, they are not distributions of corporate profit, and they must not be added a second time to hospital-specific gross compensation figures that form part of the same underlying professional revenue stream. Dr. Souza holds no ownership interest in ICADO. Section 6 of this certification separately discloses a second institutional payer identified in the same bank statements, so that the reference period is stated completely: including that second payer, the total professional medical remuneration credited to Dr. Souza in the period was R$ 818.829,25 across 52 transfers.

## 1. Identity, professional capacity, and purpose of this statement

This certification is issued by Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. — ICADO, a Brazilian medical-services company registered under CNPJ No. 11.206.798/0001-49, and is subscribed by Carlito Faria Pereira, a Brazilian certified public accountant registered under CRC-MA No. 004001/O, CPF No. 076.472.803-25, owner of Genesis Consultoria Ltda. (CNPJ No. 13.105.806/0001-96), in his capacity as the accountant responsible for ICADO's accounting and tax records and duly authorised by ICADO to issue this certification on the basis of those records.

Disclosure of relationship. Genesis Consultoria has maintained the accounting and tax records of ICADO and of Dr. Yglésio Luciano Moyses Silva de Souza since October 2009. This certification is therefore not offered as the opinion of an auditor independent of the parties. It is offered as the certification of the professional who holds custody of, and statutory responsibility for, the underlying accounting records, and every figure stated below is traceable to primary documents that the reviewing authority may examine directly. The relationship is disclosed here so that the reviewing authority may weigh this certification accordingly.

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This certification is based on the accounting, tax, banking, contractual, billing, production, and treasury records maintained by Genesis Consultoria or made available by ICADO in the ordinary course of business.

The purpose of this document is to establish, in one internally consistent accounting record, (i) the professional nature of Dr. Souza's earnings, (ii) the principal hospital-service sources reflected in ICADO's records, (iii) the relationship between hospital billings and transfers made by ICADO, (iv) the reconciliation of those transfers with the underlying bank statements, and (v) the proper treatment of the different financial figures appearing in the supporting evidence, so that no amount is duplicated or assigned to the wrong reporting period.

| **Company** | **Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. — ICADO** |
|---|---|
| CNPJ | 11.206.798/0001-49 |
| Professional | Dr. Yglésio Luciano Moyses Silva de Souza |
| Ownership interest of Dr. Souza in ICADO | None. Dr. Souza is not a partner, quotaholder, or beneficial owner of ICADO. |
| Field of services | General, digestive-system, oncologic, gastric, esophageal, and other high-complexity surgical care |
| Reconciliation period | July 1, 2025 through June 30, 2026 |
| Transfers reconciled | 49 transfers totalling R$ 791.829,25 |

## 2. Nature of Dr. Souza's earnings through ICADO

**No ownership interest.** ICADO expressly certifies that Dr. Souza is not, and during the reference period was not, a partner, quotaholder, director, or beneficial owner of ICADO. He holds no equity, profit-participation, or capital interest in the company. The amounts transferred to him are consideration for professional services personally rendered, and are recorded in ICADO's books as service remuneration — not as profit distribution, dividend, pro-labore of a partner, or return on invested capital. This distinction is material: the amounts certified below represent the price that institutional purchasers of surgical services, through ICADO, paid for Dr. Souza's personal professional work.

Dr. Souza personally performs specialized medical and surgical services that are contracted, billed, received, accounted for, and settled through ICADO. The corporate payment channel does not change the economic nature of the income: the amounts attributable to Dr. Souza arise from his own professional work as a physician and surgeon, including surgical procedures, patient evaluation, perioperative decision-making, consultations, hospital coverage, clinical responsibility, and related technical duties.



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The earnings addressed here do not arise from passive ownership, real-estate activity, personal investments, unrelated corporate holdings, political office, or any non-medical source. They are directly connected to medical services rendered by Dr. Souza and recorded within ICADO's medical-service operations.

ICADO's treasury does not necessarily transfer each hospital receipt to Dr. Souza on the same date or in the exact amount of the corresponding invoice. Hospital receivables may be collected in batches, subject to institutional payment cycles, and then settled through one or more corporate transfers after internal accounting reconciliation. Accordingly, the bank transfers listed in Annex C demonstrate the actual cash-flow settlement from ICADO to Dr. Souza, while the contracts, invoices, production reports, and hospital attestations establish the underlying professional source of those funds.

**Basis of the amounts.** The amounts certified in this document are the gross values credited to Dr. Souza's personal bank account by ICADO, before personal income tax due by him on those amounts. They are stated in Brazilian reais (R$), using Brazilian decimal convention (comma as decimal separator).

## 3. Principal source: Hospital Dr. Tarquínio Lopes Filho ("Hospital do Câncer")

A principal source of the professional revenue administered through ICADO was Dr. Souza's service at Hospital Dr. Tarquínio Lopes Filho, commonly known as Hospital do Câncer, under ICADO's service relationship with ABEAS. His activity there involved high-complexity digestive and oncologic surgery, including advanced gastric and esophageal procedures, and required differentiated technical judgment and hospital responsibility beyond routine clinical coverage.

The hospital's Technical Director separately attested that, during calendar year 2025, other digestive surgeons at the institution ordinarily received approximately R$ 20.000,00 in gross monthly compensation, whereas Dr. Souza's gross monthly compensation at the institution reached approximately R$ 40.000,00. The Director attributed the differential to objective professional factors, including Dr. Souza's doctoral-level academic training, advanced surgical quality, and capacity to perform demanding procedures. That attestation is the statement of the hospital's own Technical Director, who has no financial or professional interest in ICADO, in Genesis Consultoria, or in this certification.

The approximately R$ 40.000,00 monthly institutional figure is a hospital-specific gross compensation reference. It is not an additional amount to be arithmetically added to the ICADO bank-transfer total for the overlapping period. Rather, it explains one of the principal underlying sources and the professional basis for the amounts that flowed through ICADO and were later settled to Dr. Souza.

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By way of internal consistency check, ICADO transferred R$ 407.664,00 to Dr. Souza over the six months from July to December 2025. The Technical Director's figure of approximately R$ 40.000,00 per month would correspond to approximately R$ 240.000,00 over the same six months — that is, roughly 59% of the total transferred. This proportion is consistent with Hospital do Câncer being one of two principal institutional sources within the ICADO flow, and confirms that the two figures describe overlapping, not additive, amounts.

## 4. Principal source: Hospital da Ilha

Dr. Souza also personally rendered general and digestive surgical services at Hospital da Ilha through ICADO's performance under Contract No. 187/2022 with Empresa Maranhense de Serviços Hospitalares — EMSERH. These services included surgical and hospital activities within the scope of general and digestive-system surgery and constituted a separate recurring institutional source within ICADO's medical-service revenue.

EMSERH is a public health-services company of the State of Maranhão, and Contract No. 187/2022 is a public instrument. The contractual source of this component of the revenue is therefore verifiable in public records independently of ICADO's own books.

As with the Hospital do Câncer revenue, Hospital da Ilha receivables were processed through ICADO's corporate billing and treasury cycle. The timing and denomination of the transfers from ICADO to Dr. Souza therefore need not correspond one-for-one to the date or gross amount of a single hospital payment. The evidentiary connection is established by the service contract, hospital and production records, ICADO's accounting ledger, and the reconciled transfers.

## 5. Bank reconciliation: July 2025 through June 2026

ICADO reviewed the consolidated bank statements and the reconciliation schedule for the twelve-month period. The review identified 49 transfers bearing the remitter identification "INSTITUTO G D O M L EPP" or an abbreviated equivalent, totalling R$ 791.829,25. The monthly average was R$ 65.985,77, and the average transfer was R$ 16.159,78.

All amounts, dates, lots, and document numbers used in the schedule were checked against the twenty-four pages of the underlying bank statements. One clerical error in the recorded time of the R$ 15.000,00 transfer dated November 26, 2025 was corrected from 11:07 to 10:17; the amount, date, lot, and document number were unchanged. No value discrepancy was identified between the schedule and the bank statements.

### 5.1. Explanation of the remitter descriptor appearing on the bank statements



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The personal bank statements do not display ICADO's full corporate name. Brazilian bank statements truncate remitter names to a fixed character limit, and the descriptor appearing against the transfers listed in Annex C is "INSTITUTO G D O M L EPP" — or, in one instance (entry 30), the further truncated form "INSTITUTO G D". This is a limitation of the bank's statement layout and not an indication of a different remitter.

That descriptor is an abbreviation of ICADO's registered corporate name as recorded on its CNPJ registration certificate issued by the Brazilian Federal Revenue Service (Receita Federal do Brasil), produced as Item D-1. Connective words ("e", "do") are omitted by the bank's abbreviation routine. The descriptor decomposes as follows:

| Descriptor element | Corresponds to |
|---|---|
| INSTITUTO | INSTITUTO |
| G | GASTRO |
| D | DIGESTIVO |
| O | OBESIDADE (connective words "e" and "do" omitted) |
| M | MARANHÃO |
| L | LTDA |
| EPP | Empresa de Pequeno Porte — the company's statutory size classification, recorded in the "PORTE" field of the same CNPJ certificate |

Read together, the descriptor resolves to INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHAO LTDA — EPP, which is precisely the corporate name and size classification recorded under CNPJ No. 11.206.798/0001-49.

Two features of the descriptor make this identification conclusive rather than inferential. First, the element "EPP" forms no part of the corporate name: it is the company's statutory size classification, which appears in a separate field of the same official certificate. A descriptor that combines the initials of the corporate name with the correct statutory size classification can correspond only to that registered entity. Second, all forty-nine transfers carry the same two lot identifiers (99021 and 99015) and a consistent document-number series, which indicates a single originating remitter throughout the twelve-month period.

The CNPJ certificate further records ICADO's incorporation on October 5, 2009, its principal registered activity as "ambulatory medical activity with resources for the performance of surgical procedures" (CNAE 86.30-5-01), and its registered status as active — each consistent with the professional medical character of the payments certified in this document, and with the statement in §1 that Genesis Consultoria has maintained ICADO's records since October 2009.

ICADO accordingly certifies that the descriptors "INSTITUTO G D O M L EPP" and "INSTITUTO G D", as they appear in the bank statements underlying Annex C, denote Instituto

Gastro Digestivo e Obesidade do Maranhão Ltda., CNPJ No. 11.206.798/0001-49, and no other person or entity.

**Monthly reconciliation summary**

| Month | Total transferred | No. of transfers | Average transfer |
|---|---|---|---|
| Julho/2025 | R$ 85.000,00 | 3 | R$ 28.333,33 |
| Agosto/2025 | R$ 10.000,00 | 1 | R$ 10.000,00 |
| Setembro/2025 | R$ 136.080,00 | 8 | R$ 17.010,00 |
| Outubro/2025 | R$ 60.000,00 | 4 | R$ 15.000,00 |
| Novembro/2025 | R$ 70.984,00 | 5 | R$ 14.196,80 |
| Dezembro/2025 | R$ 45.600,00 | 3 | R$ 15.200,00 |
| Janeiro/2026 | R$ 97.000,00 | 6 | R$ 16.166,67 |
| Fevereiro/2026 | R$ 70.400,00 | 5 | R$ 14.080,00 |
| Março/2026 | R$ 51.490,50 | 3 | R$ 17.163,50 |
| Abril/2026 | R$ 71.487,00 | 5 | R$ 14.297,40 |
| Maio/2026 | R$ 51.487,75 | 3 | R$ 17.162,58 |
| Junho/2026 | R$ 42.300,00 | 3 | R$ 14.100,00 |
| TOTAL | R$ 791.829,25 | 49 | R$ 16.159,78 |

## 6. Completeness of the reference period: the second institutional payer

Capacity in which this section is given. This section is subscribed by the undersigned in his capacity as the accountant responsible for Dr. Souza's personal accounting and tax records, and not on behalf of ICADO. It is included because the bank statements produced in support of §5 are the complete statements of Dr. Souza's account for the reference period, and those statements contain credits from a second institutional payer of professional medical fees. Reporting the ICADO transfers alone would leave those credits unexplained in a document whose purpose is to explain them. The undersigned therefore discloses them here, and states expressly how each one is identified.

The second payer is Instituto de Medicina e Cirurgia do Maranhão Ltda. — IMEC-MA, CNPJ No. 33.031.719/0001-49, a Brazilian medical-services company incorporated on March 14, 2019, whose registered principal economic activity is CNAE 86.30-5-01 — outpatient medical activity with resources for the performance of surgical procedures — the same principal activity as ICADO. Its MA; he is not a partner, quotaholder, director, or beneficial owner of that company.

### 6.1. Basis of identification

Three credits from this payer appear in the reference period, totalling R$ 27.000,00. Each of the three is evidenced by the corresponding bank transfer receipt, which records the remitting party's corporate name and CNPJ as registered with the Brazilian Federal Revenue Service, and each receipt identifies

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the remitter as Instituto de Medicina e Cirurgia do Maranhão Ltda., CNPJ No. 33.031.719/0001-49. The three receipts are produced with this certification at Item D-6a and may be examined directly by the reviewing authority.

The credits are further distinguishable by remitter document number. All three carry document number 613649000052108; that number does not appear on any other entry of any kind in the twelve-month statement.

### 6.2. Schedule of credits from the second institutional payer

| No. | Date | Time | Amount | Lot | Remitter document |
|---|---|---|---|---|---|
| 1 | 08/07/2025 | 13:50 | R$ 9.000,00 | 99021 | 613649000052108 |
| 2 | 14/08/2025 | 16:40 | R$ 9.000,00 | 99021 | 613649000052108 |
| 3 | 15/09/2025 | 08:28 | R$ 9.000,00 | 99021 | 613649000052108 |
| **TOTAL** | | | R$ 27.000,00 | | 3 credits |

What is certified here is what the personal bank records show: three credits, on the dates and in the amounts stated, from a remitter identified by the means set out above. The undersigned has no custody of and does not certify IMEC-MA's internal accounting records, its service contracts, or the institutions at which the underlying services were rendered.

The engagement with that company has concluded. Dr. Souza requested the termination of his professional activities with IMEC-MA, and the final credits recorded above reflect the settlement of amounts accrued before that conclusion. The undersigned reports these credits as a concluded professional relationship rather than a continuing revenue stream.

### 6.3. Consolidated position for the reference period

| Payer | Transfers | Total | Share |
|---|---|---|---|
| Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. (ICADO) | 49 | R$ 791.829,25 | 96.7% |
| Instituto de Medicina e Cirurgia do Maranhão Ltda. (IMEC-MA) | 3 | R$ 27.000,00 | 3.3% |
| **TOTAL** | 52 | R$ 818.829,25 | 100.0% |

Monthly average across both payers: R$ 68.235,77. Average per transfer: R$ 15.746,72. For the avoidance of doubt, the undersigned does not represent that these amounts constitute the whole of Dr.

Souza's income from every source during the period; they are the credits identified in the bank records as originating from the two institutional payers of professional medical fees.

## 7. Harmonization of the financial evidence and prevention of double counting

The financial documents in the record measure different concepts over different periods. They should be read together, but not added indiscriminately. ICADO certifies the following treatment:

(a) The R$ 791.829,25 figure concerns actual transfers from ICADO to Dr. Souza during July 2025 through June 2026. It is the only figure in this record that has been reconciled transaction by transaction against primary bank statements, and it is therefore the most directly verifiable measure of Dr. Souza's professional medical remuneration available to the reviewing authority.

(b) The approximately R$ 40.000,00 per month stated by the Technical Director of Hospital do Câncer is a gross, institution-specific compensation measure for 2025 and forms part of the professional revenue administered through ICADO. It must not be added again to the ICADO transfer total for the overlapping period without a ledger-based adjustment demonstrating that it was outside that total.

(c) The Hospital da Ilha contract and related production records establish an additional institutional source of medical-service revenue, also processed through ICADO. The exact timing of corporate settlement may differ from the hospital's invoice or payment date.

(d) The IMEC-MA credits of R$ 27.000,00 are additive to the ICADO total, and only to it. They come from a distinct legal entity, under a distinct remitter document number, and they do not overlap with the Hospital do Câncer or Hospital da Ilha revenue streams administered through ICADO.
The correct arithmetic treatment is therefore as follows: the Hospital do Câncer and Hospital da Ilha revenues are components of, and not additions to, the R$ 791.829,25 settled through ICADO in the reference period. The IMEC-MA credits of R$ 27.000,00 are additive to that figure, producing R$ 818.829,25 for the reference period.

This treatment resolves the apparent temporal and accounting mismatch among the evidence: the documents corroborate the same sustained pattern of high professional valuation from different angles — annual accounting records, hospital-specific peer comparison, contractual source records, and verified bank transfers — without counting the same income twice.

## 8. Record basis, scope of review, and supporting documentation

This certification is based on records maintained by Genesis Consultoria or produced by ICADO and reviewed for accounting reconciliation, including the following categories of documents:

- ICADO corporate registration and CNPJ documentation;



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- service agreement and institutional records concerning Hospital Dr. Tarquínio Lopes Filho / ABEAS;
- Contract No. 187/2022 and related records concerning Hospital da Ilha / EMSERH;
- hospital production reports, schedules, procedure records, invoices, and payment statements attributable to Dr. Souza's services;
- ICADO accounting ledgers and treasury records;
- the Technical Director's institutional compensation attestation; and
- the twenty-four-page consolidated bank statement and the reconciled transfer spreadsheet.

Scope of professional knowledge. The financial conclusions in this certification are based on accounting, tax, banking, contractual, billing, and production records. Statements concerning the clinical complexity of the services or the comparative compensation of other physicians are not based on the certifying accountant's personal clinical observation; they are included only to the extent documented in institutional contracts, production records, or the separate written attestation of the hospital's Technical Director. No opinion is expressed in this document on any question of United States immigration law, on the adequacy of the amounts certified for any legal standard, or on compensation levels outside the institutions identified above.

## 9. Certification

I certify, in my professional capacity as the registered accountant responsible for ICADO's accounting and tax records, and on behalf of ICADO as to its institutional records, that the financial information, calculations, periods, and reconciliation stated in this document are true and accurate to the best of my professional knowledge and are supported by the records reviewed. I separately certify, in my capacity as the accountant responsible for Dr. Souza's personal records, that the three further credits totalling R$ 27.000,00 identified at §6 appear in his personal bank records as originating from Instituto de Medicina e Cirurgia do Maranhão Ltda., each evidenced by the corresponding bank transfer receipt, and that the consolidated total for the reference period is accordingly R$ 818.829,25 across 52 transfers.

I further certify that the 49 reconciled transfers totalling R$ 791.829,25 are recorded as settlements of professional medical earnings attributable to services personally rendered by Dr. Yglésio Luciano Moyses Silva de Souza through ICADO's medical-service operations, principally including revenues associated in the reviewed records with Hospital Dr. Tarquínio Lopes Filho (Hospital do Câncer) and Hospital da Ilha; and that Dr. Souza holds no ownership interest in ICADO, so that none of the amounts certified constitutes distribution of profit to a partner.

Genesis Consultoria and ICADO remain available to provide the referenced accounting schedules, contracts, invoices, production reports, ledgers, bank records, or further clarification if required by the reviewing authority.



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_____

**CARLITO FARIA PEREIRA**

Certified Public Accountant / Contador

Accountant responsible for the accounting and tax records of ICADO

E-mail: cfpcontabilidadedelta@gmail.com

Phone: +55 98 99611-9358

GENESIS CONSULTORIA LTDA.

CRC-MA No. 004001/O | CPF No. 076.472.803-25 | CNPJ No. 13.105.806/0001-96

For and on behalf of Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. — ICADO (CNPJ 11.206.798/0001-49)

GÊNESIS
CONSULTORIA

## ANNEX A — MONTHLY SUMMARY OF RECONCILED ICADO TRANSFERS

The following table summarizes the actual bank transfers from ICADO to Dr. Souza during the reviewed twelve-month period. The transfer schedule is direct evidence of professional medical remuneration actually received and should be read with the contracts and accounting records identified in the statement.

| Month | Transferred amount | Transfers | Average | % of total |
|---|---|---|---|---|
| Julho/2025 | R$ 85.000,00 | 3 | R$ 28.333,33 | 10.7% |
| Agosto/2025 | R$ 10.000,00 | 1 | R$ 10.000,00 | 1.3% |
| Setembro/2025 | R$ 136.080,00 | 8 | R$ 17.010,00 | 17.2% |
| Outubro/2025 | R$ 60.000,00 | 4 | R$ 15.000,00 | 7.6% |
| Novembro/2025 | R$ 70.984,00 | 5 | R$ 14.196,80 | 9.0% |
| Dezembro/2025 | R$ 45.600,00 | 3 | R$ 15.200,00 | 5.8% |
| Janeiro/2026 | R$ 97.000,00 | 6 | R$ 16.166,67 | 12.3% |
| Fevereiro/2026 | R$ 70.400,00 | 5 | R$ 14.080,00 | 8.9% |
| Março/2026 | R$ 51.490,50 | 3 | R$ 17.163,50 | 6.5% |
| Abril/2026 | R$ 71.487,00 | 5 | R$ 14.297,40 | 9.0% |
| Maio/2026 | R$ 51.487,75 | 3 | R$ 17.162,58 | 6.5% |
| Junho/2026 | R$ 42.300,00 | 3 | R$ 14.100,00 | 5.3% |
| TOTAL | R$ 791.829,25 | 49 | R$ 16.159,78 | 100.0% |

*Monthly variation reflects institutional payment cycles of the contracting hospitals, not variation in the volume of professional services rendered. Receivables are collected in batches and settled after internal reconciliation, as described in §2.*

## ANNEX B — EVIDENTIARY RECONCILIATION MATRIX

This matrix states what each financial item measures, the strength of its documentary support, and how it should be used — preventing inconsistent labelling or duplication.

| Evidence | Period | Measure | Amount / reference | Verification basis | Correct treatment |
|---|---|---|---|---|---|
| ICADO reconciled bank-transfer schedule (this document) | Jul. 2025 – Jun. 2026 | Actual corporate cash settlements paid by ICADO to Dr. Souza for personally rendered services | R$ 791.829,25 (49 transfers) | Reconciled transaction by transaction against 24 pages of primary bank statements | Primary verified measure of professional remuneration for the reference period. Includes |

| Evidence | Period | Measure | Amount / reference | Verification basis | Correct treatment |
|---|---|---|---|---|---|
| | | | | | the Hospital do Câncer and Hospital da Ilha components; those are not additive to it. |
| Hospital do Câncer Technical Director letter | Calendar year 2025 | Gross compensation at that institution, with peer comparison | Approx. R$ 40.000,00/month vs. approx. R$ 20.000,00/month for other digestive surgeons at the same institution | Written attestation of the hospital's Technical Director, who has no interest in ICADO or in this certification | Institution-specific comparative corroboration by an independent third party. Source is within the ICADO flow and is not additive to the transfer total. |
| Hospital da Ilha / EMSERH Contract No. 187/2022 | Contractual service period | Contractual and production basis for general and digestive surgical revenue | Variable according to services and institutional payment cycle | Public contract with a State of Maranhão health-services company | Establishes source and nature of revenue; connect through invoices, production reports, ledger, and treasury records. |

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Carlito Faria Pereira
CRC-MA 004001/O-7
CONTADOR
CPF: 076.472.803-25

## ANNEX C — DETAILED SCHEDULE OF 49 RECONCILED TRANSFERS

All entries below were matched to the consolidated bank statement. The source descriptor identifies ICADO as remitter; hospital-level source attribution is supported by the corporate ledger, contracts, invoices, and production records rather than by the personal bank descriptor alone.

| No. | Date | Time | Amount | Lot | Document | Source file | p. | Observation |
|---|---|---|---|---|---|---|---|---|
| 1 | 04/07/2025 | 16:15 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | Extrato July 2025(2).pdf | 1 | |
| 2 | 07/07/2025 | 10:10 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | Extrato July 2025(2).pdf | 2 | |
| 3 | 28/07/2025 | 13:42 | R$ 60.000,00 | 99021 | 6116 1100 0038 916 | Extrato July 2025(2).pdf | 3 | |
| 4 | 18/08/2025 | 13:06 | R$ 10.000,00 | 99021 | 6116 1100 0038 916 | August 2025(2).pdf | 4 | |
| 5 | 01/09/2025 | 09:08 | R$ 22.212,50 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 5 | |
| 6 | 01/09/2025 | 09:10 | R$ 13.327,50 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 5 | |
| 7 | 01/09/2025 | 15:21 | R$ 25.000,00 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 5 | |
| 8 | 05/09/2025 | 13:33 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | September 2025(1).pdf | 5 | |
| 9 | 26/09/2025 | 10:21 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 6 | |
| 10 | 26/09/2025 | 10:27 | R$ 13.327,50 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 6 | Entry split across pp. 3–4 of the statement |
| 11 | 26/09/2025 | 10:28 | R$ 22.212,50 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 7 | |
| 12 | 26/09/2025 | 13:28 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | September 2025(1).pdf | 7 | |
| 13 | 13/10/2025 | 11:30 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | October 2025(1).pdf | 8 | |
| 14 | 28/10/2025 | 17:14 | R$ 13.000,00 | 99021 | 6116 1100 0038 916 | October 2025(1).pdf | 8 | Remitter name continues on following page |
| 15 | 28/10/2025 | 17:16 | R$ 22.000,00 | 99021 | 6116 1100 0038 916 | October 2025(1).pdf | 9 | |
| 16 | 30/10/2025 | 16:37 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | October 2025(1).pdf | 9 | |
| 17 | 05/11/2025 | 17:42 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | November 2025(2).pdf | 10 | |
| 18 | 25/11/2025 | 12:07 | R$ 13.327,00 | 99021 | 6116 1100 0038 916 | November 2025(2).pdf | 11 | Entry split across pp. 3–4 of the statement |



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| No. | Date | Time | Amount | Lot | Document | Source file | p. | Observation |
|---|---|---|---|---|---|---|---|---|
| 19 | 25/11/2025 | 12:22 | R$ 22.657,00 | 99021 | 6116 1100 0038 916 | November 2025(2).pdf | 12 | |
| 20 | 26/11/2025 | 10:17 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | November 2025(2).pdf | 12 | Time corrected from 11:07 to 10:17 after check against the bank statement; amount, date, lot and document unchanged |
| 21 | 28/11/2025 | 13:44 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | November 2025(2).pdf | 12 | |
| 22 | 18/12/2025 | 10:15 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | December 2025(2).pdf | 13 | |
| 23 | 29/12/2025 | 15:28 | R$ 8.000,00 | 99021 | 6116 1100 0038 916 | December 2025(2).pdf | 14 | |
| 24 | 29/12/2025 | 15:31 | R$ 22.600,00 | 99021 | 6116 1100 0038 916 | December 2025(2).pdf | 14 | |
| 25 | 13/01/2026 | 11:54 | R$ 10.000,00 | 99021 | 6116 1100 0038 916 | January 2026(2).pdf | 15 | |
| 26 | 22/01/2026 | 16:26 | R$ 19.000,00 | 99021 | 6116 1100 0038 916 | January 2026(2).pdf | 16 | |
| 27 | 23/01/2026 | 15:22 | R$ 21.300,00 | 99021 | 6116 1100 0038 916 | January 2026(2).pdf | 16 | |
| 28 | 26/01/2026 | 10:29 | R$ 15.000,00 | 99015 | 5516 1100 0038 916 | January 2026(2).pdf | 16 | |
| 29 | 26/01/2026 | 11:03 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | January 2026(2).pdf | 16 | |
| 30 | 27/01/2026 | — | R$ 21.700,00 | 14105 | 1611 0000 0038 916 | January 2026(2).pdf | 16 | Scheduled transfer; remitter shown abbreviated as “INSTITUTO G D” |
| 31 | 11/02/2026 | 10:25 | R$ 9.000,00 | 99021 | 6116 1100 0038 916 | February 2026(1).pdf | 17 | |
| 32 | 20/02/2026 | 14:37 | R$ 22.600,00 | 99015 | 5516 1100 0038 916 | February 2026(1).pdf | 18 | |
| 33 | 20/02/2026 | 14:37 | R$ 13.800,00 | 99015 | 5516 1100 0038 916 | February 2026(1).pdf | 18 | |
| 34 | 20/02/2026 | 14:38 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | February 2026(1).pdf | 18 | |
| 35 | 27/02/2026 | 17:45 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | February 2026(1).pdf | 19 | |
| 36 | 24/03/2026 | 14:32 | R$ 22.687,75 | 99021 | 6116 1100 0038 916 | March 2026(2).pdf | 20 | |
| 37 | 24/03/2026 | 14:33 | R$ 13.802,75 | 99021 | 6116 1100 0038 916 | March 2026(2).pdf | 20 | |
| 38 | 24/03/2026 | 14:46 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | March 2026(2).pdf | 20 | |
| 39 | 10/04/2026 | 13:15 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | April 2026(2).pdf | 21 | |

| No. | Date | Time | Amount | Lot | Document | Source file | p. | Observation |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |
| 40 | 28/04/2026 | 10:01 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | April 2026(2).pdf | 22 | |
| 41 | 28/04/2026 | 10:09 | R$ 22.687,00 | 99021 | 6116 1100 0038 916 | April 2026(2).pdf | 22 | |
| 42 | 28/04/2026 | 10:10 | R$ 13.800,00 | 99021 | 6116 1100 0038 916 | April 2026(2).pdf | 22 | |
| 43 | 30/04/2026 | 09:29 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | April 2026(2).pdf | 22 | |
| 44 | 25/05/2026 | 12:19 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | May 2026(2).pdf | 23 | |
| 45 | 25/05/2026 | 12:24 | R$ 13.800,00 | 99021 | 6116 1100 0038 916 | May 2026(2).pdf | 23 | |
| 46 | 25/05/2026 | 12:24 | R$ 22.687,75 | 99021 | 6116 1100 0038 916 | May 2026(2).pdf | 23 | |
| 47 | 23/06/2026 | 14:32 | R$ 15.000,00 | 99021 | 6116 1100 0038 916 | June 2026(2).pdf | 24 | |
| 48 | 26/06/2026 | 15:55 | R$ 17.300,00 | 99015 | 5516 1100 0038 916 | June 2026(2).pdf | 24 | |
| 49 | 26/06/2026 | 15:55 | R$ 10.000,00 | 99015 | 5516 1100 0038 916 | June 2026(2).pdf | 24 | |
| | | TOTAL | R$ 791.829,25 | | | | | 49 transfers |

**Schedule of credits from the second institutional payer (IMEC-MA)**

| No. | Date | Time | Amount | Lot | Remitter document |
|---|---|---|---|---|---|
| 50 | 08/07/2025 | 13:50 | R$ 9.000,00 | 99021 | 613649000052108 |
| 51 | 14/08/2025 | 16:40 | R$ 9.000,00 | 99021 | 613649000052108 |
| 52 | 15/09/2025 | 08:28 | R$ 9.000,00 | 99021 | 613649000052108 |
| **TOTAL** | | | R$ 27.000,00 | | 3 credits |

*Consolidated total for the reference period, both institutional payers:* 52 transfers *R$* 818.829,25 *. Each credit listed above is evidenced by the corresponding bank transfer receipt produced at Item D-6a.*

*All transfers are of the type "Transferência recebida" (credit transfer received), except entry 30, which is a scheduled transfer ("Transferência agendada").*

Carlito Faria Pereira
CRC-MA 004001/0-7
CONTADOR
CPF: 076.472.803-25

ICADO
INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA.

São Luís, Maranhão, Brazil | July 27, 2026

INSTITUTIONAL CERTIFICATION

# Professional and Surgical Activity

Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D.

**To Whom It May Concern:**

I am **Roger Moura de Brito**, CRM-MA 5661, Technical Director of Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. (ICADO), CNPJ 11.206.798/0001-49. ICADO is an active medical-services company established in São Luís in 2009. I oversee its clinical operations and have access to its operational, contractual and billing records.

This letter confirms Dr. Souza's professional activity through ICADO. He provides specialised general and digestive surgical services that the Company contracts, schedules, bills and settles. He holds no ownership interest and is not a partner, quotaholder or director; his relationship with ICADO is exclusively that of a physician whose services it contracts.

ICADO has allocated Dr. Souza continuously to the general and digestive surgery service at Hospital Dr. Tarquínio Lopes Filho (Hospital do Câncer) since March 2019. He ordinarily attends two days per week and acts as principal surgeon, assuming the clinical judgment and responsibility inherent to his specialty.

| PERIOD | INSTITUTION | ROLE | FREQUENCY |
|---|---|---|---|
| Mar 2019 - Jun 2026 | Hospital do Câncer | Principal surgeon | 2 days per week |

At Hospital Dr. Tarquínio Lopes Filho, the approximate annual volumes observed in my direct supervisory role are:

| Category of procedure | Approximate annual volume |
|---|---|
| Pancreatoduodenectomy (Whipple procedure) | 12 |
| Total or subtotal gastrectomy - oncologic | 15 |
| Esophagectomy, including thoracoscopic approach | 6 |
| Colorectal resection - oncologic | 22 |
| Hepatic resection | 11 |
| Videolaparoscopic procedures - digestive tract | 70 |
| Abdominal wall and hernia - complex, including reconstruction | 41 |
| Other general and digestive surgical procedures | 92 |

These are good-faith approximations based on direct supervisory knowledge, not an audit or exact cumulative counts extracted individually from the billing system. Company records establish the professional relationship, institutional allocation and period stated above.

ICADO also allocates Dr. Souza to Hospital da Ilha under EMSERH Contract No. 187/2022. Because procedure-level production and billing data for that institution are maintained in the hospital's own system, this certification does not state surgical volumes for Hospital da Ilha.

Among the physicians contracted by ICADO for general and digestive surgical services, Dr. Souza is distinguished by the complexity and breadth of the procedures he performs, including the major oncologic and advanced digestive operations identified above. He is entrusted with cases requiring substantial clinical judgment and operative responsibility and has consistently met or exceeded the surgical and service targets established for his work. These factors support his differentiated professional standing within ICADO's contracted medical team, as well as the **differentiated remuneration and performance bonuses** awarded to him. The exact amounts paid are documented separately in the Company's accounting certification and supporting financial records.

This certification does not express an opinion on United States immigration law. I remain available to confirm the matters stated here within the scope of my responsibilities and the Company's records.

Respectfully

gov.br
Documento assinado digitalmente
ROGER MOURA DE BRITO
Data: 27/07/2026 07:10:32-0300
Verifique em https://validar.iti.gov.br

_____

**Roger Moura de Brito**
Technical Director
Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. - ICADO | CNPJ 11.206.798/0001-49
CRM-MA 5661 | +55 98 98888-5661 | dr.roger.moura@gmail.com

São Luís, Maranhão — May 3, 2026

U.S. Citizenship and Immigration Services

**Subject: Institutional Certification of Comparative Physician Compensation - Digestive Surgery Service - May 2025 through April 2026 - Dr. Yglésio Luciano Moyses Silva de Souza**

Sir or Madam:

Upon my review and signature below, this letter certifies what the payment records of this hospital show about Dr. Yglésio Souza's compensation from May 2025 through April 2026, compared with the compensation of the four named digestive surgeons of the same service over the same twelve-month period.

**Where these figures come from**

The Technical Directorate answers for the organisation of the medical services of this hospital. Reviewing and approving the payment schedules of the surgical services falls within that office, and the digestive surgery service is one of them. Access to the records of what each surgeon of that service received, and on what footing, is therefore part of the ordinary exercise of my duties.

The named-comparator totals and monthly averages are incorporated directly into this certification so that the factual basis, arithmetic, and professional explanation remain together in a single signed exhibit. I have verified each name, reference period, and amount against the hospital's payment records. By signing this certification, I confirm that the comparative summary accurately reflects the institutional records reviewed.

**Comparative figures - May 2025 through April 2026**

The directly comparable group consisted of Dr. R[redacted], Dr. J[redacted], Dr. A[redacted], and Dr. I[redacted]. The table below states each comparator's recorded twelve-month total and the corresponding monthly average obtained by dividing that total by twelve.

Dr. R[redacted] also serves as Technical Director of Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. (ICADO), the company through which several surgeons' fees, including Dr. Souza's, are settled with the hospital. His inclusion as a named comparator reflects his active clinical practice within the digestive surgery service. The compensation attributed to him in this comparison reflects only the hospital compensation recorded for his digestive-surgery services and excludes remuneration attributable to administrative responsibilities outside those clinical services.

During the same twelve-month period, Dr. Souza's gross monthly compensation attributable to his work at this hospital was approximately R$ 40,000.00. The arithmetic mean of the four named comparators was R$ 13,645.83 per month. Dr. Souza's compensation was therefore approximately R$ 26,354.17 higher per month, approximately 193.1% above, and approximately 2.93 times the named-peer average.

A prior institutional letter dated March 27, 2026 described the compensation of other digestive surgeons at this hospital as "approximately R$ 20,000.00" per month. That earlier figure was a rounded institutional estimate

covering calendar year 2025 and was not derived from individualised payroll records. The present certification is based on the verified twelve-month totals of each named surgeon for May 2025 through April 2026 and supersedes the earlier approximation. The difference between the two references reflects the shift from a general estimate to individually verified records, as well as the slight change in reference period. Both letters confirm the same central fact: Dr. Souza's compensation substantially exceeded that of the other digestive surgeons of this service.

The figures concern the same specialty, hospital, location, twelve-month period, currency, and gross-remuneration basis. The four named physicians were selected because they actively performed digestive-surgery services at this hospital during the same reference period. The comparison is limited to compensation recorded by this institution for those services and is not intended to measure outside professional income or compensation unrelated to their clinical work at this hospital. These are compensation references from institutional records, not a reconstruction of the dates on which ICADO made bank transfers.

| Physician / comparison | May 2025-April 2026 total or basis | Average gross monthly compensation |
|---|---|---|
| Dr. R[redacted] | R$ 303,500.00 | R$ 25,291.67/month |
| Dr. J[redacted] | R$ 114,000.00 | R$ 9,500.00/month |
| Dr. A[redacted] | R$ 114,000.00 | R$ 9,500.00/month |
| Dr. I[redacted] | R$ 123,500.00 | R$ 10,291.67/month |
| **AVERAGE - four named comparators** | **R$ 163,750.00** | **R$ 13,645.83/month** |
| **Dr. Yglésio Luciano Moyses Silva de Souza** | **Institutional compensation reference** | **Approximately R$ 40,000.00/month** |
| DIFFERENCE ABOVE NAMED-PEER AVERAGE | Same comparison basis | + R$ 26,354.17/month (+193.1%) |
| COMPENSATION MULTIPLE | Same comparison basis | 2.93x the named-peer average |

**The reason for the difference**

In my professional judgment, the difference was based on objective professional factors: Dr. Souza's doctoral training in the medical sciences, the technical quality of his operating, and his ability to undertake demanding procedures that require differentiated expertise. He is a reference in thoracoscopic oesophageal surgery and advanced gastric procedures, and, to my knowledge, he was the first surgeon in Maranhão to perform a thoracoscopic oesophagectomy.

The approximately R$ 40,000.00 monthly reference for the period May 2025 through April 2026 already incorporates a contractual adjustment of 6.5% applied during the current year. This adjustment, noted in my earlier letter of March 2026, reflected the institution's continued recognition of Dr. Souza's technical qualifications and academic background. The comparator figures likewise reflect the amounts actually recorded for the same twelve-month window, so the comparison is made on a consistent, post-adjustment basis.

This approximately R$ 40,000.00 monthly figure is limited to the hospital-specific compensation component for May 2025 through April 2026. Dr. Souza's fees were settled through Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. (ICADO). Accordingly, this figure forms part of, and must not be added a second time to, the broader ICADO transfers reconciled in the separate accounting certification. Cash-transfer timing, including delayed or batched remittances, is addressed exclusively in that accounting reconciliation.

**Relationship to Dr. Souza**

I have no personal, financial, or business relationship with Dr. Souza beyond our professional relationship within this hospital. I hold no ownership interest in the companies through which his professional fees are processed, and I have no financial interest in the outcome of this immigration petition.

By signing below, I certify that the table incorporated into this letter is a faithful comparative summary of the institutional records reviewed. This integrated certification supersedes the comparative compensation references contained in my institutional letter dated March 27, 2026. The underlying institutional records can be produced, subject to applicable confidentiality requirements, if requested by the reviewing authority.

Yours truly,

Leoberth Araújo
Diretor Técnico
CRM-MA: 8121
Hospital de Oncologia do Maranhão

**Leoberth Araujo, M.D.**
Technical Director · CRM-MA 8121
Hospital Dr. Tarquínio Lopes Filho
São Luís, Maranhão, Brazil
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# INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO)

Receipts — Monthly Consolidated Summary of Identified Deposits Reflected in the Bank Statements (July 2025 to June 2026)

**Corporate Name:**Instituto Gastro Digestivo e Obesidade do Maranhão Ltda · **Trade Name:** ICADO · **CNPJ:** 11.206.798/0001-49 (Head Office) · **Legal Entity Type:** Small Business Limited Liability Company — EPP
**Primary Business Activity:** 86.30-5-01 — Outpatient Medical Practice with Surgical Procedure Resources · **Registered Office:** R. São Pantaleão, 1131, Madre Deus, São Luís/MA · **Source:** Company's bank statements (July 2025–June 2026)

| TOTAL RECEIVED | NUMBER OF DEPOSITS | AVERAGE AMOUNT PER DEPOSIT |
|---|---|---|
| **R$ 791,829.25** | **49** | **R$ 16,159.78** |

| Month | Total Received | Qty. | Average |
|---|---|---|---|
| July/2025 | R$ 85,000.00 | 3 | R$ 28,333.33 |
| August/2025 | R$ 10,000.00 | 1 | R$ 10,000.00 |
| September/2025 | R$ 136,080.00 | 8 | R$ 17,010.00 |
| October/2025 | R$ 60,000.00 | 4 | R$ 15,000.00 |
| November/2025 | R$ 70,984.00 | 5 | R$ 14,196.80 |
| December/2025 | R$ 45,600.00 | 3 | R$ 15,200.00 |
| January/2026 | R$ 97,000.00 | 6 | R$ 16,166.67 |
| February/2026 | R$ 70,400.00 | 5 | R$ 14,080.00 |
| March/2026 | R$ 51,490.50 | 3 | R$ 17,163.50 |
| April/2026 | R$ 71,487.00 | 5 | R$ 14,297.40 |
| May/2026 | R$ 51,487.75 | 3 | R$ 17,162.58 |
| June/2026 | R$ 42,300.00 | 3 | R$ 14,100.00 |
| **TOTAL** | **R$ 791,829.25** | **49** | **R$ 16,159.78** |

**HIGHLIGHTS**

**Highest-Grossing Month:** September/2025 (R$ 136,080.00)

**Largest Deposit:** R$ 60,000.00

**Assessed Period:** July 2025 – June 2026 (12 months)

**Selection Criteria:** identifiable business receipts and all expenses were retained; other credits, opening and closing balances, and redemption transactions were redacted; three transactions spanning a page break were preserved in their entirety.



# INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO)

Receipts — Monthly Consolidated Summary of Identified Deposits Reflected in the Bank Statements (July 2025 to June 2026)

## Details of Identified Deposits

| Month | Date | Time | Amount | Type | Remarks |
|---|---|---|---|---|---|
| July/2025 | 07/04/2025 | 4:15 PM | **R$ 15,000.00** | Transfer received | |
| July/2025 | 07/07/2025 | 10:10 AM | **R$ 10,000.00** | Transfer received | |
| July/2025 | 07/28/2025 | 1:42 PM | **R$ 60,000.00** | Transfer received | |
| August/2025 | 08/18/2025 | 1:06 PM | **R$ 10,000.00** | Transfer received | |
| September/2025 | 09/01/2025 | 09:08 AM | **R$ 22,212.50** | Transfer received | |
| September/2025 | 09/01/2025 | 09:10 AM | **R$ 13,327.50** | Transfer received | |
| September/2025 | 09/01/2025 | 3:21 PM | **R$ 25,000.00** | Transfer received | |
| September/2025 | 09/05/2025 | 1:33 PM | **R$ 10,000.00** | Transfer received | |
| September/2025 | 09/26/2025 | 10:21AM | **R$ 15,000.00** | Transfer received | |
| September/2025 | 09/26/2025 | 10:27 AM | **R$ 13,327.50** | Transfer received | Transaction spans pages 3 and 4 of the statement |
| September/2025 | 09/26/2025 | 10:28 AM | **R$ 22,212.50** | Transfer received | |
| September/2025 | 09/26/2025 | 1:28 PM | **R$ 15,000.00** | Transfer received | |
| October/2025 | 10/13/2025 | 11:30 AM | **R$ 10,000.00** | Transfer received | |
| October/2025 | 10/28/2025 | 5:14 PM | **R$ 13,000.00** | Transfer received | Sender's name continues on the following page |
| October/2025 | 10/28/2025 | 5:16 PM | **R$ 22,000.00** | Transfer received | |
| October/2025 | 10/30/2025 | 4:37 PM | **R$ 15,000.00** | Transfer received | |
| November/2025 | 11/05/2025 | 5:42 PM | **R$ 10,000.00** | Transfer received | |
| November/2025 | 11/25/2025 | 12:07 PM | **R$ 13,327.00** | Transfer received | Transaction spans pages 3 and 4 of the statement |
| November/2025 | 11/25/2025 | 12:22 PM | **R$ 22,657.00** | Transfer received | |
| November/2025 | 11/26/2025 | 11:07 AM | **R$ 15,000.00** | Transfer received | |
| November/2025 | 11/28/2025 | 1:44 PM | **R$ 10,000.00** | Transfer received | |
| December/2025 | 12/18/2025 | 10:15 AM | **R$ 15,000.00** | Transfer received | |
| December/2025 | 12/29/2025 | 3:28 PM | **R$ 8,000.00** | Transfer received | |
| December/2025 | 29/12/2025 | 3:31 PM | **R$ 22,600.00** | Transfer received | |
| January/2026 | 01/13/2026 | 11:54 PM | **R$ 10,000.00** | Transfer received | |



## INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO)

Receipts — Monthly Consolidated Summary of Identified Deposits Reflected in the Bank Statements (July 2025 to June 2026)

| Month | Date | Time | Amount | Type | Remarks |
|---|---|---|---|---|---|
| January/2026 | 01/22/2026 | 4:26 PM | **R$ 19,000.00** | Transfer received | |
| January/2026 | 01/23/2026 | 3:22 PM | **R$ 21,300.00** | Transfer received | |
| January/2026 | 01/26/2026 | 10:29 AM | **R$ 15,000.00** | Transfer received | |
| January/2026 | 01/26/2026 | 11:03 AM | **R$ 10,000.00** | Transfer received | |
| January/2026 | 01/27/2026 | | **R$ 21,700.00** | Scheduled Transfer | Sender's name appears in abbreviated form as "INSTITUTO G D" |
| February/2026 | 02/11/2026 | 10:25 AM | **R$ 9,000.00** | Transfer received | |
| February/2026 | 02/20/2026 | 2:37 PM | **R$ 22,600.00** | Transfer received | |
| February/2026 | 02/00/2026 | 2:37 PM | **R$ 13,800.00** | Transfer received | |
| February/2026 | 02/20/2026 | 2:38 PM | **R$ 10,000.00** | Transfer received | |
| February/2026 | 02/27/2026 | 17:45 PM | **R$ 15,000.00** | Transfer received | |
| March/2026 | 03/24/2026 | 2:32 PM | **R$ 22,687.75** | Transfer received | |
| March/2026 | 03/24/2026 | 2:33 PM | **R$ 13,802.75** | Transfer received | |
| March/2026 | 03/24/2026 | 2:46 PM | **R$ 15,000.00** | Transfer received | |
| April/2026 | 04/10/2026 | 1:15 PM | **R$ 10,000.00** | Transfer received | |
| April/2026 | 04/28/2026 | 10:01 AM | **R$ 15,000.00** | Transfer received | |
| April/2026 | 04/28/2026 | 10:09 AM | **R$ 22,687.00** | Transfer received | |
| April/2026 | 04/28/2026 | 10:10 AM | **R$ 13,800.00** | Transfer received | |
| April/2026 | 04/30/2026 | 09:29 AM | **R$ 10,000.00** | Transfer received | |
| May/2026 | 05/25/2026 | 12:19 PM | **R$ 15,000.00** | Transfer received | |
| May/2026 | 05/25/2026 | 12:24 PM | **R$ 13,800.00** | Transfer received | |
| May/2026 | 05/25/2026 | 12:24 PM | **R$ 22,687.75** | Transfer received | |
| June/2026 | 06/23/2026 | 2:32 PM | **R$ 15,000.00** | Transfer received | |
| June/2026 | 06/26/2026 | 3:55 PM | **R$ 17,300.00** | Transfer received | |
| June/2026 | 06/26/2026 | 3:55 PM | **R$ 10,000.00** | Transfer received | |



## CERTIFICATION AND DECLARATION

This document consolidates the deposits identified as receipts of INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO), CNPJ No. 11.206.798/0001-49, as reflected in its bank statements for the period from July 2025 through June 2026, in accordance with the detailed list that is part of this document.
Consolidated Total: R$ 791,829.25 in 49 deposits.

**I declare, under penalty of perjury, that the information provided above is true.**




Signature:_____

**Full Name:** Carlito Faria Pereira

**Position/Role:** Accountant — Responsible for ICADO's Accounting and Tax Records

**CRC:** CRC-MA **No.** 004001/O · **CPF:** 076.472.803-25

**Accounting Firm:** Genesis Consultoria Ltda. — CNPJ 13.105.806/0001-96

**Place and Date:** São Luís – MA, July 31, 2026.

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 13, 2026**

# INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO)

Recebimentos — consolidação mensal dos depósitos identificados nos extratos bancários (julho/2025 a junho/2026)

**Razão social:** Instituto Gastro Digestivo e Obesidade do Maranhão Ltda · **Nome fantasia:** ICADO · **CNPJ:** 11.206.798/0001-49 (matriz) · **Natureza jurídica:** Sociedade Empresária Limitada — EPP
**Atividade principal:** 86.30-5-01 — Atividade médica ambulatorial com recursos para procedimentos cirúrgicos · **Sede:** R. São Pantaleão, 1131, Madre Deus, São Luís/MA · **Fonte:** extratos bancários da empresa (jul/2025–jun/2026)

| TOTAL RECEBIDO | NÚMERO DE DEPÓSITOS | MÉDIA POR DEPÓSITO |
|---|---|---|
| R$ 791.829,25 | 49 | R$ 16.159,78 |

| Mês | Total recebido | Qtd. | Média |
|---|---|---|---|
| Julho/2025 | R$ 85.000,00 | 3 | R$ 28.333,33 |
| Agosto/2025 | R$ 10.000,00 | 1 | R$ 10.000,00 |
| Setembro/2025 | R$ 136.080,00 | 8 | R$ 17.010,00 |
| Outubro/2025 | R$ 60.000,00 | 4 | R$ 15.000,00 |
| Novembro/2025 | R$ 70.984,00 | 5 | R$ 14.196,80 |
| Dezembro/2025 | R$ 45.600,00 | 3 | R$ 15.200,00 |
| Janeiro/2026 | R$ 97.000,00 | 6 | R$ 16.166,67 |
| Fevereiro/2026 | R$ 70.400,00 | 5 | R$ 14.080,00 |
| Março/2026 | R$ 51.490,50 | 3 | R$ 17.163,50 |
| Abril/2026 | R$ 71.487,00 | 5 | R$ 14.297,40 |
| Maio/2026 | R$ 51.487,75 | 3 | R$ 17.162,58 |
| Junho/2026 | R$ 42.300,00 | 3 | R$ 14.100,00 |
| **TOTAL** | **R$ 791.829,25** | **49** | **R$ 16.159,78** |

**DESTAQUES**

**Maior mês:** Setembro/2025 (R$ 136.080,00)

**Maior depósito:** R$ 60.000,00

**Período analisado:** Jul/2025 – Jun/2026 (12 meses)

**Critério de seleção:** mantidos os recebimentos identificados da empresa e todas as despesas; demais créditos, saldos e resgates foram riscados; três lançamentos que atravessam mudança de página foram preservados integralmente.



## Detalhamento dos depósitos identificados

| Mês | Data | Hora | Valor | Tipo | Observação |
|---|---|---|---|---|---|
| Julho/2025 | 04/07/2025 | 16:15 | **R$ 15.000,00** | Transferência recebida | |
| Julho/2025 | 07/07/2025 | 10:10 | **R$ 10.000,00** | Transferência recebida | |
| Julho/2025 | 28/07/2025 | 13:42 | **R$ 60.000,00** | Transferência recebida | |
| Agosto/2025 | 18/08/2025 | 13:06 | **R$ 10.000,00** | Transferência recebida | |
| Setembro/2025 | 01/09/2025 | 09:08 | **R$ 22.212,50** | Transferência recebida | |
| Setembro/2025 | 01/09/2025 | 09:10 | **R$ 13.327,50** | Transferência recebida | |
| Setembro/2025 | 01/09/2025 | 15:21 | **R$ 25.000,00** | Transferência recebida | |
| Setembro/2025 | 05/09/2025 | 13:33 | **R$ 10.000,00** | Transferência recebida | |
| Setembro/2025 | 26/09/2025 | 10:21 | **R$ 15.000,00** | Transferência recebida | |
| Setembro/2025 | 26/09/2025 | 10:27 | **R$ 13.327,50** | Transferência recebida | Lançamento dividido entre as páginas 3 e 4 do extrato |
| Setembro/2025 | 26/09/2025 | 10:28 | **R$ 22.212,50** | Transferência recebida | |
| Setembro/2025 | 26/09/2025 | 13:28 | **R$ 15.000,00** | Transferência recebida | |
| Outubro/2025 | 13/10/2025 | 11:30 | **R$ 10.000,00** | Transferência recebida | |
| Outubro/2025 | 28/10/2025 | 17:14 | **R$ 13.000,00** | Transferência recebida | Nome do remetente continua na página seguinte |
| Outubro/2025 | 28/10/2025 | 17:16 | **R$ 22.000,00** | Transferência recebida | |
| Outubro/2025 | 30/10/2025 | 16:37 | **R$ 15.000,00** | Transferência recebida | |
| Novembro/2025 | 05/11/2025 | 17:42 | **R$ 10.000,00** | Transferência recebida | |
| Novembro/2025 | 25/11/2025 | 12:07 | **R$ 13.327,00** | Transferência recebida | Lançamento dividido entre as páginas 3 e 4 do extrato |
| Novembro/2025 | 25/11/2025 | 12:22 | **R$ 22.657,00** | Transferência recebida | |
| Novembro/2025 | 26/11/2025 | 11:07 | **R$ 15.000,00** | Transferência recebida | |
| Novembro/2025 | 28/11/2025 | 13:44 | **R$ 10.000,00** | Transferência recebida | |
| Dezembro/2025 | 18/12/2025 | 10:15 | **R$ 15.000,00** | Transferência recebida | |
| Dezembro/2025 | 29/12/2025 | 15:28 | **R$ 8.000,00** | Transferência recebida | |
| Dezembro/2025 | 29/12/2025 | 15:31 | **R$ 22.600,00** | Transferência recebida | |
| Janeiro/2026 | 13/01/2026 | 11:54 | **R$ 10.000,00** | Transferência recebida | |

Carlito Faria Pereira
CRC-MA 004001/0-7
CONTADOR
CPF 076.472.803-25

## INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO)

Recebimentos — consolidação mensal dos depósitos identificados nos extratos bancários (julho/2025 a junho/2026)

| Mês | Data | Hora | Valor | Tipo | Observação |
|---|---|---|---|---|---|
| Janeiro/2026 | 22/01/2026 | 16:26 | **R$ 19.000,00** | Transferência recebida | |
| Janeiro/2026 | 23/01/2026 | 15:22 | **R$ 21.300,00** | Transferência recebida | |
| Janeiro/2026 | 26/01/2026 | 10:29 | **R$ 15.000,00** | Transferência recebida | |
| Janeiro/2026 | 26/01/2026 | 11:03 | **R$ 10.000,00** | Transferência recebida | |
| Janeiro/2026 | 27/01/2026 | | **R$ 21.700,00** | Transferência agendada | Remetente aparece abreviado como “INSTITUTO G D” |
| Fevereiro/2026 | 11/02/2026 | 10:25 | **R$ 9.000,00** | Transferência recebida | |
| Fevereiro/2026 | 20/02/2026 | 14:37 | **R$ 22.600,00** | Transferência recebida | |
| Fevereiro/2026 | 20/02/2026 | 14:37 | **R$ 13.800,00** | Transferência recebida | |
| Fevereiro/2026 | 20/02/2026 | 14:38 | **R$ 10.000,00** | Transferência recebida | |
| Fevereiro/2026 | 27/02/2026 | 17:45 | **R$ 15.000,00** | Transferência recebida | |
| Março/2026 | 24/03/2026 | 14:32 | **R$ 22.687,75** | Transferência recebida | |
| Março/2026 | 24/03/2026 | 14:33 | **R$ 13.802,75** | Transferência recebida | |
| Março/2026 | 24/03/2026 | 14:46 | **R$ 15.000,00** | Transferência recebida | |
| Abril/2026 | 10/04/2026 | 13:15 | **R$ 10.000,00** | Transferência recebida | |
| Abril/2026 | 28/04/2026 | 10:01 | **R$ 15.000,00** | Transferência recebida | |
| Abril/2026 | 28/04/2026 | 10:09 | **R$ 22.687,00** | Transferência recebida | |
| Abril/2026 | 28/04/2026 | 10:10 | **R$ 13.800,00** | Transferência recebida | |
| Abril/2026 | 30/04/2026 | 09:29 | **R$ 10.000,00** | Transferência recebida | |
| Maio/2026 | 25/05/2026 | 12:19 | **R$ 15.000,00** | Transferência recebida | |
| Maio/2026 | 25/05/2026 | 12:24 | **R$ 13.800,00** | Transferência recebida | |
| Maio/2026 | 25/05/2026 | 12:24 | **R$ 22.687,75** | Transferência recebida | |
| Junho/2026 | 23/06/2026 | 14:32 | **R$ 15.000,00** | Transferência recebida | |
| Junho/2026 | 26/06/2026 | 15:55 | **R$ 17.300,00** | Transferência recebida | |
| Junho/2026 | 26/06/2026 | 15:55 | **R$ 10.000,00** | Transferência recebida | |



## CERTIFICAÇÃO E DECLARAÇÃO

Este documento consolida os depósitos identificados como recebimentos do INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA (ICADO), CNPJ 11.206.798/0001-49, em seus extratos bancários no período de julho de 2025 a junho de 2026, conforme a relação detalhada que integra este documento. Total consolidado: R$ 791.829,25 em 49 depósitos.

**Declaro, sob pena de perjúrio, que as informações acima são verdadeiras.**




Assinatura: _____

**Nome completo:** Carlito Faria Pereira

**Cargo / Função:** Contador — responsável pela contabilidade e registros fiscais do ICADO

**CRC:** CRC-MA nº 004001/O · **CPF:** 076.472.803-25

**Firma contábil:** Genesis Consultoria Ltda. — CNPJ 13.105.806/0001-96

**Local e data:** São Luís – MA, 31 de julho de 2026.

ICADO
INSTITUTO GASTRO DIGESTIVO E OBESIDADE DO MARANHÃO LTDA.

São Luís, Maranhão, Brazil | July 27, 2026

INSTITUTIONAL CERTIFICATION

# Professional and Surgical Activity

Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D.

**To Whom It May Concern:**

I am **Roger Moura de Brito**, CRM-MA 5661, Technical Director of Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. (ICADO), CNPJ 11.206.798/0001-49. ICADO is an active medical-services company established in São Luís in 2009. I oversee its clinical operations and have access to its operational, contractual and billing records.

This letter confirms Dr. Souza's professional activity through ICADO. He provides specialised general and digestive surgical services that the Company contracts, schedules, bills and settles. He holds no ownership interest and is not a partner, quotaholder or director; his relationship with ICADO is exclusively that of a physician whose services it contracts.

ICADO has allocated Dr. Souza continuously to the general and digestive surgery service at Hospital Dr. Tarquínio Lopes Filho (Hospital do Câncer) since March 2019. He ordinarily attends two days per week and acts as principal surgeon, assuming the clinical judgment and responsibility inherent to his specialty.

| PERIOD | INSTITUTION | ROLE | FREQUENCY |
|---|---|---|---|
| Mar 2019 - Jun 2026 | Hospital do Câncer | Principal surgeon | 2 days per week |

At Hospital Dr. Tarquínio Lopes Filho, the approximate annual volumes observed in my direct supervisory role are:

| Category of procedure | Approximate annual volume |
|---|---|
| Pancreatoduodenectomy (Whipple procedure) | 12 |
| Total or subtotal gastrectomy - oncologic | 15 |
| Esophagectomy, including thoracoscopic approach | 6 |
| Colorectal resection - oncologic | 22 |
| Hepatic resection | 11 |
| Videolaparoscopic procedures - digestive tract | 70 |
| Abdominal wall and hernia - complex, including reconstruction | 41 |
| Other general and digestive surgical procedures | 92 |

These are good-faith approximations based on direct supervisory knowledge, not an audit or exact cumulative counts extracted individually from the billing system. Company records establish the professional relationship, institutional allocation and period stated above.

ICADO also allocates Dr. Souza to Hospital da Ilha under EMSERH Contract No. 187/2022. Because procedure-level production and billing data for that institution are maintained in the hospital's own system, this certification does not state surgical volumes for Hospital da Ilha.

Among the physicians contracted by ICADO for general and digestive surgical services, Dr. Souza is distinguished by the complexity and breadth of the procedures he performs, including the major oncologic and advanced digestive operations identified above. He is entrusted with cases requiring substantial clinical judgment and operative responsibility and has consistently met or exceeded the surgical and service targets established for his work. These factors support his differentiated professional standing within ICADO's contracted medical team, as well as the **differentiated remuneration and performance bonuses** awarded to him. The exact amounts paid are documented separately in the Company's accounting certification and supporting financial records.

This certification does not express an opinion on United States immigration law. I remain available to confirm the matters stated here within the scope of my responsibilities and the Company's records.

Respectfully

gov.br
Documento assinado digitalmente
ROGER MOURA DE BRITO
Data: 27/07/2026 07:10:32-0300
Verifique em https://validar.iti.gov.br

_____

**Roger Moura de Brito**
Technical Director
Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. - ICADO | CNPJ 11.206.798/0001-49
CRM-MA 5661 | +55 98 98888-5661 | dr.roger.moura@gmail.com

**São Luís, Maranhão, Brazil, July 21, 2026.**

**TO WHOM IT MAY CONCERN**
**INSTITUTIONAL DECLARATION OF SURGICAL PRACTICE**
**DR. YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA, M.D., Ph.D.**

Dear Sir or Madam,

I issue this declaration in my institutional capacity as director of Hospital da Ilha, in São Luís, State of Maranhão, Brazil, concerning the surgical practice of Dr. Yglésio Luciano Moyses Silva de Souza at this hospital. I state at the outset the basis on which I speak and the limits of what I attest, so that the reviewing authority may weigh this declaration accordingly.

1**. The signatory and the institution**

| | |
|---|---|
| Signatory | Ana Caroline Moreira Hortegal |
| Position | General Director |
| Professional registration | 004103 |
| In post since | March, 2022. |
| Institution | Hospital da Ilha, São Luís, Maranhão, Brazil |
| Administered by | Empresa Maranhense de Serviços Hospitalares — EMSERH, a public health-services company of the State of Maranhão |
| CNES establishment number | 2882655 |

2. **Basis of knowledge**

The statements below rest on my institutional knowledge of this hospital's surgical service and on my direct observation of its operation. I hold the position identified above and, in that capacity, have knowledge of the professionals allocated to the surgical service, of the contractual arrangements under which they are engaged, and of the routine functioning of the operating theatre and the surgical wards.

I have no financial interest in the outcome of any petition or proceeding involving Dr. Souza, no personal or family relationship with him outside professional activity, and no business relationship with him or with any company in which he has an interest.

3**. The contractual arrangement**

This hospital receives surgical services provided by Instituto Gastro Digestivo e Obesidade do Maranhão Ltda. — ICADO (CNPJ 11.206.798/0001-49) under Contract No. 187/2022, entered into with Empresa Maranhense de Serviços Hospitalares — EMSERH. Under that instrument ICADO allocates surgeons to this hospital's surgical service.

Dr. Souza is among the surgeons whom ICADO allocates to this hospital under that contract, and has been so allocated since 2022.

4. **Nature and regularity of Dr. Souza's activity at this hospital**

Dr. Souza attends this hospital as a surgeon of digestive-system surgical service. He is present in the service on average 2 days per week, over 8-10 operative sessions per month, in the period from February 2022 until now.

His activity at this hospital comprises elective digestive tract surgery, general surgery, emergency abdominal surgery, preoperative evaluation and surgical indication, postoperative care, and clinical case discussions with the medical team.. He operates within

the surgical team of this service and, in the procedures in which he participates, exercises the clinical judgment and responsibility that attach to a surgeon of his specialty.

Dr. Souza holds the specialist title in Digestive System Surgery. Within the surgical service of this hospital, the presence of a surgeon holding that extraordinary qualification permits the service to undertake procedures of that specialty within the scope of its authorisation.

**5. Scope of this declaration**

I state expressly what this declaration does and does not address, so that no more is read into it than it says. It addresses the fact of Dr. Souza's allocation to this hospital, the period and regularity of his attendance, and the nature of the surgical activity he carries out here — all of which are within my institutional knowledge and direct observation.

It does not report the number of procedures performed by Dr. Souza or by any other physician. Procedure counts at this hospital are recorded in the institution's own production and billing system, and any figure concerning them should be obtained from that system rather than from this declaration.

It does not address the remuneration Dr. Souza receives, which is a matter between him and the contracted company, nor does it express any opinion on the comparative professional standing of any physician or on any question of United States immigration law.

I remain available to confirm the matters stated above or to provide any further information the reviewing authority may require.

Respectfully,

gov.br Documento assinado digitalmente
ANA CAROLINE MOREIRA HORTEGAL
Data: 21/07/2026 14:10:31-0300
Verifique em https://validar.iti.gov.br

**Ana Caroline Moreira Hortegal**
General Director
Hospital da Ilha — Empresa Maranhense de Serviços Hospitalares (EMSERH)
+55 98 99124-1002- carolhortegal@gmail.com

IMEC-MA

Instituto de Medicina e Cirurgia do Maranhão

**INSTITUTO DE MEDICINA E CIRURGIA DO MARANHAO LTDA**

**CNPJ: 33.031.719/0001-49**

São Luís (MA), July 21, 2026

TO WHOM IT MAY CONCERN

I write on behalf of the Instituto de Medicina e Cirurgia do Maranhão (IMEC-MA) to record that Dr. Yglésio Luciano Moyses Silva de Souza, M.D., Ph.D., collaborated with this Institute as a surgeon in its general and digestive-system surgical service.

His surgical collaboration extended from 2018 to early 2026 and has since concluded. During that period, his surgical work was of a consistently distinguished standard, reflecting his specialist qualification in Digestive System Surgery and his doctoral-level training. He was never a partner, quotaholder, or owner of the Institute; his relationship with us was that of a physician whose specialised services we engaged.

Dr. Yglésio Luciano Moyses Silva de Souza currently provides endoscopy services for the Institute at Policlínica da Vila Luizão. These services are performed on a limited part-time basis, in a single two-hour session per week. Over the most recent 12-month period, he received total compensation of BRL 54,000.00 for these services. This compensation reflects the engagement's restricted weekly schedule and is not equivalent to the remuneration of a full-time medical or surgical position.

This letter attests to the nature, duration, and quality of his professional relationship with the Institute, including his current limited endoscopy services. It does not report the number of procedures performed, which are recorded in the Institute's own production system. I remain available for any confirmation the reviewing authority may require.

Respectfully,

Ednaldo Bezerra Galvão Filho
Representative — Instituto de Medicina e Cirurgia do Maranhão (IMEC-MA)
CNPJ 33.031.719/0001-49 · +55 98 98843-1506 · Imecslzma@gmail.com

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 07 / 01 to 31/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 30/06/2025 | | | Saldo Anterior | 29.846,85 (+) |
| 01/07/2025 | 14175 | 386289345 | TED-Crédito em Conta<br>237 2192 83246100306 YGLESIO LUCIAN | 29.985,85 (+) |
| | | | Saldo do dia | 59.832,70 (+) |
| 02/07/2025 | 99020 | 602954000048399 | Transferência recebida<br>02/07 15:03 FRANCISCO R T MARTINS | 5.814,00 (+) |
| 02/07/2025 | 13105 | 70201 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 298,76 (-) |
| 02/07/2025 | 13105 | 70202 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 32,86 (-) |
| 02/07/2025 | 13105 | 70203 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 151,37 (-) |
| 02/07/2025 | 13105 | 70204 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 118,68 (-) |
| 02/07/2025 | 13105 | 70205 | RFB-DARF CODIGO DE BARRAS | 13,05 (-) |
| 02/07/2025 | 13105 | 70206 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 60,13 (-) |
| | | | Saldo do dia | 64.971,85 (+) |
| 03/07/2025 | 14397 | 31510528049901 | Pix - Recebido<br>03/07 15:10 40434314000117 MY EMPREEND | 500,00 (+) |
| 03/07/2025 | 13105 | 70301 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 220,44 (-) |
| 03/07/2025 | 13105 | 70302 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 24,25 (-) |
| 03/07/2025 | 13105 | 70303 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 111,69 (-) |
| 03/07/2025 | 13105 | 70304 | Pix - Enviado<br>03/07 15:19 Paulo Julian Correia Olive | 640,00 (-) |
| 03/07/2025 | 13105 | 70305 | Pix - Enviado<br>03/07 15:41 Werbeth Mateus Castro Sara | 1.600,00 (-) |
| | | | Daily Balance | 62,875.47 (+) |
| 07/04/2025 | 99021 | 611611000038916 | Transfer received<br>07/04 4:15PM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 04/07/2025 | 13105 | 70401 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 04/07/2025 | 13105 | 70402 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 04/07/2025 | 13105 | 70403 | Pagamento de Impostos<br>SAO LUIS IMPOSTOS MUNICIP | 5.290,19 (-) |
| 04/07/2025 | 13105 | 70404 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 3.510,45 (-) |
| 04/07/2025 | 13105 | 70405 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 1.805,99 (-) |
| 04/07/2025 | 13105 | 70406 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 3.106,36 (-) |
| 04/07/2025 | 13105 | 70407 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 6.150,57 (-) |
| 04/07/2025 | 13105 | 70408 | Pix - Enviado<br>04/07 13:53 Equatorial Maranhao Distri | 31,47 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 07 / 01 to 31/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 04/07/2025 | 13105 | 70409 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| | | | Daily Balance | 55,020.17 (+) |
| 07/07/2025 | 99015 | 551611000038916 | Transfer received<br>07/07 10:10 AM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 07/07/2025 | 13105 | 70701 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 255,66 (-) |
| 07/07/2025 | 13105 | 70702 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 9.758,01 (-) |
| 07/07/2025 | 13105 | 70703 | ITAU UNIBANCO HOLDING S.A. | 2.615,67 (-) |
| 07/07/2025 | 13105 | 70704 | Pix - Enviado<br>05/07 15:25 Yglesio Luciano M Silva So | 1,00 (-) |
| 07/07/2025 | 13128 | 161104216004933 | Pagam Presta Créd Imobili | 2.232,55 (-) |
| | | | Daily Balance | 50,157.28 (+) |
| 07/08/2025 | 99021 | 613649000052108 | Transfer received<br>07/08 1:50 PM INSTITUTO M C M LTDA | 9,000.00 (+) |
| 08/07/2025 | 99020 | 602953000043307 | Transferência enviada<br>08/07 12:51 GLAUCIONE PEREIRA PEDROZ | 4.395,02 (-) |
| 08/07/2025 | 13105 | 70801 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 346,29 (-) |
| 08/07/2025 | 13105 | 70802 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 38,09 (-) |
| 08/07/2025 | 13105 | 70803 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 175,45 (-) |
| | | | Saldo do dia | 54.202,43 (+) |
| 09/07/2025 | 13105 | 70901 | Pix - Enviado<br>09/07 13:35 Yglesio Luciano Moyses Sil | 15.010,00 (-) |
| | | | Saldo do dia | 39.192,43 (+) |
| 10/07/2025 | 13105 | 71001 | Pix - Enviado<br>10/07 11:55 Mercado Pago Instituicao D | 208,87 (-) |
| 10/07/2025 | 13105 | 71002 | Pix - Enviado<br>10/07 11:56 Joao Gerson Oliveira Silva | 60,00 (-) |
| 10/07/2025 | 13105 | 71003 | Pix - Enviado<br>10/07 11:56 Alan Santos Bandeira Barra | 300,00 (-) |
| 10/07/2025 | 13105 | 71004 | Pix - Enviado<br>10/07 12:34 Yglesio L M S De Souza | 130,00 (-) |
| 10/07/2025 | 13105 | 71005 | Pix - Enviado<br>10/07 13:39 Icon Empreendimentos Consu | 30.000,00 (-) |
| 10/07/2025 | 13105 | 71006 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 186,46 (-) |
| 10/07/2025 | 13105 | 71007 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 20,51 (-) |
| 10/07/2025 | 13105 | 71008 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 94,48 (-) |
| | | | Saldo do dia | 8.192,11 (+) |
| 14/07/2025 | 14397 | 141935270876711 | Pix - Recebido<br>14/07 19:35 94819190300 Edilene Arruda | 600,00 (+) |

Translator's note: unrelated personal transactions.

Translator's note: unrelated personal transactions.

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 07 / 01 to 31/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 14/07/2025 | 13105 | 71401 | Pagamento de Boleto<br>MUNICIPIO DE SAO JOSE DE RIBAM | 274,07 (-) |
| | | | Saldo do dia | 8.518,04 (+) |
| 15/07/2025 | 13105 | 71501 | Pix - Enviado<br>15/07 15:27 Bruno Belchior De Sousa | 298,00 (-) |
| | | | Saldo do dia | 8.220,04 (+) |
| 18/07/2025 | 13105 | 71801 | Pix - Enviado<br>18/07 18:18 Juliana Britto Freire Mart | 2.011,90 (-) |
| | | | Saldo do dia | 6.208,14 (+) |
| 21/07/2025 | 13105 | 72101 | Pix - Enviado<br>19/07 01:35 Rafaela Arruda Da Silva | 56,00 (-) |
| 21/07/2025 | 13105 | 72102 | Pix - Enviado<br>21/07 13:45 Equatorial Maranhao Distri | 282,45 (-) |
| | | | Saldo do dia | 5.869,69 (+) |
| 22/07/2025 | 13105 | 72201 | Pix - Enviado<br>22/07 13:59 Luis Gustavo Santos Silva | 350,00 (-) |
| | | | Saldo do dia | 5.519,69 (+) |
| 23/07/2025 | 14397 | 232210097113391 | Pix - Recebido<br>23/07 22:10 76828352068 Janete Felipe | 17,00 (+) |
| | | | Saldo do dia | 5.536,69 (+) |
| 24/07/2025 | 14397 | 240715153763632 | Pix - Recebido<br>24/07 07:15 00028149149368 DEUSDETE RO | 15.000,00 (+) |
| 24/07/2025 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 20.536,69 (-) |
| | | | Saldo do dia | 0,00 (+) |
| 25/07/2025 | 99020 | 602953000043307 | Transferência enviada<br>25/07 18:03 GLAUCIONE PEREIRA PEDROZ | 95,87 (-) |
| 25/07/2025 | 13105 | 72501 | Pix - Enviado<br>25/07 12:49 Icon Empreendimentos Consu | 15.000,00 (-) |
| 25/07/2025 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/07/2025 | 5,00 (-) |
| 25/07/2025 | 13113 | 832061100700540 | Tarifa Pacote de Serviços<br>Cobrança referente 25/07/2025 | 26,50 (-) |
| 25/07/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 15.127,37 (+) |
| | | | Daily Balance | 0.00 (+) |
| 07/28/2025 | 99021 | 611611000038916 | Transfer received<br>07/28 1:42 PM INSTITUTO G D O M L EPP | 60,000.00 (+) |
| 28/07/2025 | 13105 | 72801 | Pix - Enviado<br>26/07 11:32 Yglesio Luciano Moyses Sil | 288,00 (-) |
| 28/07/2025 | 13105 | 72802 | Pix - Enviado<br>28/07 20:17 Fundo Especial Do Poder Ju | 1.062,27 (-) |
| | | | Saldo do dia | 58.649,73 (+) |
| 29/07/2025 | 14397 | 291716366050721 | Pix - Recebido<br>29/07 17:16 28149149368 Deusdete Rocha | 2.500,00 (+) |
| 29/07/2025 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 58.649,73 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 08 / 01 to 31/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | BB RF Ref DI Plus Agil | |
| | | | Daily Balance | 0.00 (+) |
| 08/14/2025 | 99021 | 613649000052108 | Transfer received<br>08/14 4:40 PM INSTITUTO M C M LTDA | 9,000.00 (+) |
| 14/08/2025 | 13105 | 81401 | Pix - Enviado<br>14/08 12:27 Joana Maria Nunes Silva | 70,00 (-) |
| 14/08/2025 | 13105 | 81402 | Pix - Enviado<br>14/08 13:[illegible] | 150,00 (-) |
| 14/08/2025 | 13105 | 81403 | Pix - Enviado<br>14/08 18:10 Joao Pedro Duarte Martins | 228,99 (-) |
| | | | Daily Balance | 8,551.01 (+) |
| 08/18/2025 | 99021 | 611611000038916 | Transfer received<br>08/18 1:06 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 18/08/2025 | 14397 | 161711396648092 | Pix - Recebido<br>16/08 17:11 00007807650958 PATRICIA PI | 45,00 (+) |
| 18/08/2025 | 13105 | 81801 | Pix - Enviado<br>17/08 11:59 Joana Maria Nunes Silva | 35,00 (-) |
| 18/08/2025 | 13105 | 81802 | Pix - Enviado<br>18/08 13:11 Juliana Britto Freire Mart | 10.000,00 (-) |
| 18/08/2025 | 13105 | 81803 | Pix - Enviado<br>18/08 14:04 Josilea Lopes De Oliveira | 90,00 (-) |
| 18/08/2025 | 13105 | 81804 | Pix - Enviado<br>18/08 18:23 Sefaz | 212,97 (-) |
| 18/08/2025 | 13105 | 81805 | Pix - Enviado<br>18/08 19:03 Telefonica Bras | 424,70 (-) |
| | | | Saldo do dia | 7.833,34 (+) |
| 19/08/2025 | 99008 | 170858 | Compra com Cartão<br>19/08 19:40 MP*CLUBIMPERIOBA | 65,00 (-) |
| 19/08/2025 | 13105 | 81901 | Pix - Enviado<br>19/08 15:37 Meptran - Medicina E Psico | 126,09 (-) |
| 19/08/2025 | 13105 | 81902 | Pix - Enviado<br>19/08 14:39 Lina De Paula Azevedo Frei | 35,00 (-) |
| 19/08/2025 | 13105 | 81903 | Pix - Enviado<br>19/08 14:43 Luis Gustavo Santos Silva | 350,00 (-) |
| 19/08/2025 | 13105 | 81904 | Pix - Enviado<br>19/08 15:09 Ubirajara De Jesus Cruz Ar | 63,99 (-) |
| | | | Saldo do dia | 7.193,26 (+) |
| 20/08/2025 | 14397 | 201611301611991 | Pix - Recebido<br>20/08 16:11 28149149368 Deusdete Rocha | 5.000,00 (+) |
| 20/08/2025 | 13105 | 82001 | Pix - Enviado<br>20/08 18:14 Samia Rafaela Silva Ferrei | 478,00 (-) |
| 20/08/2025 | 13105 | 82002 | Pix - Enviado<br>20/08 19:40 Guilherme Britto Freire Ma | 222,68 (-) |
| | | | Saldo do dia | 11.492,58 (+) |
| 21/08/2025 | 13149 | 882331000673678 | Pagamento BB Finan PF<br>969051130-BB CREDITO ENERGIA | 923,14 (-) |

Translator's note: unrelated personal transactions.

Translator's note: unrelated personal transactions.

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 09 / 01 to 30/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 29/08/2025 | | | Previous Balance | 902.87 (+) |
| 09/01/2025 | 99021 | 611611000038916 | Transfer received<br>09/01 09:08 AM INSTITUTO G D O M L EPP | 22,212.50 (+) |
| 09/01/2025 | 99021 | 611611000038916 | Transfer received<br>09/01 09:10 AM INSTITUTO G D O M L EPP | 13,327.50 (+) |
| 09/01/2025 | 99021 | 611611000038916 | Transfer received<br>09/01 3:21 PM INSTITUTO G D O M L EPP | 25,000.00 (+) |
| 01/09/2025 | 13105 | 90101 | Pix - Enviado<br>01/09 00:56 Associacao Mensa Brasil | 139,00 (-) |
| | | | Saldo do dia | 61.303,87 (+) |
| 02/09/2025 | 13105 | 90201 | Pix - Enviado<br>02/09 10:44 Qms Internacional Programa | 19,99 (-) |
| 02/09/2025 | 13105 | 90202 | Pix - Enviado<br>02/09 10:46 Yglesio Luciano Moyses Sil | 4.600,00 (-) |
| 02/09/2025 | 13105 | 90203 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 182,18 (-) |
| 02/09/2025 | 13105 | 90204 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 4.580,81 (-) |
| 02/09/2025 | 13105 | 90205 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 28.408,45 (-) |
| | | | Saldo do dia | 23.512,44 (+) |
| 03/09/2025 | 14397 | 31239109704592 | Pix - Recebido<br>03/09 12:39 00002554834300 DANIEL PERE | 1.200,00 (+) |
| 03/09/2025 | 13105 | 90301 | Pix Agendado recorrente<br>03/09 Juliana Britto Freire Ma 001/012 | 300,00 (-) |
| 03/09/2025 | 13105 | 90302 | Pix - Enviado<br>03/09 14:59 Ricardo Jose Goncalves | 141,26 (-) |
| | | | Daily Balance | 24,271.18 (+) |
| 09/05/2025 | 99015 | 551611000038916 | Transfer received<br>09/05 1:33 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 05/09/2025 | 99020 | 602953000043307 | Transferência enviada<br>05/09 10:47 GLAUCIONE PEREIRA PEDROZ | 4.490,79 (-) |
| 05/09/2025 | 13105 | 90501 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| 05/09/2025 | 13105 | 90502 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 05/09/2025 | 13105 | 90503 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 05/09/2025 | [illegible] | [illegible] | [illegible] | 2.263,18 (-) |
| | | | Saldo do dia | 24.556,94 (+) |
| 08/09/2025 | 14397 | 71518160817811 | Pix - Recebido<br>07/09 15:18 83246100306 YGLESIO LUCIAN | 23.000,00 (+) |
| 08/09/2025 | 13105 | 90801 | Pix - Enviado<br>06/09 21:18 Mercado Pago Instituicao D | 182,45 (-) |
| 08/09/2025 | 13105 | 90802 | Pix - Enviado<br>07/09 11:08 Yglesio Luciano Moyses | 100,00 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 09 / 01 to 30/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | Sil | |
| 08/09/2025 | 13105 | 90803 | Pix - Enviado<br>07/09 14:14 Ubirajara De Jesus Cruz Ar | 27,00 (-) |
| 08/09/2025 | 13105 | 90804 | Pix - Enviado<br>07/09 15:19 Bradesco Est Unif | 32.685,58 (-) |
| 08/09/2025 | 13105 | 90805 | Pix - Enviado<br>07/09 15:36 Juliana Britto Freire Mart | 62,00 (-) |
| 08/09/2025 | 13105 | 90806 | Pix - Enviado<br>08/09 19:11 Hilton Cesar Rabelo Maciel | 30,00 (-) |
| | | | Saldo do dia | 14.469,91 (+) |
| 09/09/2025 | 13105 | 90901 | Pix - Enviado<br>09/09 17:31 Juliana Britto Freire Mart | 2.000,00 (-) |
| 09/09/2025 | 13 | | Pix - Enviado | 1.032,64 (-) |
| | | | Saldo do dia | 11.437,27 (+) |
| 10/09/2025 | 14397 | 101544453915301 | Pix - Recebido<br>10/09 15:44 94819190300 Edilene Arruda | 600,00 (+) |
| 10/09/2025 | 14397 | 101733168944801 | Pix - Recebido<br>10/09 17:33 28149149368 Deusdete Rocha | 4.000,00 (+) |
| 10/09/2025 | 13105 | 91001 | Pix - Enviado<br>10/09 17:53 Icon Empreendimentos Consu | 4.000,00 (-) |
| | | | Saldo do dia | 12.037,27 (+) |
| 11/09/2025 | 14397 | 111906441499061 | Pix - Recebido<br>11/09 19:06 88082113391 RICARDO JOSE G | 200,00 (+) |
| | | | Saldo do dia | 12.237,27 (+) |
| 12/09/2025 | 13105 | 91201 | Pix - Enviado<br>12/09 14:40 Restaurante Tia Jura | 85,00 (-) |
| | | | Daily Balance | 12,152.27 (+) |
| 09/15/2025 | 99021 | 613649000052108 | Transfer received<br>09/15 08:28 AM INSTITUTO M C M LTDA | 9,000.00 (+) |
| 15/09/2025 | 14397 | 151330503881781 | Pix - Recebido<br>15/09 13:30 28149149368 Deusdete Rocha | 4.000,00 (+) |
| 15/09/2025 | 13105 | 91501 | Pagamento de Impostos<br>CUSTAS JUDICIAIS FERJ | 203,24 (-) |
| 15/09/2025 | 13105 | 91502 | Pix - Enviado<br>14/09 16:36 Guilherme Britto Freire Ma | 50,00 (-) |
| 15/09/2025 | | | Pix - Enviado | 30.000,00 (-) |
| 15/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 5.100,97 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 16/09/2025 | 13105 | 91601 | Pagamento de Boleto<br>MUNICIPIO DE PACO DO LUMIAR | 917,74 (-) |
| 16/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 917,74 (+) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 09 / 01 to 30/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | Saldo do dia | 0,00 (+) |
| 17/09/2025 | 99008 | 162184 | Compra com Cartão<br>17/09 17:16 CROSARA COMERCIO DE | 8,00 (-) |
| 17/09/2025 | 13105 | 91701 | Pix - Enviado<br>17/09 23:04 Sateltour | 150,00 (-) |
| 17/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 158,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 18/09/2025 | 14138 | 202509170031691 | Ordem Bancária<br>ESTADO DO MARANHAO | 800,00 (+) |
| 18/09/2025 | 99008 | 170800 | Compra com Cartão<br>18/09 19:40 R LUZ LTDA | 131,00 (-) |
| 18/09/2025 | 13105 | 91801 | Pix - Enviad<br>18/09 16:08 | 100,00 (-) |
| | | | Saldo do dia | 569,00 (+) |
| 19/09/2025 | 13105 | 91901 | Pix - Enviado<br>19/09 10:11 GUILHERME BRITTO FREIRE M | 15,00 (-) |
| | | | Saldo do dia | 554,00 (+) |
| 22/09/2025 | 99008 | 183199 | Compra com Cartão<br>22/09 23:06 MP*MESTREDOCHURR | 25,00 (-) |
| 22/09/2025 | 13105 | 92201 | Pix - Enviado | 15,00 (-) |
| 22/09/2025 | 13105 | 92202 | Pix - Enviado<br>22/09 21:37 MULLER MOREIRA PEREIRA | 50,00 (-) |
| 22/09/2025 | 13105 | 92203 | Pix - Enviado<br>22/09 21:46 MARIA VITORIA DE VEIZAGA | 35,00 (-) |
| | | | Saldo do dia | 429,00 (+) |
| 23/09/2025 | 13105 | 92301 | Pix - Enviado<br>23/09 18:40 Kamyla De Lima Costa | 91,00 (-) |
| | | | Saldo do dia | 338,00 (+) |
| 24/09/2025 | 13105 | 92401 | Pagamento de Impostos<br>CUSTAS JUDICIAIS FERJ | 203,24 (-) |
| 24/09/2025 | 13105 | 92402 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 103,68 (-) |
| | | | Saldo do dia | 31,08 (+) |
| 25/09/2025 | 13105 | 92501 | Pix - Enviado<br>25/09 15:29 RAFAEL ARAUJO VERAS | 30,00 (-) |
| 25/09/2025 | 13105 | 92502 | Pix - Enviado<br>25/09 17:05 PABLO HENRIQUE DE S DE AR | 120,00 (-) |
| 25/09/2025 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/09/2025 | 5,00 (-) |
| 25/09/2025 | 13113 | 822681100706216 | Tarifa Pacote de Serviços<br>Cobrança referente 25/09/2025 | 27,80 (-) |
| 25/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 151,72 (+) |
| | | | Daily Balance | 0,00 (+) |
| 09/26/2025 | 99021 | 611611000038916 | Transfer received<br>09/26 10:21 AM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 09/26/2025 | 99021 | 611611000038916 | Transfer received | 13.327,50 (+) |

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 09 / 01 to 30/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | 09/26 10:27 AM INSTITUTO G D O M L EPP | |
| 09/26/2025 | 99021 | 611611000038916 | Transfer received<br>09/26 10:28 AM INSTITUTO G D O M L EPP | 22.212,50 (+) |
| 09/26/2025 | 99021 | 611611000038916 | Transfer received<br>09/26 1:28 PM INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 26/09/2025 | 99020 | 26168846 | Carga Cartão Pré-Pago<br>4863********3300 CECILIA BRITTO FREIRE | 10,00 (-) |
| 26/09/2025 | 13105 | 92601 | Pix - Enviado<br>26/09 12:50 GEISANE SARAIVA RIBEIRO S | 200,00 (-) |
| 26/09/2025 | 13105 | 92602 | Pix - Enviado<br>26/09 13:14 Joana Maria Nunes Silva | 65,00 (-) |
| 26/09/2025 | 13105 | 92603 | Pix - Enviado<br>26/09 17:11 GUILHERME BRITTO FREIRE M | 43,76 (-) |
| 26/09/2025 | 13105 | 92604 | Pix - Enviado<br>26/09 17:19 RUI BARBOSA BARROS BATIST | 700,00 (-) |
| | | | Saldo do dia | 64.521,24 (+) |
| 29/09/2025 | 13105 | 92901 | Pix - Enviado<br>27/09 12:28 Joana Maria Nunes Silva | 100,00 (-) |
| 29/09/2025 | 13105 | 92902 | Pagamento de Boleto<br>INSTITUTO DE COLONIZACAO E TER | 12.379,28 (-) |
| 29/09/2025 | 13105 | 92903 | Pix - Enviado<br>29/09 11:02 LUIS CESAR DA SILVA SANTO | 800,00 (-) |
| 29/09/2025 | 13105 | 92904 | Pagamento de Impostos<br>CUSTAS JUDICIAIS FERJ | 1.062,27 (-) |
| 29/09/2025 | 13105 | 92905 | Pagamento de Boleto<br>EQUATORIAL MARANHAO DISTRIBUID | 281,27 (-) |
| 29/09/2025 | 13105 | 92906 | Pix - Enviado<br>29/09 17:21 EQUATORIAL MARANHAO DISTR | 73,47 (-) |
| 29/09/2025 | 13105 | 92907 | Pix - Enviado<br>29/09 17:21 EQUATORIAL MARANHAO DISTR | 33,25 (-) |
| 29/09/2025 | 13105 | 92908 | Pix - Enviado<br>29/09 17:45 TELEFONICA BRAS | 416,32 (-) |
| 29/09/2025 | 13105 | 92909 | Pix - Enviado<br>29/09 18:26 JULIANA BRITTO FREIRE MAR | 2.011,49 (-) |
| 29/09/2025 | 13105 | 92910 | Pix - Enviado<br>29/09 18:30 JULIANA BRITTO FREIRE MAR | 298,13 (-) |
| | | | Saldo do dia | 47.065,76 (+) |
| 30/09/2025 | 13105 | 93001 | Pix - Enviado<br>30/09 15:57 FUNDO ESPECIAL DO PODER J | 203,24 (-) |
| 30/09/2025 | | | S A L D O | 46.862,52 (+) |

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 11 / 01 to 30/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 10/30/2025 | | | Previous Balance | 14,200.00 (+) |
| 03/11/2025 | 13105 | 110301 | Pix Agendado<br>03/11 Juliana Britto Freire Ma 003/012 | 300,00 (-) |
| 03/11/2025 | 13105 | 110302 | Pix - Enviado<br>02/11 13:06 KAMYLA DE LIMA COSTA | 64,00 (-) |
| 03/11/2025 | 13105 | 110303 | Pix - Enviado<br>03/11 12:22 YGLESIO LUCIANO MOYSES SI | 1.890,00 (-) |
| 03/11/2025 | 13105 | 110304 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 6.459,67 (-) |
| 03/11/2025 | 13105 | 110305 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 11.791,82 (-) |
| 03/11/2025 | 13105 | 110306 | Pix - Enviado<br>03/11 12:31 BRADESCO EST UNIF | 27.811,76 (-) |
| 03/11/2025 | 13105 | 110307 | 03/11 12:33 MERCADO PAGO INSTITUICAO | 158,84 (-) |
| 03/11/2025 | 13105 | 110308 | Pix - Enviado<br>03/11 12:36 YGLESIO LUCIANO MOYSES SI | 182,00 (-) |
| 03/11/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 34.458,09 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 04/11/2025 | 13105 | 110401 | Pix - Enviado<br>04/11 08:56 MULLER MOREIRA PEREIRA | 50,00 (-) |
| 04/11/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 50,00 (+) |
| | | | Daily Balance | 0.00 (+) |
| 11/05/2025 | 99015 | 551611000038916 | Transfer received<br>11/05 5:42 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 05/11/2025 | 13105 | 110501 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 05/11/2025 | 13105 | 110502 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| 05/11/2025 | 13105 | 110503 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 05/11/2025 | 13105 | 110504 | Pix - Enviado<br>05/11 20:16 Wellison Sousa Araujo | 40,00 (-) |
| 05/11/2025 | 13128 | 161104216005286 | Pagam Presta Créd Imobili | 2.257,90 (-) |
| | | | Saldo do dia | 4.741,83 (+) |
| 06/11/2025 | | | Pix - Enviado<br>06/11 12:20 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| 06/11/2025 | 13105 | 110602 | Pix - Enviado<br>06/11 12:24 JULIANA BRITTO FREIRE MAR | 2.000,00 (-) |
| | | | Saldo do dia | 432,21 (+) |
| 07/11/2025 | 99008 | 151351 | Compra com Cartão<br>07/11 14:15 R LUZ LTDA | 163,00 (-) |
| 07/11/2025 | 99020 | 602953000043307 | Transferência enviada<br>07/11 13:50 GLAUCIONE PEREIRA PEDROZ | 4.490,78 (-) |
| 07/11/2025 | 13105 | 110701 | Pix - Enviado<br>07/11 10:39 Kamyla De Lima Costa | 200,00 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 11 / 01 to 30/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | 11/25 12:07 PM INSTITUTO G D O M L EPP | |
| 11/25/2025 | 99021 | 611611000038916 | Transfer received<br>11/25 12:22 PM INSTITUTO G D O M L EPP | 22,657.00 (+) |
| 25/11/2025 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/11/2025 | 5,00 (-) |
| 25/11/2025 | 13113 | 823291100701942 | Tarifa Pacote de Serviços<br>Cobrança referente 25/11/2025 | 27,80 (-) |
| | | | Daily Balance | 35,951.20 (+) |
| 11/26/2025 | 99021 | 611611000038916 | Transfer received<br>11/26 11:07 AM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 26/11/2025 | 13105 | 112601 | Pix - Enviado<br>26/11 10:15 FACEBOOK SERVICOS ONLINE | 1.000,00 (-) |
| 26/11/2025 | 13105 | 112602 | Pix - Enviado<br>26/11 10:15 [illegible] CONS | 12.000,00 (-) |
| | | | Saldo do dia | 37.951,20 (+) |
| 27/11/2025 | 13105 | 112701 | Pix - Enviado<br>27/11 17:47 21.992.204 NELDSON LEANDR | 900,00 (-) |
| | | | Daily Balance | 37,051.20 (+) |
| 11/28/2025 | 99015 | 551611000038916 | Transfer received<br>11/28 1:44 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 28/11/2025 | 99008 | 153552 | Compra com Cartão<br>28/11 14:52 Postoroma | 116,57 (-) |
| 28/11/2025 | 13105 | 112801 | Pix - Enviado<br>28/11 10:56 MULLER MOREIRA PEREIRA | 300,00 (-) |
| 28/11/2025 | 13105 | 112802 | Pix - Enviado<br>28/11 10:56 GEISANE SARAIVA RIBEIRO S | 200,00 (-) |
| 28/11/2025 | 13105 | 112803 | Pix - Enviado<br>28/11 11:41 Luis Cesar da Silva Santo | 800,00 (-) |
| 28/11/2025 | 13105 | 112804 | Pix - Enviado<br>28/11 12:38 AYRTON SILVA BRITO JUNIOR | 30,00 (-) |
| 28/11/2025 | 13105 | 112805 | Pix - Enviado<br>28/11 14:34 KAMYLA DE LIMA COSTA | 50,00 (-) |
| 30/11/2025 | | | S A L D O | 45.554,63 (+) |

Translator's note: unrelated personal transactions.

Translator's note: unrelated personal transactions.

Translator's note: unrelated personal transactions.

Total Financial Investments 0.00

* Balances as of the Base Date

Subject to confirmation at the time of contracting

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 12 / 01 to 31/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 12/12/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 4.484,26 (+) |
| | | | Daily Balance | 0.00 (+) |
| 12/15/2025 | 99020 | 601611000021629 | Transfer received<br>12/15 6:14 PM [redacted] | 9,000.00 (+) |
| 15/12/2025 | 13105 | 121501 | Pix - Enviado<br>13/12 19:10 Joao Pedro Duarte Martins | 50,00 (-) |
| 15/12/2025 | 13105 | 121502 | Pix - Enviado<br>14/12 18:30 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| 15/12/2025 | 13105 | 121503 | Pix - Enviado<br>15/12 12:43 TELEFONICA BRAS | 418,49 (-) |
| | | | Saldo do dia | 8.481,51 (+) |
| 16/12/2025 | 14397 | 161700487915731 | Pix - Recebido<br>16/12 17:00 83246100306 YGLESIO LUCIAN | 26.274,00 (+) |
| | | | Saldo do dia | 34.755,51 (+) |
| 17/12/2025 | 14397 | 172050106770471 | Pix - Recebido<br>17/12 20:50 04485465314 Francisco Rail | 2.064,00 (+) |
| 17/12/2025 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 32.445,89 (-) |
| 17/12/2025 | 13105 | 121701 | Pix - Enviado<br>17/12 11:31 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| | | | Daily Balance | 2,064.00 (+) |
| 12/18/2025 | 99021 | 611611000038916 | Transfer received<br>12/18 10:15 AM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 18/12/2025 | 13105 | 121801 | Pix - Enviado<br>18/12 17:16 KAMYLA DE LIMA COSTA | 315,00 (-) |
| 18/12/2025 | 13105 | 121802 | Pix - Enviado<br>18/12 19:16 FACEBOOK SERVICOS ONLINE | 2.000,00 (-) |
| | | | Saldo do dia | 14.749,00 (+) |
| 19/12/2025 | 13105 | 121901 | Pix - Enviado<br>19/12 13:14 FLAVIA CRISTINE DE FREITA | 88,00 (-) |
| 19/12/2025 | 13105 | 121902 | Pix - Enviado<br>19/12 17:00 Hosanna stephanie Duarte | 180,00 (-) |
| | | | Saldo do dia | 14.481,00 (+) |
| 22/12/2025 | 99008 | 183250 | Compra com Cartão<br>21/12 23:07 A. C. A. DE O | 8,00 (-) |
| 22/12/2025 | 99008 | 268939 | Compra com Cartão<br>22/12 19:08 R LUZ LTDA | 125,00 (-) |
| 22/12/2025 | 13105 | 122201 | Pix - Enviado<br>20/12 17:36 Jerusa Ellem Rocha Dos Sa | 50,00 (-) |
| 22/12/2025 | 13105 | 122202 | Pix - Enviado<br>20/12 17:37 Alysson Aires Gomes | 10,00 (-) |
| 22/12/2025 | 13105 | 122203 | Pix - Enviado<br>20/12 17:41 Jerusa Ellem Rocha Dos Sa | 20,00 (-) |
| 22/12/2025 | 13105 | 122204 | Pix - Enviado<br>22/12 10:54 EQUATORIAL | 319,30 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 12 / 01 to 31/2025 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 12/29/2025 | 99021 | 611611000038916 | Transfer received<br>12/29 3:28 PM INSTITUTO G D O M L EPP | 8,000.00 (+) |
| 12/29/2025 | 99021 | 611611000038916 | Transfer received<br>12/29 3:31 PM INSTITUTO G D O M L EPP | 22,600.00 (+) |
| 29/12/2025 | 99008 | 169088 | Compra com Cartão<br>29/12 19:11 R LUZ LTDA | 131,00 (-) |
| 29/12/2025 | 99008 | 272048 | Compra com Cartão<br>29/12 20:00 J R COSTA SUSHI | 140,69 (-) |
| 29/12/2025 | 13105 | 122901 | Pix - Enviado<br>29/12 11:36 Luis Cesar da Silva Santo | 800,00 (-) |
| 29/12/2025 | 13105 | 122902 | Pix - Enviado<br>29/12 15:47 GREGORIA DE SOUZA PEREIRA | 50,00 (-) |
| 29/12/2025 | 13105 | 122903 | Pix - Enviado<br>29/12 15:49 GREGORIA DE SOUZA | 450,00 (-) |
| 29/12/2025 | 13105 | 122904 | Pix - Enviad<br>29/12 19:17 | 4,00 (-) |
| | | | Saldo do dia | 38.823,21 (+) |
| 30/12/2025 | 99008 | 170325 | Compra com Cartão<br>30/12 19:32 TASQUINHA FERREIRO | 99,78 (-) |
| | | | Saldo do dia | 38.723,43 (+) |
| 31/12/2025 | 99008 | 149852 | Compra com Cartão<br>31/12 13:50 FET LTDA | 120,00 (-) |
| 31/12/2025 | 99008 | 257203 | Compra com Cartão<br>31/12 15:53 FERREIRO GRILL | 218,90 (-) |
| 31/12/2025 | | | S A L D O | 38.384,53 (+) |

**Translator's note: unrelated personal transactions.**

Total Financial Investments 0.00

* Balances as of the Base Date

Subject to confirmation at the time of contracting

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 01 / 01 to 31/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 12/31/2025 | | | Previous Balance | 38,384.53 (+) |
| 02/01/2026 | 14397 | 21131362334952 | Pix - Recebido<br>02/01 11:31 03730204000176 CAIXA VIDA | 31.321,01 (+) |
| 02/01/2026 | 99008 | 152152 | Compra com Cartão<br>02/01 14:29 GaleteriaPingao | 112,24 (-) |
| 02/01/2026 | 13049 | 1202100 | BB RF Simples Ágil | 67.153,40 (-) |
| 02/01/2026 | 13105 | 10201 | Pix - Enviado<br>01/01 14:52 JULIANA BRITTO FREIRE MAR | 500,00 (-) |
| 02/01/2026 | 13105 | 10202 | Pix - Enviado<br>01/01 20:39 GUILHERME BRITTO FREIRE M | 95,90 (-) |
| 02/01/2026 | 13105 | 10203 | Pix - Enviado<br>02/01 12:28 YGLESIO LUCIANO MOYSES SI | 1.844,00 (-) |
| 02/01/2026 | 13105 | 10204 | Pix - Enviado<br>02/01 14:47 JULIANA BRITTO FREIRE MAR | 500,00 (-) |
| 02/01/2026 | 13105 | 10205 | Pix - Enviado<br>02/01 16:04 Joana Maria Nunes Silva | 140,00 (-) |
| 02/01/2026 | 13105 | 10206 | Pix - Enviado<br>02/01 16:43 JULIANA BRITTO FREIRE MAR | 29.500,00 (-) |
| 02/01/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 30.140,00 (+) |
| | | | Daily Balance | 0.00 (+) |
| 01/05/2026 | 99020 | 601611000021629 | Transfer received<br>01/05 4:15 PM [redacted] | 9,000.00 (+) |
| 05/01/2026 | 13105 | 10501 | Pix Agendado<br>03/01 Juliana Britto Freire Ma 005/012 | 300,00 (-) |
| 05/01/2026 | 13105 | 10502 | Pix - Enviado<br>03/01 08:38 YGLESIO LUCIANO MOYSES SI | 50,00 (-) |
| 05/01/2026 | 13105 | 10503 | Pix - Enviado<br>03/01 22:23 Domingos Ribeiro Viana | 66,00 (-) |
| 05/01/2026 | 13105 | 10504 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 05/01/2026 | 13105 | 10505 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| 05/01/2026 | 13105 | 10506 | Pagamento de Boleto<br>[illegible] | 1.422,80 (-) |
| 05/01/2026 | 13105 | 10507 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 7.053,57 (-) |
| 05/01/2026 | 13105 | 10508 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 8.077,02 (-) |
| 05/01/2026 | 13105 | 10509 | Pix - Enviado<br>05/01 14:36 ANTONIO APRIGIO PEREIRA P | 770,00 (-) |
| 05/01/2026 | 13105 | 10510 | Pix - Enviado<br>05/01 16:21 Francisco Raillen Teixeir | 2.000,00 (-) |
| 05/01/2026 | 13128 | 161104216005484 | Pagam Presta Créd Imobili | 2.252,78 (-) |
| 05/01/2026 | 13158 | 15047128 | Pagto cartão crédito | 394,59 (-) |
| 05/01/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 14.924,23 (+) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 01 / 01 to 31/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | Arruda | |
| 12/01/2026 | 99008 | 152389 | Compra com Cartão<br>12/01 14:33 R LUZ LTDA | 261,00 (-) |
| 12/01/2026 | 13105 | 11201 | Pix - Enviado<br>10/01 17:59 ANDRE LOPES LESSA | 100,00 (-) |
| 12/01/2026 | 13105 | 11202 | Pix - Enviado<br>10/01 21:05 CAROLINE CALDAS DA SILVA | 114,00 (-) |
| 12/01/2026 | 13105 | 11203 | Pix - Enviado<br>11/01 15:18 Domingos Sarro Pereira Fi | 10,00 (-) |
| 12/01/2026 | 13105 | 11204 | Pix - Enviado<br>12/01 00:58 YGLESIO LUCIANO MOYSES SI | 398,00 (-) |
| 12/01/2026 | 13105 | 11205 | Pix - Enviado<br>12/01 10:06 MERCADO PAGO INSTITUICAO | 158,84 (-) |
| 12/01/2026 | 13105 | 11206 | Pix - Enviado<br>12/01 14:26 MAURO HENRIQUE SANTOS SIL | 350,00 (-) |
| 12/01/2026 | 32 | | Resgate Fundo<br>BB RF Ref DI Plus Agil | 791,84 (+) |
| | | | Daily Balance | 0.00 (+) |
| 01/13/2026 | 99021 | 611611000038916 | Transfer received<br>01/13 11:54 AM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 13/01/2026 | 13105 | 11301 | Pix - Enviado<br>13/01 13:25 MUNICIPIO DE SAO JOSE DE | 34,80 (-) |
| 13/01/2026 | 13105 | 11302 | Pix - Enviado<br>13/01 17:47 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| | | | Saldo do dia | 9.915,20 (+) |
| 14/01/2026 | 13105 | 11401 | Pix - Enviado<br>14/01 19:02 WALQUIMAR TEIXEIRA RABELO | 750,00 (-) |
| | | | Saldo do dia | 9.165,20 (+) |
| 16/01/2026 | 13105 | 11601 | Pix - Enviado<br>16/01 12:22 WALQUIMAR TEIXEIRA RABELO | 750,00 (-) |
| 16/01/2026 | 13105 | 11602 | Pix - Enviado<br>16/01 12:41 ESTADO DO MARANHAO - SECR | 403,00 (-) |
| | | | Saldo do dia | 8.012,20 (+) |
| 19/01/2026 | 13105 | 11901 | Pix - Enviado<br>18/01 18:10 GUILHERME BRITTO FREIRE M | 115,00 (-) |
| 19/01/2026 | 13105 | 11902 | Pix - Enviado<br>19/01 15:07 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| | | | Saldo do dia | 5.587,58 (+) |
| 21/01/2026 | 13105 | 12101 | Pix - Enviado<br>21/01 13:26 Joana Maria Nunes Silva | 200,00 (-) |
| 21/01/2026 | 13105 | 12102 | Pix - Enviado<br>21/01 16:31 DANIEL PEREIRA RODRIGUES | 950,00 (-) |
| 21/01/2026 | 13149 | 890211000000037 | Pagamento BB Finan PF<br>969051130-BB CRÉDITO ENERGIA | 923,14 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 01 / 01 to 31/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | RENOVÁVEL | |
| | | | Daily Balance | 3,514.44 (+) |
| 01/22/2026 | 99021 | 611611000038916 | Transfer received<br>01/22 4:26 PM INSTITUTO G D O M L EPP | 19,000.00 (+) |
| 22/01/2026 | 13105 | 12201 | Pix - Enviado<br>22/01 20:17 TELEFONICA BRAS | 410,79 (-) |
| | | | Daily Balance | 22,103.65 (+) |
| 01/23/2026 | 99021 | 611611000038916 | Transfer received<br>01/23 3:22 PM INSTITUTO G D O M L EPP | 21,300.00 (+) |
| 23/01/2026 | 13105 | | Pix - Enviado<br>DISTR | 314,67 (-) |

**Translator's note: unrelated personal transactions.**

| | | | | |
|---|---|---|---|---|
| | | | Daily Balance | 43,088.98 (+) |
| 01/26/2026 | 99015 | 551611000038916 | Transfer received<br>01/26 10:29 AM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 01/26/2026 | 99015 | 551611000038916 | Transfer received<br>01/26 11:03 AM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 26/01/2026 | 13105 | 12601 | Pix - Enviado<br>24/01 22:28 GUILHERME BRITTO FREIRE M | 30,00 (-) |
| 26/01/2026 | 13105 | 12602 | Pix - Enviado<br>26/01 12:39 ALAN SANTOS BANDEIRA BARR | 315,00 (-) |
| 26/01/2026 | 13105 | 12603 | Pix - Enviado<br>26/01 15:32 LUIS CESAR DA SILVA SANTO | 800,00 (-) |
| 26/01/2026 | 13105 | 12604 | Pix - Enviado<br>26/01 15:38 QMS INTERNACIONAL PROGRAM | 29,90 (-) |
| 26/01/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 12/01/2026 | 5,00 (-) |
| 26/01/2026 | 13113 | 830261100438415 | Tarifa Pacote de Serviços<br>Cobrança referente 26/01/2026 | 27,80 (-) |
| | | | Saldo do dia | 66.881,28 (+) |
| 27/01/2026 | 14169 | 191100000038916 | Transferência Agendada<br>27/01 INSTITUTO G D | 21.700,00 (+) |

**Translator's note: unrelated personal transactions.**

| | | | | |
|---|---|---|---|---|
| | | | Saldo do dia | 88.581,28 (+) |
| 28/01/2026 | 13049 | 1202100 | BB RF Simples Ágil | 88.581,28 (-) |
| | | | Saldo do dia | 0,00 (+) |
| 29/01/2026 | 14397 | 291253412374152 | Pix - Recebido<br>29/01 12:53 00083246100306 YGLESIO LUC | 6.500,00 (+) |
| 29/01/2026 | 13105 | 12901 | Pix - Enviado<br>29/01 12:54 OTAVIO HAVERROTH E SILVA | 6.333,30 (-) |
| 29/01/2026 | 13105 | 12902 | Pix - Enviado<br>29/01 13:33 MOURA CAR SERVICES | 1.000,00 (-) |
| 29/01/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 833,30 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 30/01/2026 | 99020 | 602953000007965 | Transferência enviada<br>30/01 15:12 KLAUBER ARAUJO S | 50.000,00 (-) |

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 02 / 01 to 28/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 06/02/2026 | 13105 | 20603 | Pix - Enviado<br>06/02 10:28 MUNICIPIO DE SAO LUIS | 524,71 (-) |
| 06/02/2026 | 13105 | 20604 | Pix - Enviado<br>06/02 12:17 CARLOS EDUARDO FERNANDES | 127,00 (-) |
| 06/02/2026 | 13105 | 20605 | Pix - Enviad<br>06/02 13:49 | 350,00 (-) |
| 06/02/2026 | 13105 | 20606 | Pix - Enviado<br>06/02 15:25 IVAN DA SILVA RIOS | 120,00 (-) |
| 06/02/2026 | 13105 | 20607 | Pix - Enviado<br>06/02 15:26 Joana Maria Nunes Silva | 20,00 (-) |
| | | | Saldo do dia | 8.975,38 (+) |
| 09/02/2026 | 13105 | 20901 | Pix - Enviad<br>07/02 11:11 | 200,00 (-) |
| 09/02/2026 | 13105 | 20902 | Pix - Enviado<br>07/02 13:54 NIVAL COSTA PAURA FILHO | 149,00 (-) |
| 09/02/2026 | 13 | | Pix - Enviad | 395,00 (-) |
| 09/02/2026 | 13105 | 20904 | Pix - Enviado<br>09/02 09:47 YGLESIO LUCIANO MOYSES SI | 4.950,00 (-) |
| 09/02/2026 | 13105 | 20905 | Pix - Enviado<br>09/02 18:58 QMS INTERNACIONAL PROGRAM | 25,00 (-) |
| 09/02/2026 | 13105 | 20906 | Pix - Enviado<br>09/02 19:34 DC MARKETING, CONSULTORIA | 300,00 (-) |
| | | | Saldo do dia | 2.956,38 (+) |
| 10/02/2026 | 14397 | 101511592392932 | Pix - Recebido<br>10/02 15:11 00094819190300 EDILENE ARR | 600,00 (+) |
| 10/02/2026 | 13105 | 21001 | Pix - Enviado<br>10/02 13:05 YGLESIO LUCIANO MOYSES SI | 12.000,00 (-) |
| 10/02/2026 | 13105 | 21002 | Pix - Enviado<br>10/02 13:24 MERCADO PAGO INSTITUICAO | 154,56 (-) |
| 10/02/2026 | 13105 | 21003 | Pix - Enviad<br>10/02 18:14 | 170,00 (-) |
| 10/02/2026 | 13105 | 21004 | Pix - Enviado<br>10/02 21:36 FACEBOOK SERVICOS ONLINE | 1.000,00 (-) |
| 10/02/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 9.768,18 (+) |
| | | | Daily Balance | 0.00 (+) |
| 02/11/2026 | 99021 | 611611000038916 | Transfer received<br>02/11 10:25 AM INSTITUTO G D O M L EPP | 9,000.00 (+) |
| 11/02/2026 | 13105 | 21101 | Pix - Enviado<br>11/02 00:31 QMS INTERNACIONAL PROGRAM | 19,90 (-) |
| 11/02/2026 | 13105 | 21102 | Pix - Enviado<br>11/02 08:58 JOYCE AMORIM DOS SANTOS | 6.100,00 (-) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 02 / 01 to 28/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | 16/02 02:29 ROSANGELA CALDAS DA SILVA | |
| 18/02/2026 | 13105 | 21806 | Pix - Enviado<br>18/02 11:05 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| 18/02/2026 | 13105 | 21807 | Pix - Enviado<br>18/02 11:22 JULIANA BRITTO FREIRE MAR | 2.000,00 (-) |
| 18/02/2026 | 13105 | 21808 | Pix - Enviado<br>18/02 13:53 ANTONIO ELTON SILVA OLIVE | 72,30 (-) |
| 18/02/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 5.210,42 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 19/02/2026 | 13105 | 21901 | Pix - Enviado<br>19/02 09:49 EQUATORIAL MARANHAO DISTR | 283,96 (-) |
| 19/02/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 283,96 (+) |
| | | | Daily Balance | 0.00 (+) |
| 02/20/2026 | 99015 | 551611000038916 | Transfer received<br>02/20 2:37 PM INSTITUTO G D O M L EPP | 22,600.00 (+) |
| 02/20/2026 | 99015 | 551611000038916 | Transfer received<br>02/20 2:37 PM INSTITUTO G D O M L EPP | 13,800.00 (+) |
| 02/20/2026 | 99015 | 551611000038916 | Transfer received<br>02/20 2:38 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 20/02/2026 | 99008 | 168627 | Compra com Cartão<br>20/02 19:03 R LUZ LTDA | 129,00 (-) |
| 20/02/2026 | 99008 | 272627 | Compra com Cartão<br>20/02 20:10 PASTELLO | 87,00 (-) |
| 20/02/2026 | 13105 | 22001 | Pix - Enviado<br>20/02 15:08 FRANCISCO FLAVIO DA SILVA | 100,00 (-) |
| | | | Saldo do dia | 46.084,00 (+) |
| 23/02/2026 | 99008 | 154322 | Compra com Cartão<br>21/02 15:05 MP*CLUBIMPERIOBA | 70,00 (-) |
| 23/02/2026 | 99008 | 254771 | Compra com Cartão<br>21/02 15:12 DROGASIL 3392 | 101,89 (-) |
| 23/02/2026 | 99008 | 372125 | Compra com Cartão<br>21/02 20:02 LOVE SUSHI | 144,88 (-) |
| 23/02/2026 | 99008 | 667844 | Compra com Cartão<br>22/02 18:50 RIO GRANDE | 255,13 (-) |
| 23/02/2026 | 13105 | 22301 | Pix - Enviad<br>21/02 11:39 | 100,00 (-) |
| 23/02/2026 | 13105 | 22302 | Pix - Enviado<br>21/02 13:13 A S ROCHA RESTAURANTE E C | 26,40 (-) |
| 23/02/2026 | 13105 | 22303 | Pix - Enviado<br>21/02 13:15 DEYVYSON MESQUITA LIMA | 20,00 (-) |
| 23/02/2026 | 13105 | 22304 | Pix - Enviado<br>22/02 12:22 GUILHERME BRITTO FREIRE M | 150,00 (-) |
| 23/02/2026 | 13149 | 890541000838710 | Pagamento BB Finan PF | 923,14 (-) |

Translator's note: unrelated personal transactions.

Translator's note: unrelated personal transactions.

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 02 / 01 to 28/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | 969051130-BB CRÉDITO ENERGIA RENOVÁVEL | |
| | | | Saldo do dia | 44.292,56 (+) |
| 24/02/2026 | 99008 | 178862 | Compra com Cartão<br>24/02 21:54 AUTO DZ | 172,00 (-) |
| 24/02/2026 | 13105 | 22401 | Pix - Enviado<br>24/02 11:35 JULIANA BRITTO FREIRE MAR | 2.500,00 (-) |
| 24/02/2026 | 13105 | 22402 | Pix - Enviado<br>24/02 15:37 ROZIMARIA ANGELO DA SILVA | 50,00 (-) |
| | | | Saldo do dia | 41.570,56 (+) |
| 25/02/2026 | 13105 | 22501 | Pix - Enviado<br>25/02 15:03 FEBELL TACTICAL | 300,00 (-) |
| 25/02/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/02/2026 | 5,00 (-) |
| 25/02/2026 | 13113 | 820561100657948 | Tarifa Pacote de Serviços<br>Cobrança referente 25/02/2026 | 27,80 (-) |
| | | | Saldo do dia | 41.237,76 (+) |
| 26/02/2026 | 13105 | 22601 | Pix - Enviado<br>26/02 21:16 Vitor Fernandes Delago | 150,00 (-) |
| | | | Daily Balance | 41,087.76 (+) |
| 02/27/2026 | 99021 | 611611000038916 | Transferência recebida<br>02/27 5:45 PM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 27/02/2026 | 13105 | 22701 | Pix - Enviado<br>27/02 17:28 MUNICIPIO DE SAO LUIS | 852,31 (-) |
| 27/02/2026 | 13105 | 22702 | Pix - Enviado<br>27/02 17:29 MUNICIPIO DE SAO LUIS | 588,47 (-) |
| 27/02/2026 | 13105 | 22703 | Pix - Enviado<br>27/02 22:10 LUIS CESAR DA SILVA SANTO | 800,00 (-) |
| | | | Daily Balance | 53,846.98 (+) |
| 02/28/2026 | | | B A L A N C E | 53,846.98 (+) |

Translator's note: unrelated personal transactions.

Translator's note: unrelated personal transactions.

## Additional Information

| | |
|---|---|
| - Overdraft Limit | 14,000.00 (+) |
| Monthly Overdraft Interest Rate | 7.91% |
| Annual Overdraft Limit Rate | 149.31% |
| Daily IOF Tax | 8.20% |
| Additional IOF Tax | 0.38% |
| Monthly Total Effective Cost | 8.54% |
| Annual Total Effective Cost | 170.90% |
| Overdraft Due Date | 01/29/2027 |

## Supplementary Information - CET(*)

| | | |
|---|---|---|
| Total Amount Due | 15,195.04 | - |
| Amount Made Available | 14,000.00 | 99.43% |
| Charges (IOF) | 87.64 | 0.57% |
| Fee | 1,107.40 | 0.00% |

*Simulation based on a one-time, full utilization of the overdraft limit for 30 days.

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 04 / 01 to 30/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 09/04/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 601,15 (+) |
| | | | Daily Balance | 0.00 (+) |
| 04/10/2026 | 99015 | 551611000038916 | Transfer received<br>04/10 1:15 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 10/04/2026 | 99008 | 153873 | Compra com Cartão<br>10/04 14:57 ZOOLOGICO DE BRASILI | 25,00 (-) |
| 10/04/2026 | 13105 | 41001 | Pix - Enviado<br>10/04 13:24 UBER DO BRASIL TECNOLOGIA | 18,98 (-) |
| 10/04/2026 | 13105 | 41002 | Pix - Enviado<br>10/04 14:33 UBER DO BRASIL TECNOLOGIA | 20,99 (-) |
| 10/04/2026 | 13105 | 41003 | Pix - Enviado<br>10/04 14:48 ICON EMPREENDIMENTOS CONS | 500,00 (-) |
| 10/04/2026 | 13105 | 41004 | Pix - Enviado<br>10/04 15:24 MERCADO PAGO INSTITUICAO | 498,61 (-) |
| 10/04/2026 | 13105 | 41005 | Pix - Enviado<br>10/04 16:38 UBER DO BRASIL TECNOLOGIA | 22,99 (-) |
| 10/04/2026 | 13105 | 41006 | Pix - Enviado<br>10/04 16:54 UBER DO BRASIL TECNOLOGIA | 21,98 (-) |
| 10/04/2026 | 13105 | 41007 | Pix - Enviado<br>10/04 18:26 UBER DO BRASIL TECNOLOGIA | 30,98 (-) |
| 10/04/2026 | 13105 | 41008 | 10/04 21:38 IFOOD.COM AGENCIA DE REST | 50,88 (-) |
| 10/04/2026 | 13105 | 41009 | Pix - Enviado<br>10/04 21:51 IFOOD.COM AGENCIA DE REST | 166,98 (-) |
| | | | Saldo do dia | 8.642,61 (+) |
| 13/04/2026 | 14397 | 111926550698301 | Pix - Recebido<br>11/04 19:26 94819190300 Edilene Arruda | 600,00 (+) |
| 13/04/2026 | 14138 | 202604100061657 | Ordem Bancária<br>ESTADO DO MARANHAO | 2.400,00 (+) |
| 13/04/2026 | 13105 | 41301 | Pix - Enviado<br>11/04 06:54 UBER DO BRASIL TECNOLOGIA | 33,99 (-) |
| 13/04/2026 | 13105 | 41302 | Pix - Enviado<br>11/04 23:35 LIVELO S.A. | 129,90 (-) |
| 13/04/2026 | 13105 | 41303 | Pix - Enviado<br>12/04 14:12 Evanir Gomes da Silva | 125,00 (-) |
| 13/04/2026 | 13105 | 41304 | Pix - Enviado<br>12/04 20:05 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| 13/04/2026 | 13105 | 41305 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 3.364,77 (-) |
| 13/04/2026 | 13105 | 41306 | Pix - Enviado<br>13/04 10:29 CLODOMIR MARTINS ALBUQUER | 1.000,00 (-) |
| 13/04/2026 | 13105 | 41307 | Pagamento de Boleto<br>EQUATORIAL MARANHAO DISTRIBUID | 484,72 (-) |

**Translator's note: unrelated personal transactions.**

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 04 / 01 to 30/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| | | | 24/04 15:24 JAILTON MORAES LOUZEIRO | |
| 24/04/2026 | 13105 | 42403 | Pagamento de Boleto<br>CSRA BRASIL SERVICOS TECN LTDA | 962,00 (-) |
| 24/04/2026 | 13105 | 42404 | Pix - Enviado<br>24/04 19:32 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| 24/04/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 922,38 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 27/04/2026 | 14397 | 271120486589471 | Pix - Recebido<br>27/04 11:20 60810323370 KAMYLA DE LIMA | 17,00 (+) |
| 27/04/2026 | 143 | | Pix - Recebido | 7,00 (+) |
| 27/04/2026 | 99020 | 27093255 | Carga Cartão Pré-Pago<br>4863********8853 CECILIA BRITTO FREIRE | 17,00 (-) |
| 27/04/2026 | 13105 | 42701 | Pagamento de Boleto<br>EQUATORIAL MARANHAO DISTRIBUID | 288,85 (-) |
| 27/04/2026 | 13105 | 42702 | Pagto conta telefone<br>VIVO MA | 430,79 (-) |
| 27/04/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/04/2026 | 5,00 (-) |
| 27/04/2026 | 13113 | 861171100106103 | Tarifa Pacote de Serviços<br>Cobrança referente 27/04/2026 | 27,80 (-) |
| 27/04/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 745,44 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 28/04/2026 | 99020 | 601611000021629 | Transferênc<br>28/04 13:45 | 2.000,00 (+) |
| 04/28/2026 | 99021 | 611611000038916 | Transfer received<br>04/28 10:01 AM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 04/28/2026 | 99021 | 611611000038916 | Transfer received<br>04/28 10:09 AM INSTITUTO G D O M L EPP | 22,687.00 (+) |
| 04/28/2026 | 99021 | 611611000038916 | Transfer received<br>04/28 10:10 AM INSTITUTO G D O M L EPP | 13,800.00 (+) |
| 28/04/2026 | 99008 | 173511 | Compra com Cartão<br>28/04 20:25 DROGASIL 2937 | 24,56 (-) |
| | | | Saldo do dia | 53.462,44 (+) |
| 29/04/2026 | 13105 | 42901 | 29/04 20:17 GILSON PENHA E SILVA JUNI | 61,00 (-) |
| | | | Daily Balance | 53,401.44 (+) |
| 04/30/2026 | 99015 | 551611000038916 | Transfer received<br>04/30 09:29 AM INSTITUTO G D O M L EPP | 10,000.00 (+) |
| 04/30/2026 | | | BALANCE | 63,401.44 (+) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

## Additional Information

- Overdraft Limit 14,000.00 (+)

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 05 / 01 to 31/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 22/05/2026 | 13105 | 52201 | Pix - Enviado<br>22/05 10:03 FUNDACAO FACULDADE DE | 20,00 (-) |

**Translator's note: unrelated personal transactions.**

| | | | | |
|---|---|---|---|---|
| 22/05/2026 | 32 | | Resgate Fundo<br>BB RF Ref DI Plus Agil | 20,00 (+) |
| | | | Daily Balance | 0.00 (+) |
| 55/25/2026 | 99021 | 611611000038916 | Transfer received<br>05/25 12:19 PM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 05/25/2026 | 99021 | 611611000038916 | Transfer received<br>05/25 12:24 PM INSTITUTO G D O M L EPP | 13,800.00 (+) |
| 05/25/2026 | 99021 | 611611000038916 | Transfer received<br>05/25 12:24 PM INSTITUTO G D O M L EPP | 22,687.75 (+) |
| 25/05/2026 | 13105 | 52501 | Pix - Enviado<br>25/05 14:48 NEYLLA CRISTHINA CORDEIRO | 500,00 (-) |
| 25/05/2026 | 13105 | 52502 | Pix - Enviado<br>25/05 20:01 GUILHERME BRITTO FREIRE M | 74,00 (-) |
| 25/05/2026 | 13105 | 52503 | Pix - Enviado<br>25/05 20:38 GUILHERME BRITTO FREIRE M | 21,00 (-) |
| 25/05/2026 | 13105 | 52504 | Pix - Enviado<br>25/05 20:51 Heitor Caldas Bastos | 70,00 (-) |
| 25/05/2026 | 13105 | 52505 | Pix - Enviado<br>25/05 21:05 GUILHERME BRITTO FREIRE M | 14,00 (-) |
| 25/05/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 11/05/2026 | 5,00 (-) |
| 25/05/2026 | 13113 | 851451100797645 | Tarifa Pacote de Serviços<br>Cobrança referente 25/05/2026 | 27,90 (-) |
| | | | Saldo do dia | 50.775,85 (+) |
| 26/05/2026 | 13105 | 52601 | Pagamento de Boleto<br>CARTAO EC CAIXA VIC PJ | 627,76 (-) |

**Translator's note: unrelated personal transactions.**

| | | | | |
|---|---|---|---|---|
| | | | Saldo do dia | 50.148,09 (+) |
| 27/05/2026 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 50.148,09 (-) |
| 27/05/2026 | 13105 | 52701 | Pix - Enviado<br>27/05 12:59 IMAGEM ARQUITETURA | 800,00 (-) |
| 27/05/2026 | 13105 | 52702 | Pix - Enviado<br>27/05 20:05 GUILHERME BRITTO FREIRE M | 175,00 (-) |
| 27/05/2026 | 32 | | Resgate Fundo<br>BB RF Ref DI Plus Agil | 975,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 28/05/2026 | 99020 | 27223670 | Carga Cartão Pré-Pago<br>4863********8853 CECILIA BRITTO FREIRE | 50,00 (-) |
| 28/05/2026 | 13105 | 52801 | Pix - Enviado<br>28/05 09:25 Kamyla de Lima Costa | 130,00 (-) |
| 28/05/2026 | 13105 | 52802 | Pix - Enviado<br>28/05 13:40 RA CONSULTORIA E INTERMED | 80,00 (-) |
| 28/05/2026 | 13105 | 52803 | Pix - Enviado<br>28/05 18:01 Kamyla de Lima Costa | 80,00 (-) |
| 28/05/2026 | 13105 | 52804 | Pix - Enviado<br>28/05 18:14 JAILTON MORAES | 370,00 (-) |

# Checking Account Statement

Account Holder: YGLESIO LUCIANO M S SOUSA

Period: 06 / 01 to 30/2026 Branch: 1611-X Account: 39798-9

## Transactions

| Day | Batch | Document | Description | Amount |
|---|---|---|---|---|
| 19/06/2026 | 13105 | 61902 | Pix - Enviado<br>19/06 13:17 FUNDO ESPECIAL DO PODER J | 2.059,61 (-) |
| 19/06/2026 | 13105 | 61903 | Pix - Enviado<br>19/06 16:58 GUILHERME BRITTO FREIRE M | 100,00 (-) |
| 19/06/2026 | 13105 | 61904 | Pix - Enviado<br>19/06 17:01 CSRA BRASIL SERVICOS DE T | 962,00 (-) |
| 19/06/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 3.360,15 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 22/06/2026 | 13105 | 62201 | Pix - Enviado<br>21/06 17:46 YGLESIO LUCIANO MOYSES SI | 1.770,00 (-) |
| 22/06/2026 | 13105 | 62202 | Pix - Enviado<br>22/06 14:26 EQUATORIAL MARANHAO DISTR | 298,43 (-) |
| 22/06/2026 | 13105 | 62203 | Pix - Enviado<br>22/06 19:57 Joao Pedro Duarte Martins | 160,00 (-) |
| 22/06/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 2.228,43 (+) |
| | | | Daily Balance | 0.00 (+) |
| 06/23/2026 | 99021 | 611611000038916 | Transfer received<br>06/23 2:32 PM INSTITUTO G D O M L EPP | 15,000.00 (+) |
| 23/06/2026 | 13105 | 62301 | Pagamento de Boleto<br>MUNICIPIO DE PACO DO LUMIAR | 802,11 (-) |
| 23/06/2026 | 13105 | 62302 | Pagamento de Boleto<br>MUNICIPIO DE PACO DO LUMIAR | 2.620,54 (-) |
| | | | Saldo do dia | 11.577,35 (+) |
| 24/06/2026 | 13105 | 62401 | Pix - Enviado<br>24/06 15:29 Kamyla de Lima Costa | 107,00 (-) |
| 24/06/2026 | 13105 | 62402 | Pagamento de Boleto<br>CARTOES CAIXA VISA PJ | 537,38 (-) |
| 24/06/2026 | 13105 | 62403 | Pix - Enviado<br>24/06 18:48 GUILHERME BRITTO FREIRE M | 120,00 (-) |
| | | | Saldo do dia | 10.812,97 (+) |
| 25/06/2026 | 14397 | 251123475779271 | Pix - Recebido<br>25/06 11:23 02554834300 DANIEL PEREIRA | 650,00 (+) |
| 25/06/2026 | 13105 | 62501 | Pix - Enviado<br>25/06 17:58 Joao Pedro Duarte Martins | 41,00 (-) |
| 25/06/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/06/2026 | 5,00 (-) |
| 25/06/2026 | 13113 | 821761100649904 | Tarifa Pacote de Serviços<br>Cobrança referente 25/06/2026 | 27,90 (-) |
| | | | Daily Balance | 11,389.07 (+) |
| 06/26/2026 | 99015 | 551611000038916 | Transfer received<br>06/26 3:55 PM INSTITUTO G D O M L EPP | 17,300.00 (+) |
| 06/26/2026 | 99015 | 551611000038916 | Transfer received<br>06/26 3:55 PM INSTITUTO G D O M L EPP | 10,000.00 (+) |

**Translator's note: unrelated personal transactions.**

**Translator's note: unrelated personal transactions.**

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 6, 2026**

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/07/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 30/06/2025 | | | Saldo Anterior | 29.846,85 (+) |
| 01/07/2025 | 14175 | 386289345 | TED-Crédito em Conta<br>237 2192 83246100306 YGLESIO LUCIAN | 29.985,85 (+) |
| | | | Saldo do dia | 59.832,70 (+) |
| 02/07/2025 | 99020 | 602954000048399 | Transferência recebida<br>02/07 15:03 FRANCISCO R T MARTINS | 5.814,00 (+) |
| 02/07/2025 | 13105 | 70201 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 298,76 (-) |
| 02/07/2025 | 13105 | 70202 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 32,86 (-) |
| 02/07/2025 | 13105 | 70203 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 151,37 (-) |
| 02/07/2025 | 13105 | 70204 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 118,68 (-) |
| 02/07/2025 | 13105 | 70205 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 13,05 (-) |
| 02/07/2025 | 13105 | 70206 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 60,13 (-) |
| | | | Saldo do dia | 64.971,85 (+) |
| 03/07/2025 | 14397 | 31510528049901 | Pix - Recebido<br>03/07 15:10 40434314000117 MY EMPREEND | 500,00 (+) |
| 03/07/2025 | 13105 | 70301 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 220,44 (-) |
| 03/07/2025 | 13105 | 70302 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 24,25 (-) |
| 03/07/2025 | 13105 | 70303 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 111,69 (-) |
| 03/07/2025 | 13105 | 70304 | Pix - Enviado<br>03/07 15:19 Paulo Julian Correia Olive | 640,00 (-) |
| 03/07/2025 | 13105 | 70305 | Pix - Enviado<br>03/07 15:41 Werbeth Mateus Castro Sara | 1.600,00 (-) |
| | | | Saldo do dia | 62.875,47 (+) |
| 04/07/2025 | 99021 | 611611000038916 | Transferência recebida<br>04/07 16:15 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 04/07/2025 | 13105 | 70401 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 04/07/2025 | 13105 | 70402 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 04/07/2025 | 13105 | 70403 | Pagamento de Impostos<br>SAO LUIS IMPOSTOS MUNICIP | 5.290,19 (-) |
| 04/07/2025 | 13105 | 70404 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 3.510,45 (-) |
| 04/07/2025 | 13105 | 70405 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 1.805,99 (-) |
| 04/07/2025 | 13105 | 70406 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 3.106,36 (-) |
| 04/07/2025 | 13105 | 70407 | Pagamento de Boleto<br>MUNICIPIO DE SAO LUIS | 6.150,57 (-) |
| 04/07/2025 | 13105 | 70408 | Pix - Enviado<br>04/07 13:53 Equatorial Maranhao Distri | 31,47 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/07/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 04/07/2025 | 13105 | 70409 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| | | | Saldo do dia | 55.020,17 (+) |
| 07/07/2025 | 99015 | 551611000038916 | Transferência recebida<br>07/07 10:10 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 07/07/2025 | 13105 | 70701 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 255,66 (-) |
| 07/07/2025 | 13105 | 70702 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 9.758,01 (-) |
| 07/07/2025 | 13105 | 70703 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 2.615,67 (-) |
| 07/07/2025 | 13105 | 70704 | Pix - Enviado<br>05/07 15:25 Yglesio Luciano M Silva So | 1,00 (-) |
| 07/07/2025 | 13128 | 161104216004933 | Pagam Presta Créd Imobili | 2.232,55 (-) |
| | | | Saldo do dia | 50.157,28 (+) |
| 08/07/2025 | 99021 | 613649000052108 | Transferência recebida<br>08/07 13:50 INSTITUTO M C M LTDA | 9.000,00 (+) |
| 08/07/2025 | 99020 | 602953000043307 | Transferência enviada<br>08/07 12:51 GLAUCIONE PEREIRA PEDROZ | 4.395,02 (-) |
| 08/07/2025 | 13105 | 70801 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 346,29 (-) |
| 08/07/2025 | 13105 | 70802 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 38,09 (-) |
| 08/07/2025 | 13105 | 70803 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 175,45 (-) |
| | | | Saldo do dia | 54.202,43 (+) |
| 09/07/2025 | 13105 | 70901 | Pix - Enviado<br>09/07 13:35 Yglesio Luciano Moyses Sil | 15.010,00 (-) |
| | | | Saldo do dia | 39.192,43 (+) |
| 10/07/2025 | 13105 | 71001 | Pix - Enviado<br>10/07 11:55 Mercado Pago Instituicao D | 208,87 (-) |
| 10/07/2025 | 13105 | 71002 | Pix - Enviado<br>10/07 11:55 Paulo Julian Correia Olive | 60,00 (-) |
| 10/07/2025 | 13105 | 71003 | Pix - Enviado<br>10/07 11:56 Alan Santos Bandeira Barra | 300,00 (-) |
| 10/07/2025 | 13105 | 71004 | Pix - Enviado<br>10/07 12:34 Yglesio L M S De Souza | 130,00 (-) |
| 10/07/2025 | 13105 | 71005 | Pix - Enviado<br>10/07 13:39 Icon Empreendimentos Consu | 30.000,00 (-) |
| 10/07/2025 | 13105 | 71006 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 186,46 (-) |
| 10/07/2025 | 13105 | 71007 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 20,51 (-) |
| 10/07/2025 | 13105 | 71008 | Pagamento de Impostos<br>RFB-DARF CODIGO DE BARRAS | 94,48 (-) |
| | | | Saldo do dia | 8.192,11 (+) |
| 14/07/2025 | 14397 | 141935270876711 | Pix - Recebido<br>14/07 19:35 94819190300 Edilene Arruda | 600,00 (+) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/07/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 14/07/2025 | 13105 | 71401 | Pagamento de Boleto<br>MUNICIPIO DE SAO JOSE DE RIBAM | 274,07 (-) |
| | | | Saldo do dia | 8.518,04 (+) |
| 15/07/2025 | 13105 | 71501 | Pix - Enviado<br>15/07 15:27 Bruno Belchior De Sousa | 298,00 (-) |
| | | | Saldo do dia | 8.220,04 (+) |
| 18/07/2025 | 13105 | 71801 | Pix - Enviado<br>18/07 18:18 Juliana Britto Freire Mart | 2.011,90 (-) |
| | | | Saldo do dia | 6.208,14 (+) |
| 21/07/2025 | 13105 | 72101 | Pix - Enviado<br>19/07 01:35 Rafaela Arruda Da Silva | 56,00 (-) |
| 21/07/2025 | 13105 | 72102 | Pix - Enviado<br>21/07 13:45 Equatorial Maranhao Distri | 282,45 (-) |
| | | | Saldo do dia | 5.869,69 (+) |
| 22/07/2025 | 13105 | 72201 | Pix - Enviado<br>22/07 13:59 Luis Gustavo Santos Silva | 350,00 (-) |
| | | | Saldo do dia | 5.519,69 (+) |
| 23/07/2025 | 14397 | 232210097113391 | Pix - Recebido<br>23/07 22:10 76828352068 Janete Felipe | 17,00 (+) |
| | | | Saldo do dia | 5.536,69 (+) |
| 24/07/2025 | 14397 | 240715153763632 | Pix - Recebido<br>24/07 07:15 00028149149368 DEUSDETE RO | 15.000,00 (+) |
| 24/07/2025 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 20.536,69 (-) |
| | | | Saldo do dia | 0,00 (+) |
| 25/07/2025 | 99020 | 602953000043307 | Transferência enviada<br>25/07 18:03 GLAUCIONE PEREIRA PEDROZ | 95,87 (-) |
| 25/07/2025 | 13105 | 72501 | Pix - Enviado<br>25/07 12:49 Icon Empreendimentos Consu | 15.000,00 (-) |
| 25/07/2025 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/07/2025 | 5,00 (-) |
| 25/07/2025 | 13113 | 832061100700540 | Tarifa Pacote de Serviços<br>Cobrança referente 25/07/2025 | 26,50 (-) |
| 25/07/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 15.127,37 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 28/07/2025 | 99021 | 611611000038916 | Transferência recebida<br>28/07 13:42 INSTITUTO G D O M L EPP | 60.000,00 (+) |
| 28/07/2025 | 13105 | 72801 | Pix - Enviado<br>26/07 11:32 Yglesio Luciano Moyses Sil | 288,00 (-) |
| 28/07/2025 | 13105 | 72802 | Pix - Enviado<br>28/07 20:17 Fundo Especial Do Poder Ju | 1.062,27 (-) |
| | | | Saldo do dia | 58.649,73 (+) |
| 29/07/2025 | 14397 | 291716366050721 | Pix - Recebido<br>29/07 17:16 28149149368 Deusdete Rocha | 2.500,00 (+) |
| 29/07/2025 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 58.649,73 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/08/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | BB RF Ref DI Plus Agil<br>Saldo do dia | 0,00 (+) |
| 14/08/2025 | 99021 | 613649000052108 | Transferência recebida<br>14/08 16:40 INSTITUTO M C M LTDA | 9.000,00 (+) |
| 14/08/2025 | 13105 | 81401 | Pix - Enviado<br>14/08 12:27 Joana Maria Nunes Silva | 70,00 (-) |
| 14/08/2025 | 13105 | 81402 | Pix - Enviado<br>14/08 17:24 Thiago Silva Pereira | 150,00 (-) |
| 14/08/2025 | 13105 | 81403 | Pix - Enviado<br>14/08 18:10 Joao Pedro Duarte Martins | 228,99 (-) |
| | | | Saldo do dia | 8.551,01 (+) |
| 18/08/2025 | 99021 | 611611000038916 | Transferência recebida<br>18/08 13:06 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 18/08/2025 | 14397 | 161711396648092 | Pix - Recebido<br>16/08 17:11 00007807650958 PATRICIA PI | 45,00 (+) |
| 18/08/2025 | 13105 | 81801 | Pix - Enviado<br>17/08 11:59 Joana Maria Nunes Silva | 35,00 (-) |
| 18/08/2025 | 13105 | 81802 | Pix - Enviado<br>18/08 13:11 Juliana Britto Freire Mart | 10.000,00 (-) |
| 18/08/2025 | 13105 | 81803 | Pix - Enviado<br>18/08 14:04 Josilea Lopes De Oliveira | 90,00 (-) |
| 18/08/2025 | 13105 | 81804 | Pix - Enviado<br>18/08 18:23 Sefaz | 212,97 (-) |
| 18/08/2025 | 13105 | 81805 | Pix - Enviado<br>18/08 19:03 Telefonica Bras | 424,70 (-) |
| | | | Saldo do dia | 7.833,34 (+) |
| 19/08/2025 | 99008 | 170858 | Compra com Cartão<br>19/08 19:40 MP*CLUBIMPERIOBA | 65,00 (-) |
| 19/08/2025 | 13105 | 81901 | Pix - Enviado<br>19/08 13:57 Meptran - Medicina E Psico | 126,09 (-) |
| 19/08/2025 | 13105 | 81902 | Pix - Enviado<br>19/08 14:39 Lina De Paula Azevedo Frei | 35,00 (-) |
| 19/08/2025 | 13105 | 81903 | Pix - Enviado<br>19/08 14:43 Luis Gustavo Santos Silva | 350,00 (-) |
| 19/08/2025 | 13105 | 81904 | Pix - Enviado<br>19/08 15:09 Ubirajara De Jesus Cruz Ar | 63,99 (-) |
| | | | Saldo do dia | 7.193,26 (+) |
| 20/08/2025 | 14397 | 201611301611991 | Pix - Recebido<br>20/08 16:11 28149149368 Deusdete Rocha | 5.000,00 (+) |
| 20/08/2025 | 13105 | 82001 | Pix - Enviado<br>20/08 18:14 Samia Rafaela Silva Ferrei | 478,00 (-) |
| 20/08/2025 | 13105 | 82002 | Pix - Enviado<br>20/08 19:40 Guilherme Britto Freire Ma | 222,68 (-) |
| | | | Saldo do dia | 11.492,58 (+) |
| 21/08/2025 | 13149 | 882331000673678 | Pagamento BB Finan PF<br>969051130-BB CREDITO ENERGIA | 923,14 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/09/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 29/08/2025 | | | Saldo Anterior | 902,87 (+) |
| 01/09/2025 | 99021 | 611611000038916 | Transferência recebida<br>01/09 09:08 INSTITUTO G D O M L EPP | 22.212,50 (+) |
| 01/09/2025 | 99021 | 611611000038916 | Transferência recebida<br>01/09 09:10 INSTITUTO G D O M L EPP | 13.327,50 (+) |
| 01/09/2025 | 99021 | 611611000038916 | Transferência recebida<br>01/09 15:21 INSTITUTO G D O M L EPP | 25.000,00 (+) |
| 01/09/2025 | 13105 | 90101 | Pix - Enviado<br>01/09 00:56 Associacao Mensa Brasil | 139,00 (-) |
| | | | Saldo do dia | 61.303,87 (+) |
| 02/09/2025 | 13105 | 90201 | Pix - Enviado<br>02/09 10:44 Qms Internacional Programa | 19,99 (-) |
| 02/09/2025 | 13105 | 90202 | Pix - Enviado<br>02/09 10:46 Yglesio Luciano Moyses Sil | 4.600,00 (-) |
| 02/09/2025 | 13105 | 90203 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 182,18 (-) |
| 02/09/2025 | 13105 | 90204 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 4.580,81 (-) |
| 02/09/2025 | 13105 | 90205 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 28.408,45 (-) |
| | | | Saldo do dia | 23.512,44 (+) |
| 03/09/2025 | 14397 | 31239109704592 | Pix - Recebido<br>03/09 12:39 00002554834300 DANIEL PERE | 1.200,00 (+) |
| 03/09/2025 | 13105 | 90301 | Pix Agendado recorrente<br>03/09 Juliana Britto Freire Ma 001/012 | 300,00 (-) |
| 03/09/2025 | 13105 | 90302 | Pix - Enviado<br>03/09 14:59 Ricardo Jose Goncalves | 141,26 (-) |
| | | | Saldo do dia | 24.271,18 (+) |
| 05/09/2025 | 99015 | 551611000038916 | Transferência recebida<br>05/09 13:33 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 05/09/2025 | 99020 | 602953000043307 | Transferência enviada<br>05/09 10:47 GLAUCIONE PEREIRA PEDROZ | 4.490,79 (-) |
| 05/09/2025 | 13105 | 90501 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| 05/09/2025 | 13105 | 90502 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 05/09/2025 | 13105 | 90503 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 05/09/2025 | 13128 | 161104216005104 | Pagam Presta Créd Imobili | 2.263,18 (-) |
| | | | Saldo do dia | 24.556,94 (+) |
| 08/09/2025 | 14397 | 71518160817811 | Pix - Recebido<br>07/09 15:18 83246100306 YGLESIO LUCIAN | 23.000,00 (+) |
| 08/09/2025 | 13105 | 90801 | Pix - Enviado<br>06/09 21:18 Mercado Pago Instituicao D | 182,45 (-) |
| 08/09/2025 | 13105 | 90802 | Pix - Enviado<br>07/09 11:08 Yglesio Luciano Moyses | 100,00 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/09/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | Sil | |
| 08/09/2025 | 13105 | 90803 | Pix - Enviado<br>07/09 14:14 Ubirajara De Jesus Cruz Ar | 27,00 (-) |
| 08/09/2025 | 13105 | 90804 | Pix - Enviado<br>07/09 15:19 Bradesco Est Unif | 32.685,58 (-) |
| 08/09/2025 | 13105 | 90805 | Pix - Enviado<br>07/09 15:36 Juliana Britto Freire Mart | 62,00 (-) |
| 08/09/2025 | 13105 | 90806 | Pix - Enviado<br>08/09 19:11 Hilton Cesar Rabelo Maciel | 30,00 (-) |
| | | | Saldo do dia | 14.469,91 (+) |
| 09/09/2025 | 13105 | 90901 | Pix - Enviado<br>09/09 17:31 Juliana Britto Freire Mart | 2.000,00 (-) |
| 09/09/2025 | 13105 | 90902 | Pix - Enviado<br>09/09 17:37 Fundo Especial Do Poder Ju | 1.032,64 (-) |
| | | | Saldo do dia | 11.437,27 (+) |
| 10/09/2025 | 14397 | 101544453915301 | Pix - Recebido<br>10/09 15:44 94819190300 Edilene Arruda | 600,00 (+) |
| 10/09/2025 | 14397 | 101733168944801 | Pix - Recebido<br>10/09 17:33 28149149368 Deusdete Rocha | 4.000,00 (+) |
| 10/09/2025 | 13105 | 91001 | Pix - Enviado<br>10/09 17:53 Icon Empreendimentos Consu | 4.000,00 (-) |
| | | | Saldo do dia | 12.037,27 (+) |
| 11/09/2025 | 14397 | 111906441499061 | Pix - Recebido<br>11/09 19:06 88082113391 RICARDO JOSE G | 200,00 (+) |
| | | | Saldo do dia | 12.237,27 (+) |
| 12/09/2025 | 13105 | 91201 | Pix - Enviado<br>12/09 14:40 Restaurante Tia Jura | 85,00 (-) |
| | | | Saldo do dia | 12.152,27 (+) |
| 15/09/2025 | 99021 | 613649000052108 | Transferência recebida<br>15/09 08:28 INSTITUTO M C M LTDA | 9.000,00 (+) |
| 15/09/2025 | 14397 | 151330503881781 | Pix - Recebido<br>15/09 13:30 28149149368 Deusdete Rocha | 4.000,00 (+) |
| 15/09/2025 | 13105 | 91501 | Pagamento de Impostos<br>CUSTAS JUDICIAIS FERJ | 203,24 (-) |
| 15/09/2025 | 13105 | 91502 | Pix - Enviado<br>14/09 16:36 Guilherme Britto Freire Ma | 50,00 (-) |
| 15/09/2025 | 13105 | 91503 | Pix - Enviado<br>15/09 16:06 Icon Empreendimentos Consu | 30.000,00 (-) |
| 15/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 5.100,97 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 16/09/2025 | 13105 | 91601 | Pagamento de Boleto<br>MUNICIPIO DE PACO DO LUMIAR | 917,74 (-) |
| 16/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 917,74 (+) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/09/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | Saldo do dia | 0,00 (+) |
| 17/09/2025 | 99008 | 162184 | Compra com Cartão<br>17/09 17:16 CROSARA COMERCIO DE | 8,00 (-) |
| 17/09/2025 | 13105 | 91701 | Pix - Enviado<br>17/09 23:04 Sateltour | 150,00 (-) |
| 17/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 158,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 18/09/2025 | 14138 | 202509170031691 | Ordem Bancária<br>ESTADO DO MARANHAO | 800,00 (+) |
| 18/09/2025 | 99008 | 170800 | Compra com Cartão<br>18/09 19:40 R LUZ LTDA | 131,00 (-) |
| 18/09/2025 | 13105 | 91801 | Pix - Enviad<br>18/09 16:08 [redacted] | 100,00 (-) |
| | | | Saldo do dia | 569,00 (+) |
| 19/09/2025 | 13105 | 91901 | Pix - Enviado<br>19/09 10:11 GUILHERME BRITTO FREIRE M | 15,00 (-) |
| | | | Saldo do dia | 554,00 (+) |
| 22/09/2025 | 99008 | 183199 | Compra com Cartão<br>22/09 23:06 MP*MESTREDOCHURR | 25,00 (-) |
| 22/09/2025 | 13105 | 92201 | Pix - Enviado<br>22/09 10:32 GUILHERME BRITTO FREIRE M | 15,00 (-) |
| 22/09/2025 | 13105 | 92202 | Pix - Enviado<br>22/09 21:37 MULLER MOREIRA PEREIRA | 50,00 (-) |
| 22/09/2025 | 13105 | 92203 | Pix - Enviado<br>22/09 21:46 MARIA VITORIA DE VEIZAGA | 35,00 (-) |
| | | | Saldo do dia | 429,00 (+) |
| 23/09/2025 | 13105 | 92301 | Pix - Enviado<br>23/09 18:40 Kamyla De Lima Costa | 91,00 (-) |
| | | | Saldo do dia | 338,00 (+) |
| 24/09/2025 | 13105 | 92401 | Pagamento de Impostos<br>CUSTAS JUDICIAIS FERJ | 203,24 (-) |
| 24/09/2025 | 13105 | 92402 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 103,68 (-) |
| | | | Saldo do dia | 31,08 (+) |
| 25/09/2025 | 13105 | 92501 | Pix - Enviado<br>25/09 15:29 RAFAEL ARAUJO VERAS | 30,00 (-) |
| 25/09/2025 | 13105 | 92502 | Pix - Enviado<br>25/09 17:05 PABLO HENRIQUE DE S DE AR | 120,00 (-) |
| 25/09/2025 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/09/2025 | 5,00 (-) |
| 25/09/2025 | 13113 | 822681100706216 | Tarifa Pacote de Serviços<br>Cobrança referente 25/09/2025 | 27,80 (-) |
| 25/09/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 151,72 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 26/09/2025 | 99021 | 611611000038916 | Transferência recebida<br>26/09 10:21 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 26/09/2025 | 99021 | 611611000038916 | Transferência recebida | 13.327,50 (+) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/09/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | 26/09 10:27 INSTITUTO G D O M L EPP | |
| 26/09/2025 | 99021 | 611611000038916 | Transferência recebida<br>26/09 10:28 INSTITUTO G D O M L EPP | 22.212,50 (+) |
| 26/09/2025 | 99021 | 611611000038916 | Transferência recebida<br>26/09 13:28 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 26/09/2025 | 99020 | 26168846 | Carga Cartão Pré-Pago<br>4863********3300 CECILIA BRITTO FREIRE | 10,00 (-) |
| 26/09/2025 | 13105 | 92601 | Pix - Enviado<br>26/09 12:50 GEISANE SARAIVA RIBEIRO S | 200,00 (-) |
| 26/09/2025 | 13105 | 92602 | Pix - Enviado<br>26/09 13:14 Joana Maria Nunes Silva | 65,00 (-) |
| 26/09/2025 | 13105 | 92603 | Pix - Enviado<br>26/09 17:11 GUILHERME BRITTO FREIRE M | 43,76 (-) |
| 26/09/2025 | 13105 | 92604 | Pix - Enviado<br>26/09 17:19 RUI BARBOSA BARROS BATIST | 700,00 (-) |
| | | | Saldo do dia | 64.521,24 (+) |
| 29/09/2025 | 13105 | 92901 | Pix - Enviado<br>27/09 12:28 Joana Maria Nunes Silva | 100,00 (-) |
| 29/09/2025 | 13105 | 92902 | Pagamento de Boleto<br>INSTITUTO DE COLONIZACAO E TER | 12.379,28 (-) |
| 29/09/2025 | 13105 | 92903 | Pix - Enviado<br>29/09 11:02 LUIS CESAR DA SILVA SANTO | 800,00 (-) |
| 29/09/2025 | 13105 | 92904 | Pagamento de Impostos<br>CUSTAS JUDICIAIS FERJ | 1.062,27 (-) |
| 29/09/2025 | 13105 | 92905 | Pagamento de Boleto<br>EQUATORIAL MARANHAO DISTRIBUID | 281,27 (-) |
| 29/09/2025 | 13105 | 92906 | Pix - Enviado<br>29/09 17:21 EQUATORIAL MARANHAO DISTR | 73,47 (-) |
| 29/09/2025 | 13105 | 92907 | Pix - Enviado<br>29/09 17:21 EQUATORIAL MARANHAO DISTR | 33,25 (-) |
| 29/09/2025 | 13105 | 92908 | Pix - Enviado<br>29/09 17:45 TELEFONICA BRAS | 416,32 (-) |
| 29/09/2025 | 13105 | 92909 | Pix - Enviado<br>29/09 18:26 JULIANA BRITTO FREIRE MAR | 2.011,49 (-) |
| 29/09/2025 | 13105 | 92910 | Pix - Enviado<br>29/09 18:30 JULIANA BRITTO FREIRE MAR | 298,13 (-) |
| | | | Saldo do dia | 47.065,76 (+) |
| 30/09/2025 | 13105 | 93001 | Pix - Enviado<br>30/09 15:57 FUNDO ESPECIAL DO PODER J | 203,24 (-) |
| 30/09/2025 | | | S A L D O | 46.862,52 (+) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/11/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 30/10/2025 | | | Saldo Anterior | 14.200,00 (+) |
| 03/11/2025 | 13105 | 110301 | Pix Agendado<br>03/11 Juliana Britto Freire Ma 003/012 | 300,00 (-) |
| 03/11/2025 | 13105 | 110302 | Pix - Enviado<br>02/11 13:06 KAMYLA DE LIMA COSTA | 64,00 (-) |
| 03/11/2025 | 13105 | 110303 | Pix - Enviado<br>03/11 12:22 YGLESIO LUCIANO MOYSES SI | 1.890,00 (-) |
| 03/11/2025 | 13105 | 110304 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 6.459,67 (-) |
| 03/11/2025 | 13105 | 110305 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 11.791,82 (-) |
| 03/11/2025 | 13105 | 110306 | Pix - Enviado<br>03/11 12:31 BRADESCO EST UNIF | 27.811,76 (-) |
| 03/11/2025 | 13105 | 110307 | Pix - Enviado<br>03/11 12:33 MERCADO PAGO INSTITUICAO | 158,84 (-) |
| 03/11/2025 | 13105 | 110308 | Pix - Enviado<br>03/11 12:36 YGLESIO LUCIANO MOYSES SI | 182,00 (-) |
| 03/11/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 34.458,09 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 04/11/2025 | 13105 | 110401 | Pix - Enviado<br>04/11 08:56 MULLER MOREIRA PEREIRA | 50,00 (-) |
| 04/11/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 50,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 05/11/2025 | 99015 | 551611000038916 | Transferência recebida<br>05/11 17:42 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 05/11/2025 | 13105 | 110501 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 05/11/2025 | 13105 | 110502 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| 05/11/2025 | 13105 | 110503 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 05/11/2025 | 13105 | 110504 | Pix - Enviado<br>05/11 20:16 Wellison Sousa Araujo | 40,00 (-) |
| 05/11/2025 | 13128 | 161104216005286 | Pagam Presta Créd Imobili | 2.257,90 (-) |
| | | | Saldo do dia | 4.741,83 (+) |
| 06/11/2025 | 13105 | 110601 | Pix - Enviado<br>06/11 12:20 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| 06/11/2025 | 13105 | 110602 | Pix - Enviado<br>06/11 12:24 JULIANA BRITTO FREIRE MAR | 2.000,00 (-) |
| | | | Saldo do dia | 432,21 (+) |
| 07/11/2025 | 99008 | 151351 | Compra com Cartão<br>07/11 14:15 R LUZ LTDA | 163,00 (-) |
| 07/11/2025 | 99020 | 602953000043307 | Transferência enviada<br>07/11 13:50 GLAUCIONE PEREIRA PEDROZ | 4.490,78 (-) |
| 07/11/2025 | 13105 | 110701 | Pix - Enviado<br>07/11 10:39 Kamyla De Lima Costa | 200,00 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/11/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | 25/11 12:07 INSTITUTO G D O M L EPP | |
| 25/11/2025 | 99021 | 611611000038916 | Transferência recebida<br>25/11 12:22 INSTITUTO G D O M L EPP | 22.657,00 (+) |
| 25/11/2025 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/11/2025 | 5,00 (-) |
| 25/11/2025 | 13113 | 823291100701942 | Tarifa Pacote de Serviços<br>Cobrança referente 25/11/2025 | 27,80 (-) |
| | | | Saldo do dia | 35.951,20 (+) |
| 26/11/2025 | 99021 | 611611000038916 | Transferência recebida<br>26/11 11:07 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 26/11/2025 | 13105 | 112601 | Pix - Enviado<br>26/11 10:15 FACEBOOK SERVICOS ONLINE | 1.000,00 (-) |
| 26/11/2025 | 13105 | 112602 | Pix - Enviado<br>26/11 14:07 ICON EMPREENDIMENTOS CONS | 12.000,00 (-) |
| | | | Saldo do dia | 37.951,20 (+) |
| 27/11/2025 | 13105 | 112701 | Pix - Enviado<br>27/11 17:47 21.992.204 NELDSON LEANDR | 900,00 (-) |
| | | | Saldo do dia | 37.051,20 (+) |
| 28/11/2025 | 99015 | 551611000038916 | Transferência recebida<br>28/11 13:44 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 28/11/2025 | 99008 | 153552 | Compra com Cartão<br>28/11 14:52 Postoroma | 116,57 (-) |
| 28/11/2025 | 13105 | 112801 | Pix - Enviado<br>28/11 10:56 MULLER MOREIRA PEREIRA | 300,00 (-) |
| 28/11/2025 | 13105 | 112802 | Pix - Enviado<br>28/11 10:56 GEISANE SARAIVA RIBEIRO S | 200,00 (-) |
| 28/11/2025 | 13105 | 112803 | Pix - Enviado<br>28/11 11:44 Luis Cesar da Silva Santo | 800,00 (-) |
| 28/11/2025 | 13105 | 112804 | Pix - Enviado<br>28/11 12:38 AYRTON SILVA BRITO JUNIOR | 30,00 (-) |
| 28/11/2025 | 13105 | 112805 | Pix - Enviado<br>28/11 14:34 KAMYLA DE LIMA COSTA | 50,00 (-) |
| 30/11/2025 | | | S A L D O | 45.554,63 (+) |

Total Aplicações Financeiras 0,00

* Saldos por dia Base

Sujeitos a confirmação no momento da contratação

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/12/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 12/12/2025 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 4.484,26 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 15/12/2025 | 99020 | 601611000021629 | Transferênc<br>15/12 18:14 [redacted] | 9.000,00 (+) |
| 15/12/2025 | 13105 | 121501 | Pix - Enviado<br>13/12 19:10 Joao Pedro Duarte Martins | 50,00 (-) |
| 15/12/2025 | 13105 | 121502 | Pix - Enviado<br>14/12 18:30 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| 15/12/2025 | 13105 | 121503 | Pix - Enviado<br>15/12 12:43 TELEFONICA BRAS | 418,49 (-) |
| | | | Saldo do dia | 8.481,51 (+) |
| 16/12/2025 | 14397 | 161700487915731 | Pix - Recebido<br>16/12 17:00 83246100306 YGLESIO LUCIAN | 26.274,00 (+) |
| | | | Saldo do dia | 34.755,51 (+) |
| 17/12/2025 | 14397 | 172050106770471 | Pix - Recebido<br>17/12 20:50 04485465314 Francisco Rail | 2.064,00 (+) |
| 17/12/2025 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 32.445,89 (-) |
| 17/12/2025 | 13105 | 121701 | Pix - Enviado<br>17/12 11:31 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| | | | Saldo do dia | 2.064,00 (+) |
| 18/12/2025 | 99021 | 611611000038916 | Transferência recebida<br>18/12 10:15 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 18/12/2025 | 13105 | 121801 | Pix - Enviado<br>18/12 17:16 KAMYLA DE LIMA COSTA | 315,00 (-) |
| 18/12/2025 | 13105 | 121802 | Pix - Enviado<br>18/12 19:16 FACEBOOK SERVICOS ONLINE | 2.000,00 (-) |
| | | | Saldo do dia | 14.749,00 (+) |
| 19/12/2025 | 13105 | 121901 | Pix - Enviado<br>19/12 13:14 FLAVIA CRISTINE DE FREITA | 88,00 (-) |
| 19/12/2025 | 13105 | 121902 | Pix - Enviado<br>19/12 17:00 Hosanna stephanie Duarte | 180,00 (-) |
| | | | Saldo do dia | 14.481,00 (+) |
| 22/12/2025 | 99008 | 183250 | Compra com Cartão<br>21/12 23:07 A. C. A. DE O | 8,00 (-) |
| 22/12/2025 | 99008 | 268939 | Compra com Cartão<br>22/12 19:08 R LUZ LTDA | 125,00 (-) |
| 22/12/2025 | 13105 | 122201 | Pix - Enviado<br>20/12 17:36 Jerusa Ellem Rocha Dos Sa | 50,00 (-) |
| 22/12/2025 | 13105 | 122202 | Pix - Enviado<br>20/12 17:37 Alysson Aires Gomes | 10,00 (-) |
| 22/12/2025 | 13105 | 122203 | Pix - Enviado<br>20/12 17:41 Jerusa Ellem Rocha Dos Sa | 20,00 (-) |
| 22/12/2025 | 13105 | 122204 | Pix - Enviado<br>22/12 10:54 EQUATORIAL | 319,30 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/12/2025 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 29/12/2025 | 99021 | 611611000038916 | Transferência recebida<br>29/12 15:28 INSTITUTO G D O M L EPP | 8.000,00 (+) |
| 29/12/2025 | 99021 | 611611000038916 | Transferência recebida<br>29/12 15:31 INSTITUTO G D O M L EPP | 22.600,00 (+) |
| 29/12/2025 | 99008 | 169088 | Compra com Cartão<br>29/12 19:11 R LUZ LTDA | 131,00 (-) |
| 29/12/2025 | 99008 | 272048 | Compra com Cartão<br>29/12 20:00 J R COSTA SUSHI | 140,69 (-) |
| 29/12/2025 | 13105 | 122901 | Pix - Enviado<br>29/12 11:36 Luis Cesar da Silva Santo | 800,00 (-) |
| 29/12/2025 | 13105 | 122902 | Pix - Enviado<br>29/12 15:47 GREGORIA DE SOUZA PEREIRA | 50,00 (-) |
| 29/12/2025 | 13105 | 122903 | Pix - Enviado<br>29/12 15:49 GREGORIA DE SOUZA PEREIRA | 450,00 (-) |
| 29/12/2025 | 13105 | 122904 | Pix - Enviad<br>29/12 19:17 | 4,00 (-) |
| | | | Saldo do dia | 38.823,21 (+) |
| 30/12/2025 | 99008 | 170325 | Compra com Cartão<br>30/12 19:32 TASQUINHA FERREIRO | 99,78 (-) |
| | | | Saldo do dia | 38.723,43 (+) |
| 31/12/2025 | 99008 | 149852 | Compra com Cartão<br>31/12 13:50 FET LTDA | 120,00 (-) |
| 31/12/2025 | 99008 | 257203 | Compra com Cartão<br>31/12 15:53 FERREIRO GRILL | 218,90 (-) |
| 31/12/2025 | | | S A L D O | 38.384,53 (+) |

Total Aplicações Financeiras 0,00

* Saldos por dia Base

Sujeitos a confirmação no momento da contratação

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/01/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 31/12/2025 | | | Saldo Anterior | 38.384,53 (+) |
| 02/01/2026 | 14397 | 21131362334952 | Pix - Recebido<br>02/01 11:31 03730204000176 CAIXA VIDA | 31.321,01 (+) |
| 02/01/2026 | 99008 | 152152 | Compra com Cartão<br>02/01 14:29 GaleteriaPingao | 112,24 (-) |
| 02/01/2026 | 13049 | 1202100 | BB RF Simples Ágil | 67.153,40 (-) |
| 02/01/2026 | 13105 | 10201 | Pix - Enviado<br>01/01 14:52 JULIANA BRITTO FREIRE MAR | 500,00 (-) |
| 02/01/2026 | 13105 | 10202 | Pix - Enviado<br>01/01 20:39 GUILHERME BRITTO FREIRE M | 95,90 (-) |
| 02/01/2026 | 13105 | 10203 | Pix - Enviado<br>02/01 12:28 YGLESIO LUCIANO MOYSES SI | 1.844,00 (-) |
| 02/01/2026 | 13105 | 10204 | Pix - Enviado<br>02/01 14:47 JULIANA BRITTO FREIRE MAR | 500,00 (-) |
| 02/01/2026 | 13105 | 10205 | Pix - Enviado<br>02/01 16:04 Joana Maria Nunes Silva | 140,00 (-) |
| 02/01/2026 | 13105 | 10206 | Pix - Enviado<br>02/01 16:43 JULIANA BRITTO FREIRE MAR | 29.500,00 (-) |
| 02/01/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 30.140,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 05/01/2026 | 99020 | 601611000021629 | Transferênc<br>05/01 16:15 [redacted] | 9.000,00 (+) |
| 05/01/2026 | 13105 | 10501 | Pix Agendado<br>03/01 Juliana Britto Freire Ma 005/012 | 300,00 (-) |
| 05/01/2026 | 13105 | 10502 | Pix - Enviado<br>03/01 08:38 YGLESIO LUCIANO MOYSES SI | 50,00 (-) |
| 05/01/2026 | 13105 | 10503 | Pix - Enviado<br>03/01 22:23 Domingos Ribeiro Viana | 66,00 (-) |
| 05/01/2026 | 13105 | 10504 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 1.013,02 (-) |
| 05/01/2026 | 13105 | 10505 | Pagamento de Boleto<br>CONDOMINIO LAGOA CORPORATE | 524,45 (-) |
| 05/01/2026 | 13105 | 10506 | Pagamento de Boleto<br>CONDOMINIO ALPHAVILLE ARACAGY | 1.422,80 (-) |
| 05/01/2026 | 13105 | 10507 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 7.053,57 (-) |
| 05/01/2026 | 13105 | 10508 | Pagamento de Boleto<br>ITAU UNIBANCO HOLDING S.A. | 8.077,02 (-) |
| 05/01/2026 | 13105 | 10509 | Pix - Enviado<br>05/01 14:36 ANTONIO APRIGIO PEREIRA P | 770,00 (-) |
| 05/01/2026 | 13105 | 10510 | Pix - Enviado<br>05/01 16:21 Francisco Raillen Teixeir | 2.000,00 (-) |
| 05/01/2026 | 13128 | 161104216005484 | Pagam Presta Créd Imobili | 2.252,78 (-) |
| 05/01/2026 | 13158 | 15047128 | Pagto cartão crédito | 394,59 (-) |
| 05/01/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 14.924,23 (+) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/01/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | Arruda | |
| 12/01/2026 | 99008 | 152389 | Compra com Cartão<br>12/01 14:33 R LUZ LTDA | 261,00 (-) |
| 12/01/2026 | 13105 | 11201 | Pix - Enviado<br>10/01 17:59 ANDRE LOPES LESSA | 100,00 (-) |
| 12/01/2026 | 13105 | 11202 | Pix - Enviado<br>10/01 21:05 CAROLINE CALDAS DA SILVA | 114,00 (-) |
| 12/01/2026 | 13105 | 11203 | Pix - Enviado<br>11/01 15:12 Domingos Serra Pereira Fi | 10,00 (-) |
| 12/01/2026 | 13105 | 11204 | Pix - Enviado<br>12/01 00:58 YGLESIO LUCIANO MOYSES SI | 398,00 (-) |
| 12/01/2026 | 13105 | 11205 | Pix - Enviado<br>12/01 10:06 MERCADO PAGO INSTITUICAO | 158,84 (-) |
| 12/01/2026 | 13105 | 11206 | Pix - Enviado<br>12/01 14:26 MAURO HENRIQUE SANTOS SIL | 350,00 (-) |
| 12/01/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 791,84 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 13/01/2026 | 99021 | 611611000038916 | Transferência recebida<br>13/01 11:54 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 13/01/2026 | 13105 | 11301 | Pix - Enviado<br>13/01 13:25 MUNICIPIO DE SAO JOSE DE | 34,80 (-) |
| 13/01/2026 | 13105 | 11302 | Pix - Enviado<br>13/01 17:47 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| | | | Saldo do dia | 9.915,20 (+) |
| 14/01/2026 | 13105 | 11401 | Pix - Enviado<br>14/01 19:02 WALQUIMAR TEIXEIRA RABELO | 750,00 (-) |
| | | | Saldo do dia | 9.165,20 (+) |
| 16/01/2026 | 13105 | 11601 | Pix - Enviado<br>16/01 12:22 WALQUIMAR TEIXEIRA RABELO | 750,00 (-) |
| 16/01/2026 | 13105 | 11602 | Pix - Enviado<br>16/01 12:41 ESTADO DO MARANHAO - SECR | 403,00 (-) |
| | | | Saldo do dia | 8.012,20 (+) |
| 19/01/2026 | 13105 | 11901 | Pix - Enviado<br>18/01 18:10 GUILHERME BRITTO FREIRE M | 115,00 (-) |
| 19/01/2026 | 13105 | 11902 | Pix - Enviado<br>19/01 15:07 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| | | | Saldo do dia | 5.587,58 (+) |
| 21/01/2026 | 13105 | 12101 | Pix - Enviado<br>21/01 13:26 Joana Maria Nunes Silva | 200,00 (-) |
| 21/01/2026 | 13105 | 12102 | Pix - Enviado<br>21/01 16:31 DANIEL PEREIRA RODRIGUES | 950,00 (-) |
| 21/01/2026 | 13149 | 890211000000037 | Pagamento BB Finan PF<br>969051130-BB CRÉDITO ENERGIA | 923,14 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/01/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | RENOVÁVEL | |
| | | | Saldo do dia | 3.514,44 (+) |
| 22/01/2026 | 99021 | 611611000038916 | Transferência recebida<br>22/01 16:26 INSTITUTO G D O M L EPP | 19.000,00 (+) |
| 22/01/2026 | 13105 | 12201 | Pix - Enviado<br>22/01 20:17 TELEFONICA BRAS | 410,79 (-) |
| | | | Saldo do dia | 22.103,65 (+) |
| 23/01/2026 | 99021 | 611611000038916 | Transferência recebida<br>23/01 15:22 INSTITUTO G D O M L EPP | 21.300,00 (+) |
| 23/01/2026 | 13105 | 12301 | Pix - Enviado<br>23/01 12:48 EQUATORIAL MARANHAO DISTR | 314,67 (-) |
| | | | Saldo do dia | 43.088,98 (+) |
| 26/01/2026 | 99015 | 551611000038916 | Transferência recebida<br>26/01 10:29 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 26/01/2026 | 99015 | 551611000038916 | Transferência recebida<br>26/01 11:03 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 26/01/2026 | 13105 | 12601 | Pix - Enviado<br>24/01 22:28 GUILHERME BRITTO FREIRE M | 30,00 (-) |
| 26/01/2026 | 13105 | 12602 | Pix - Enviado<br>26/01 12:39 ALAN SANTOS BANDEIRA BARR | 315,00 (-) |
| 26/01/2026 | 13105 | 12603 | Pix - Enviado<br>26/01 15:32 LUIS CESAR DA SILVA SANTO | 800,00 (-) |
| 26/01/2026 | 13105 | 12604 | Pix - Enviado<br>26/01 15:38 QMS INTERNACIONAL PROGRAM | 29,90 (-) |
| 26/01/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 12/01/2026 | 5,00 (-) |
| 26/01/2026 | 13113 | 830261100438415 | Tarifa Pacote de Serviços<br>Cobrança referente 26/01/2026 | 27,80 (-) |
| | | | Saldo do dia | 66.881,28 (+) |
| 27/01/2026 | 14105 | 161100000038916 | Transferência Agendada<br>27/01 INSTITUTO G D | 21.700,00 (+) |
| | | | Saldo do dia | 88.581,28 (+) |
| 28/01/2026 | 13049 | 1202100 | BB RF Simples Ágil | 88.581,28 (-) |
| | | | Saldo do dia | 0,00 (+) |
| 29/01/2026 | 14397 | 291253412374152 | Pix - Recebido<br>29/01 12:53 00083246100306 YGLESIO LUC | 6.500,00 (+) |
| 29/01/2026 | 13105 | 12901 | Pix - Enviado<br>29/01 12:54 OTAVIO HAVERROTH E SILVA | 6.333,30 (-) |
| 29/01/2026 | 13105 | 12902 | Pix - Enviado<br>29/01 13:33 MOURA CAR SERVICES | 1.000,00 (-) |
| 29/01/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 833,30 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 30/01/2026 | 99020 | 602953000007965 | Transferência enviada<br>30/01 15:12 KLAUBER ARAUJO S | 50.000,00 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 28/02/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 06/02/2026 | 13105 | 20603 | Pix - Enviado<br>06/02 10:28 MUNICIPIO DE SAO LUIS | 524,71 (-) |
| 06/02/2026 | 13105 | 20604 | Pix - Enviado<br>06/02 12:17 CARLOS EDUARDO FERNANDES | 127,00 (-) |
| 06/02/2026 | 13105 | 20605 | Pix - Enviad<br>06/02 13:49 | 350,00 (-) |
| 06/02/2026 | 13105 | 20606 | Pix - Enviado<br>06/02 15:25 IVAN DA SILVA RIOS | 120,00 (-) |
| 06/02/2026 | 13105 | 20607 | Pix - Enviado<br>06/02 15:26 Joana Maria Nunes Silva | 20,00 (-) |
| | | | Saldo do dia | 8.975,38 (+) |
| 09/02/2026 | 13105 | 20901 | Pix - Enviad<br>07/02 11:11 | 200,00 (-) |
| 09/02/2026 | 13105 | 20902 | Pix - Enviado<br>07/02 13:54 NIVAL COSTA PAURA FILHO | 149,00 (-) |
| 09/02/2026 | 13105 | 20903 | Pix - Enviad<br>07/02 15:39 | 395,00 (-) |
| 09/02/2026 | 13105 | 20904 | Pix - Enviado<br>09/02 09:47 YGLESIO LUCIANO MOYSES SI | 4.950,00 (-) |
| 09/02/2026 | 13105 | 20905 | Pix - Enviado<br>09/02 18:58 QMS INTERNACIONAL PROGRAM | 25,00 (-) |
| 09/02/2026 | 13105 | 20906 | Pix - Enviado<br>09/02 19:34 DC MARKETING, CONSULTORIA | 300,00 (-) |
| | | | Saldo do dia | 2.956,38 (+) |
| 10/02/2026 | 14397 | 101511592392932 | Pix - Recebido<br>10/02 15:11 00094819190300 EDILENE ARR | 600,00 (+) |
| 10/02/2026 | 13105 | 21001 | Pix - Enviado<br>10/02 13:05 YGLESIO LUCIANO MOYSES SI | 12.000,00 (-) |
| 10/02/2026 | 13105 | 21002 | Pix - Enviado<br>10/02 13:24 MERCADO PAGO INSTITUICAO | 154,56 (-) |
| 10/02/2026 | 13105 | 21003 | Pix - Enviad<br>10/02 18:14 | 170,00 (-) |
| 10/02/2026 | 13105 | 21004 | Pix - Enviado<br>10/02 21:36 FACEBOOK SERVICOS ONLINE | 1.000,00 (-) |
| 10/02/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 9.768,18 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 11/02/2026 | 99021 | 611611000038916 | Transferência recebida<br>11/02 10:25 INSTITUTO G D O M L EPP | 9.000,00 (+) |
| 11/02/2026 | 13105 | 21101 | Pix - Enviado<br>11/02 00:31 QMS INTERNACIONAL PROGRAM | 19,90 (-) |
| 11/02/2026 | 13105 | 21102 | Pix - Enviado<br>11/02 08:58 JOYCE AMORIM DOS SANTOS | 6.100,00 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 28/02/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | 16/02 02:29 ROSANGELA CALDAS DA SILVA | |
| 18/02/2026 | 13105 | 21806 | Pix - Enviado<br>18/02 11:05 JULIANA BRITTO FREIRE MAR | 2.309,62 (-) |
| 18/02/2026 | 13105 | 21807 | Pix - Enviado<br>18/02 11:22 JULIANA BRITTO FREIRE MAR | 2.000,00 (-) |
| 18/02/2026 | 13105 | 21808 | Pix - Enviado<br>18/02 13:53 ANTONIO ELTON SILVA OLIVE | 72,30 (-) |
| 18/02/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 5.210,42 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 19/02/2026 | 13105 | 21901 | Pix - Enviado<br>19/02 09:49 EQUATORIAL MARANHAO DISTR | 283,96 (-) |
| 19/02/2026 | | 2100 | BB RF Simples Ágil<br>BB RF Simples Agil | 283,96 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 20/02/2026 | 99015 | 551611000038916 | Transferência recebida<br>20/02 14:37 INSTITUTO G D O M L EPP | 22.600,00 (+) |
| 20/02/2026 | 99015 | 551611000038916 | Transferência recebida<br>20/02 14:37 INSTITUTO G D O M L EPP | 13.800,00 (+) |
| 20/02/2026 | 99015 | 551611000038916 | Transferência recebida<br>20/02 14:38 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 20/02/2026 | 99008 | 168627 | Compra com Cartão<br>20/02 19:03 R LUZ LTDA | 129,00 (-) |
| 20/02/2026 | 99008 | 272627 | Compra com Cartão<br>20/02 20:10 PASTELLO | 87,00 (-) |
| 20/02/2026 | 13105 | 22001 | Pix - Enviado<br>20/02 15:08 FRANCISCO FLAVIO DA SILVA | 100,00 (-) |
| | | | Saldo do dia | 46.084,00 (+) |
| 23/02/2026 | 99008 | 154322 | Compra com Cartão<br>21/02 15:05 MP*CLUBIMPERIOBA | 70,00 (-) |
| 23/02/2026 | 99008 | 254771 | Compra com Cartão<br>21/02 15:12 DROGASIL 3392 | 101,89 (-) |
| 23/02/2026 | 99008 | 372125 | Compra com Cartão<br>21/02 20:02 LOVE SUSHI | 144,88 (-) |
| 23/02/2026 | 99008 | 667844 | Compra com Cartão<br>22/02 18:50 RIO GRANDE | 255,13 (-) |
| 23/02/2026 | 13105 | 22301 | Pix - Enviad<br>21/02 11:39 | 100,00 (-) |
| 23/02/2026 | 13105 | 22302 | Pix - Enviado<br>21/02 13:13 A S ROCHA RESTAURANTE E C | 26,40 (-) |
| 23/02/2026 | 13105 | 22303 | Pix - Enviado<br>21/02 13:15 DEYVYSON MESQUITA LIMA | 20,00 (-) |
| 23/02/2026 | 13105 | 22304 | Pix - Enviado<br>22/02 12:22 GUILHERME BRITTO FREIRE M | 150,00 (-) |
| 23/02/2026 | 13149 | 890541000838710 | Pagamento BB Finan PF | 923,14 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 28/02/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | 969051130-BB CRÉDITO ENERGIA RENOVÁVEL | |
| | | | Saldo do dia | 44.292,56 (+) |
| 24/02/2026 | 99008 | 178862 | Compra com Cartão<br>24/02 21:54 AUTO DZ | 172,00 (-) |
| 24/02/2026 | 13105 | 22401 | Pix - Enviado<br>24/02 11:35 JULIANA BRITTO FREIRE MAR | 2.500,00 (-) |
| 24/02/2026 | 13105 | 22402 | Pix - Enviado<br>24/02 15:37 ROZIMARIA ANGELO DA SILVA | 50,00 (-) |
| | | | Saldo do dia | 41.570,56 (+) |
| 25/02/2026 | 13105 | 22501 | Pix - Enviado<br>25/02 15:03 FEBELL TACTICAL | 300,00 (-) |
| 25/02/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/02/2026 | 5,00 (-) |
| 25/02/2026 | 13113 | 820561100657948 | Tarifa Pacote de Serviços<br>Cobrança referente 25/02/2026 | 27,80 (-) |
| | | | Saldo do dia | 41.237,76 (+) |
| 26/02/2026 | 13105 | 22601 | Pix - Enviado<br>26/02 21:16 Vitor Fernandes Delago | 150,00 (-) |
| | | | Saldo do dia | 41.087,76 (+) |
| 27/02/2026 | 99021 | 611611000038916 | Transferência recebida<br>27/02 17:45 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 27/02/2026 | 13105 | 22701 | Pix - Enviado<br>27/02 17:28 MUNICIPIO DE SAO LUIS | 852,31 (-) |
| 27/02/2026 | 13105 | 22702 | Pix - Enviado<br>27/02 17:29 MUNICIPIO DE SAO LUIS | 588,47 (-) |
| 27/02/2026 | 13105 | 22703 | Pix - Enviado<br>27/02 22:10 LUIS CESAR DA SILVA SANTO | 800,00 (-) |
| | | | Saldo do dia | 53.846,98 (+) |
| 28/02/2026 | | | S A L D O | 53.846,98 (+) |

## Informações Adicionais

| | |
|---|---|
| - Limite Especial da Conta | 14.000,00 (+) |
| Taxa Limite Especial da Conta ao Mês | 7,91% |
| Taxa Limite Especial da Conta ao Ano | 149,31% |
| Tributos (IOF) Diário | 8,20% |
| Tributos (IOF) Adicional | 0,38% |
| Custo Efetivo Total ao Mês | 8,54% |
| Custo Efetivo Total ao Ano | 170,90% |
| Data Venc. Ch. Especial | 29/01/2027 |

## InformaçõesComplementares - CET(*)

| | | |
|---|---|---|
| Valor Total Devido | 15.195,04 | - |
| Valor Liberado | 14.000,00 | 99,43% |
| Despesas-(IOF) | 87,64 | 0,57% |
| Tarifa | 1.107,40 | 0,00% |

(*) Simulação para utilização única e integral do limite por 30 dias.

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/04/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 09/04/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 601,15 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 10/04/2026 | 99015 | 551611000038916 | Transferência recebida<br>10/04 13:15 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 10/04/2026 | 99008 | 153873 | Compra com Cartão<br>10/04 14:57 ZOOLOGICO DE BRASILI | 25,00 (-) |
| 10/04/2026 | 13105 | 41001 | Pix - Enviado<br>10/04 13:24 UBER DO BRASIL TECNOLOGIA | 18,98 (-) |
| 10/04/2026 | 13105 | 41002 | Pix - Enviado<br>10/04 14:33 UBER DO BRASIL TECNOLOGIA | 20,99 (-) |
| 10/04/2026 | 13105 | 41003 | Pix - Enviado<br>10/04 14:48 ICON EMPREENDIMENTOS CONS | 500,00 (-) |
| 10/04/2026 | 13105 | 41004 | Pix - Enviado<br>10/04 15:24 MERCADO PAGO INSTITUICAO | 498,61 (-) |
| 10/04/2026 | 13105 | 41005 | Pix - Enviado<br>10/04 16:38 UBER DO BRASIL TECNOLOGIA | 22,99 (-) |
| 10/04/2026 | 13105 | 41006 | Pix - Enviado<br>10/04 16:54 UBER DO BRASIL TECNOLOGIA | 21,98 (-) |
| 10/04/2026 | 13105 | 41007 | Pix - Enviado<br>10/04 18:26 UBER DO BRASIL TECNOLOGIA | 30,98 (-) |
| 10/04/2026 | 13105 | 41008 | Pix - Enviado<br>10/04 21:38 IFOOD.COM AGENCIA DE REST | 50,88 (-) |
| 10/04/2026 | 13105 | 41009 | Pix - Enviado<br>10/04 21:51 IFOOD.COM AGENCIA DE REST | 166,98 (-) |
| | | | Saldo do dia | 8.642,61 (+) |
| 13/04/2026 | 14397 | 111926550698301 | Pix - Recebido<br>11/04 19:26 94819190300 Edilene Arruda | 600,00 (+) |
| 13/04/2026 | 14138 | 202604100061657 | Ordem Bancária<br>ESTADO DO MARANHAO | 2.400,00 (+) |
| 13/04/2026 | 13105 | 41301 | Pix - Enviado<br>11/04 06:54 UBER DO BRASIL TECNOLOGIA | 33,99 (-) |
| 13/04/2026 | 13105 | 41302 | Pix - Enviado<br>11/04 23:35 LIVELO S.A. | 129,90 (-) |
| 13/04/2026 | 13105 | 41303 | Pix - Enviado<br>12/04 14:12 Evanir Gomes da Silva | 125,00 (-) |
| 13/04/2026 | 13105 | 41304 | Pix - Enviado<br>12/04 20:05 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| 13/04/2026 | 13105 | 41305 | Pagamento de Boleto<br>Fatura Cartao BTG Pactual | 3.364,77 (-) |
| 13/04/2026 | 13105 | 41306 | Pix - Enviado<br>13/04 10:29 CLODOMIR MARTINS ALBUQUER | 1.000,00 (-) |
| 13/04/2026 | 13105 | 41307 | Pagamento de Boleto<br>EQUATORIAL MARANHAO DISTRIBUID | 484,72 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/04/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| | | | 24/04 15:24 JAILTON MORAES LOUZEIRO | |
| 24/04/2026 | 13105 | 42403 | Pagamento de Boleto<br>CSRA BRASIL SERVICOS TECN LTDA | 962,00 (-) |
| 24/04/2026 | 13105 | 42404 | Pix - Enviado<br>24/04 19:32 GUILHERME BRITTO FREIRE M | 50,00 (-) |
| 24/04/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 922,38 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 27/04/2026 | 14397 | 271120486589471 | Pix - Recebido<br>27/04 11:20 60810323370 KAMYLA DE LIMA | 17,00 (+) |
| 27/04/2026 | 14397 | 271130234196231 | Pix - Recebido<br>27/04 11:30 60810323370 Kamyla de Lima | 7,00 (+) |
| 27/04/2026 | 99020 | 27093255 | Carga Cartão Pré-Pago<br>4863********8853 CECILIA BRITTO FREIRE | 17,00 (-) |
| 27/04/2026 | 13105 | 42701 | Pagamento de Boleto<br>EQUATORIAL MARANHAO DISTRIBUID | 288,85 (-) |
| 27/04/2026 | 13105 | 42702 | Pagto conta telefone<br>VIVO MA | 430,79 (-) |
| 27/04/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/04/2026 | 5,00 (-) |
| 27/04/2026 | 13113 | 861171100106103 | Tarifa Pacote de Serviços<br>Cobrança referente 27/04/2026 | 27,80 (-) |
| 27/04/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 745,44 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 28/04/2026 | 99020 | 601611000021629 | Transferênc<br>28/04 13:45 [redacted] | 2.000,00 (+) |
| 28/04/2026 | 99021 | 611611000038916 | Transferência recebida<br>28/04 10:01 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 28/04/2026 | 99021 | 611611000038916 | Transferência recebida<br>28/04 10:09 INSTITUTO G D O M L EPP | 22.687,00 (+) |
| 28/04/2026 | 99021 | 611611000038916 | Transferência recebida<br>28/04 10:10 INSTITUTO G D O M L EPP | 13.800,00 (+) |
| 28/04/2026 | 99008 | 173511 | Compra com Cartão<br>28/04 20:25 DROGASIL 2937 | 24,56 (-) |
| | | | Saldo do dia | 53.462,44 (+) |
| 29/04/2026 | 13105 | 42901 | Pix - Enviado<br>29/04 20:17 GILSON PENHA E SILVA JUNI | 61,00 (-) |
| | | | Saldo do dia | 53.401,44 (+) |
| 30/04/2026 | 99015 | 551611000038916 | Transferência recebida<br>30/04 09:29 INSTITUTO G D O M L EPP | 10.000,00 (+) |
| 30/04/2026 | | | S A L D O | 63.401,44 (+) |

## Informações Adicionais

| | |
|---|---|
| - Limite Especial da Conta | 14.000,00 (+) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 31/05/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 22/05/2026 | 13105 | 52201 | Pix - Enviado<br>22/05 10:03 FUNDACAO FACULDADE DE MED | 20,00 (-) |
| 22/05/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 20,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 25/05/2026 | 99021 | 611611000038916 | Transferência recebida<br>25/05 12:19 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 25/05/2026 | 99021 | 611611000038916 | Transferência recebida<br>25/05 12:24 INSTITUTO G D O M L EPP | 13.800,00 (+) |
| 25/05/2026 | 99021 | 611611000038916 | Transferência recebida<br>25/05 12:24 INSTITUTO G D O M L EPP | 22.687,75 (+) |
| 25/05/2026 | 13105 | 52501 | Pix - Enviado<br>25/05 14:48 NEYLLA CRISTHINA CORDEIRO | 500,00 (-) |
| 25/05/2026 | 13105 | 52502 | Pix - Enviado<br>25/05 20:01 GUILHERME BRITTO FREIRE M | 74,00 (-) |
| 25/05/2026 | 13105 | 52503 | Pix - Enviado<br>25/05 20:38 GUILHERME BRITTO FREIRE M | 21,00 (-) |
| 25/05/2026 | 13105 | 52504 | Pix - Enviado<br>25/05 20:51 Heitor Caldas Bastos | 70,00 (-) |
| 25/05/2026 | 13105 | 52505 | Pix - Enviado<br>25/05 21:05 GUILHERME BRITTO FREIRE M | 14,00 (-) |
| 25/05/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 11/05/2026 | 5,00 (-) |
| 25/05/2026 | 13113 | 851451100797645 | Tarifa Pacote de Serviços<br>Cobrança referente 25/05/2026 | 27,90 (-) |
| | | | Saldo do dia | 50.775,85 (+) |
| 26/05/2026 | 13105 | 52601 | Pagamento de Boleto<br>CARTOES CAIXA VISA PJ | 627,76 (-) |
| | | | Saldo do dia | 50.148,09 (+) |
| 27/05/2026 | 13049 | 1200032 | BB RF Ref DI Plus Ágil | 50.148,09 (-) |
| 27/05/2026 | 13105 | 52701 | Pix - Enviado<br>27/05 12:59 IMAGEM ARQUITETURA | 800,00 (-) |
| 27/05/2026 | 13105 | 52702 | Pix - Enviado<br>27/05 20:05 GUILHERME BRITTO FREIRE M | 175,00 (-) |
| 27/05/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 975,00 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 28/05/2026 | 99020 | 27223670 | Carga Cartão Pré-Pago<br>4863********8853 CECILIA BRITTO FREIRE | 50,00 (-) |
| 28/05/2026 | 13105 | 52801 | Pix - Enviado<br>28/05 09:25 Kamyla de Lima Costa | 130,00 (-) |
| 28/05/2026 | 13105 | 52802 | Pix - Enviado<br>28/05 13:40 RA CONSULTORIA E INTERMED | 80,00 (-) |
| 28/05/2026 | 13105 | 52803 | Pix - Enviado<br>28/05 18:01 Kamyla de Lima Costa | 80,00 (-) |
| 28/05/2026 | 13105 | 52804 | Pix - Enviado<br>28/05 18:14 JAILTON MORAES | 370,00 (-) |

# Extrato de Conta Corrente

Cliente YGLESIO LUCIANO M S SOUSA

Período: 01 a 30/06/2026 Agência: 1611-X Conta: 39798-9

## Lançamentos

| Dia | Lote | Documento | Histórico | Valor |
|---|---|---|---|---|
| 19/06/2026 | 13105 | 61902 | Pix - Enviado<br>19/06 13:17 FUNDO ESPECIAL DO PODER J | 2.059,61 (-) |
| 19/06/2026 | 13105 | 61903 | Pix - Enviado<br>19/06 16:58 GUILHERME BRITTO FREIRE M | 100,00 (-) |
| 19/06/2026 | 13105 | 61904 | Pix - Enviado<br>19/06 17:01 CSRA BRASIL SERVICOS DE T | 962,00 (-) |
| 19/06/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 3.360,15 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 22/06/2026 | 13105 | 62201 | Pix - Enviado<br>21/06 17:46 YGLESIO LUCIANO MOYSES SI | 1.770,00 (-) |
| 22/06/2026 | 13105 | 62202 | Pix - Enviado<br>22/06 14:26 EQUATORIAL MARANHAO DISTR | 298,43 (-) |
| 22/06/2026 | 13105 | 62203 | Pix - Enviado<br>22/06 19:57 Joao Pedro Duarte Martins | 160,00 (-) |
| 22/06/2026 | | 32 | Resgate Fundo<br>BB RF Ref DI Plus Agil | 2.228,43 (+) |
| | | | Saldo do dia | 0,00 (+) |
| 23/06/2026 | 99021 | 611611000038916 | Transferência recebida<br>23/06 14:32 INSTITUTO G D O M L EPP | 15.000,00 (+) |
| 23/06/2026 | 13105 | 62301 | Pagamento de Boleto<br>MUNICIPIO DE PACO DO LUMIAR | 802,11 (-) |
| 23/06/2026 | 13105 | 62302 | Pagamento de Boleto<br>MUNICIPIO DE PACO DO LUMIAR | 2.620,54 (-) |
| | | | Saldo do dia | 11.577,35 (+) |
| 24/06/2026 | 13105 | 62401 | Pix - Enviado<br>24/06 15:29 Kamyla de Lima Costa | 107,00 (-) |
| 24/06/2026 | 13105 | 62402 | Pagamento de Boleto<br>CARTOES CAIXA VISA PJ | 537,38 (-) |
| 24/06/2026 | 13105 | 62403 | Pix - Enviado<br>24/06 18:48 GUILHERME BRITTO FREIRE M | 120,00 (-) |
| | | | Saldo do dia | 10.812,97 (+) |
| 25/06/2026 | 14397 | 251123475779271 | Pix - Recebido<br>25/06 11:23 02554834300 DANIEL PEREIRA | 650,00 (+) |
| 25/06/2026 | 13105 | 62501 | Pix - Enviado<br>25/06 17:58 Joao Pedro Duarte Martins | 41,00 (-) |
| 25/06/2026 | 13113 | 991101412 | Tarifa MSG - Mês Anterior<br>Cobrança referente 10/06/2026 | 5,00 (-) |
| 25/06/2026 | 13113 | 821761100649904 | Tarifa Pacote de Serviços<br>Cobrança referente 25/06/2026 | 27,90 (-) |
| | | | Saldo do dia | 11.389,07 (+) |
| 26/06/2026 | 99015 | 551611000038916 | Transferência recebida<br>26/06 15:55 INSTITUTO G D O M L EPP | 17.300,00 (+) |
| 26/06/2026 | 99015 | 551611000038916 | Transferência recebida<br>26/06 15:55 INSTITUTO G D O M L EPP | 10.000,00 (+) |

Job title, profession, company sector, or CBO/CNAE code — E.g., Human Resources, Marketing, 411010, 4711-3/02...

City/state (optional). Leave blank = Brazil — Optional, or e.g., MG, São Paulo, SP...

Search

# Gastrointestinal Surgeon – Salary in Brazil

**R$ 11,593.98** /month **average**

CBO: 2252-20 - Updated on: July 3, 2026 - 24 professionals in the sample

Salary Range: **R$ 10,995.12** (minimum) to **R$ 15,055.86** (maximum) - Average Workweek: **25 hours**

Job Description | PDF




| Entry-Level Salary | Median Salary | Maximum Salary | Professionals |
|---|---|---|---|
| R$ 10,995 | R$ 11,464 | R$ 15,056 | 24 |
| collective bargaining agreements | 50% above / below | Highest Salaries | Last 12 months |

| Company Cost | Net Salary | Salary Range | hiring index |
|---|---|---|---|
| R$ 19,710 | R$ 9,275 | 37% | 3.00 |
| salary + CLT costs | after average INSS + IR | dispersion between minimum and maximum | new hires |

**IPS - Portal Salário Job Index** 61 — Stable

Balance: 12 openings - Turnover (ratio of terminations to total staff changes): 25.0% - Sample Size: 24

Today, a **Gastrointestinal Surgeon** earns an average of **R$ 11,593.98** for a **25-hour workweek** schedule, based on 24 professionals hired and terminated throughout Brazil under the CLT employment regime over the past 12 months (CAGED).

In **2026**, the compensation for a Gastrointestinal Surgeon may range from the **average minimum salary of R$ 10,995.12** to the **maximum salary of R$ 15,055.86.**

Salary variation depends primarily on the duties performed, the company's sector, location, education, experience in the role, and the company's policies regarding positions, salaries, and career paths.

You can check the **salary table** below for more data from the survey, such as the 2026 minimum salary, average salary, and hourly, monthly, and annual salaries, to find out exactly how much a Gastrointestinal Surgeon earns throughout Brazil.

Source: Portal Salário / CAGED - Brazil - 06/2025 to 05/2026

Data Ready | Check Availability | Requires an active plan - Access now!

## Salary by State

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| AC | AL | AP | AM | BA | CE | DF | ES | GO |
| MA | MT | MS | MG | PA | PB | PR | PE | PI |
| RJ | RN | RS | RO | RR | SC | SP | SE | TO |

## Salary by City

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Aracaju | Belo Horizonte | Belém | Boa Vista | Brasília | Campo Grande | Cuiabá | Curitiba | Florianópolis |
| Fortaleza | Goiânia | João Pessoa | Macapá | Maceió | Manaus | Natal | Palmas | Porto Alegre |
| Porto Velho | Recife | Rio Branco | Rio de Janeiro | Salvador | São Luís | São Paulo | Teresina | Vitória |

Other cities →

## Related Professions

Positions within the same CBO occupational family

| | | | | |
|---|---|---|---|---|
| Gastrointestinal Surgeon | Surgical Oncologist | Digestive System Surgeon | Otorhinolaryngologist (Surgeon) | |
| Head and Neck Surgeon | Ophthalmologist | Cardiovascular Surgeon | Urologist | Vascular Surgeon |
| General Surgeon | | | | |

## Summary Description – CBO 2252-20

A **Gastrointestinal Surgeon** diagnoses and surgically treats diseases affecting the digestive system, performing procedures such as stomach tumor removal, bariatric surgery, liver transplantation, and other low- and high-complexity surgical procedures. Plans surgical procedures by selecting the surgical team and determining the appropriate surgical technique. Works in collaboration with cardiologists and anesthesiologists to assess surgical risk and determine a patient's suitability for surgery. Performs surgical procedures, monitors the patient's recovery, and documents all procedures performed. Practices within Brazil's Unified Health System (SUS). Maintains up-to-date knowledge in the specialty. Conducts research, disseminates medical knowledge, and supervises healthcare teams. Performs duties in accordance with the principles of professional ethics and complies with applicable laws, technical standards, and regulations governing occupational health and safety, biosafety, and environmental protection.

## Professional Duties

- **Disseminate medical knowledge**
- **Perform surgical procedures**
- **Manage healthcare services**
- **Provide medical consultations and patient care**
- **Prepare medical documentation**
- **Treat patients using a biopsychosocial approach**
- **Demonstrate personal competencies**
- **Implement health promotion initiatives**
- Provide urgent and emergency medical care.
- Fill out mandatory reporting forms
- Check equipment and instruments
- Perform complementary examinations.
- Perform organ and tissue transplants procedures.
- Organize scientific meetings
- Demonstrate altruism
- Evaluate therapeutic options.
- Prepare medical reports.
- Diagnose patients' health conditions.
- Monitor patients' clinical progress.
- Manage medical complications.
- Demonstrate time management skills.
- Conduct home visits.
- Develop standard operating procedures.
- Request hospital admissions.
- Screen for prevalent diseases.
- View more...

### Historical Salary Trends – Gastrointestinal Surgeon (CBO 2252-20)

Average Monthly Salary and Median Salary - Source: Portal Salário / CAGED.

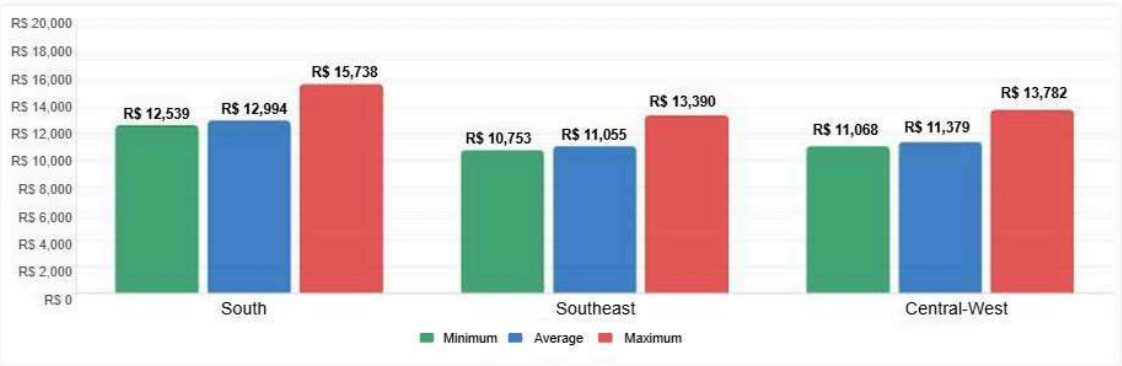



You must have an active plan to view this content. View Plans

Base Salary under the CLT without additional benefits. Portal Salário / CAGED

### Salary by Region of Brazil

Minimum - Average - Maximum -Period: 06/2025 to 05/2026




Base Salary under the CLT without additional benefits. Portal Salário / CAGED

## Salary by Position or Specialty

Highest-paying specialties within the occupational family (nationwide)

| CBO | Position / Specialty | Salary |
|---|---|---|
| 2252-90 | Surgical Oncologist | 15,469.54 |
| 2252-15 | Head and Neck Surgeon | 10,654.35 |
| 2252-40 | Thoracic Surgeon | 10,273.28 |
| 2252-03 | Vascular Surgeon | 10,105.54 |
| 2252-60 | Neurosurgeon | 9,810.05 |
| 2252-30 | Pediatric Surgeon | 8,953.77 |
| 2252-25 | General Surgeon | 8,650.46 |
| 2252-10 | Cardiovascular Surgeon | 8,636.30 |
| 2252-50 | Gynecologic Surgeon | 8,512.19 |
| 2252-70 | Orthopedic Surgeon | 8,060.61 |
| 2252-85 | Andrologist | 7,996.32 |
| 2252-75 | Otorhinolaryngologist (Surgeon) | 7,878.22 |
| 2252-65 | Orthopedic Surgeon | 7,853.83 |
| 2252-80 | Proctologist (Surgeon) | 7,746.14 |
| 2252-35 | Plastic Surgeon | 7,129.25 |
| 2252-55 | Breast Surgeon | 6,757.66 |

The nomenclature may differ. These are synonyms from the MTE's CBO Table.

## Types of Companies That Hire the Most

Industries with the Highest Hiring Volume for CBO 2252-20 – Brazil

| CNAE | Sector | Work Hours | Q1 | Minimum | Average | Median | Q3 | Maximum |
|---|---|---|---|---|---|---|---|---|
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |

**Exclusive Content for Subscribers**

Sectors that hire the most Gastroenterologists, with detailed salaries.

View Plans

## Salaries by Professional Level and Company Size

Junior / Mid-Level / Senior × Micro / Small / Medium / Large Companies

| Junior | Mid-Level | Senior | Variation |
|---|---|---|---|
| R$ ••••• | R$ ••••• | R$ ••••• | +••% |

| Size | | | Senior |
|---|---|---|---|
| ••••• | R$ ••••• | | R$ ••••• |
| ••••• | R$ ••••• | | R$ ••••• |
| ••••• | R$ ••••• | | R$ ••••• |
| ••••• | R$ ••••• | R$ ••••• | R$ ••••• |

**Exclusive Content for Subscribers**

Complete salary table by seniority level and company size.

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***CLT -** Consolidated Labor Laws. / ***CBO -** Brazilian Classification of Occupations. / ***CAGED -** General Registry of Employed and Unemployed Workers.

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

**Date: August 7, 2026**

# Médico Cirurgião do Aparelho Digestivo — Salário Brasil

**R$ 11.593,98** /mês média

CBO 2252-20 • Atualizado em 03 julho de 2026 • 24 profissionais na amostra

Faixa salarial: **R$ 10.995,12** (piso) até **R$ 15.055,86** (teto) • Jornada média: **25h/semana**

Descrição do cargo

PDF




| Piso salarial | Mediana | Teto salarial | Profissionais |
|---|---|---|---|
| R$ 10.995 | R$ 11.464 | R$ 15.056 | 24 |
| acordos coletivos | 50% acima / abaixo | maiores salários | últimos 12 meses |

| Custo empresa | Salário líquido | Amp. salarial | Ind. contratação |
|---|---|---|---|
| R$ 19.710 | R$ 9.275 | 37% | 3,00 |
| salário + encargos CLT | após INSS + IR médio | dispersão piso→teto | mais admissões |

**IPS - Índice Portal Salário do Cargo**

61 Estável

Saldo: 12 vagas • Rotatividade (int. de desligamento / movimento total): 25,0% • Volume: 24

Hoje um **Médico Cirurgião do Aparelho Digestivo** ganha em média **R$ 11.593,98** para uma jornada de **25h semanais**, com base em **24 profissionais** admitidos e desligados em todo o Brasil no regime CLT nos últimos 12 meses (CAGED).

Em **2026** a remuneração para Médico Cirurgião do Aparelho Digestivo pode variar entre o **piso salarial médio de R$ 10.995,12** e o **teto salarial de R$ 15.055,86**.

A variação salarial depende principalmente das funções desempenhadas, segmento da empresa, localidade, formação, experiência na função e política de cargos, salários e carreiras da empresa.

Você pode conferir logo abaixo na **tabela salarial**, mais dados da pesquisa como piso salarial 2026, salário mediana, salário por hora, mensal e anual para saber exatamente quanto ganha um Médico Cirurgião do Aparelho Digestivo em todo território brasileiro.

Fonte: Portal Salário / CAGED • Brasil • 06/2025 a 05/2026

dados prontos verificar disponibilidade **Requer plano ativo** • **Acesse agora!**

## Salário por Estado

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| AC | AL | AP | AM | BA | CE | DF | ES | GO |
| MA | MT | MS | MG | PA | PB | PR | PE | PI |
| RJ | RN | RS | RO | RR | SC | SP | SE | TO |

## Salário por Cidade

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Aracaju | Belo Horizonte | Belém | Boa Vista | Brasília | Campo Grande | Cuiabá | Curitiba | Florianópolis |
| Fortaleza | Goiânia | João Pessoa | Macapá | Maceió | Manaus | Natal | Palmas | Porto Alegre |
| Porto Velho | Recife | Rio Branco | Rio de Janeiro | Salvador | São Luís | São Paulo | Teresina | Vitória |

Outras cidades →

## Profissões relacionadas

Cargos da mesma família ocupacional CBO

Cirurgião Gastroenterológico | Médico Cancerologista Cirúrgico | Cirurgião do Aparelho Digestivo | Cirurgião Otorrinolaringologista | Cirurgião de Cabeça e Pescoço | Médico Oftalmologista | Cirurgião Cardiovascular | Médico Urologista | Cirurgião Vascular | Médico Cirurgião

## Descrição sumária do CBO 2252-20

O **Médico Cirurgião do Aparelho Digestivo** realiza diagnóstico e tratamento cirúrgico das doenças do sistema digestivo, fazendo remoção de tumor de estômago, correção de problema de obesidade, transplante de fígado e outros procedimentos de baixa e alta complexidades. Planeja o procedimento cirúrgico, selecionando equipe e definindo a técnica cirúrgica a ser adotada. Atua junto com médicos cardiologista e anestesiologista para estimar o risco operatório e decidir sobre a operabilidade de paciente. Executa a cirurgia. Acompanha a recuperação de paciente. Registra procedimentos efetuados. Atua no Sistema Único de Saúde (SUS). Mantém-se atualizado na sua área de atuação. Realiza pesquisas e difunde conhecimentos médicos. Supervisiona equipe. Atua com base em princípios de ética profissional. Cumpre legislação, normas técnicas e normas regulamentadoras de saúde e segurança no trabalho, de biossegurança e de preservação ambiental.

## Funções no exercício da profissão

- **Difundir conhecimentos médicos**
- **Praticar intervenções cirúrgicas**
- **Administrar serviços de saúde**
- **Realizar consulta e atendimento médico**
- **Elaborar documentos médicos**
- **Tratar paciente - como ser biopsicossocial**
- **Demonstrar competências pessoais**
- **Implementar ações para promoção da saúde**
- Realizar atendimentos de urgência e emergência
- Preencher formulários de notificação compulsória
- Checar equipamentos e instrumentos
- Realizar exames complementares
- Executar transplantes de orgãos e tecidos
- Organizar encontros científicos
- Demonstrar altruísmo
- Avaliar opções terapêuticas
- Elaborar relatórios
- Diagnosticar estado de saúde de pacientes
- Acompanhar evolução médica do paciente
- Tratar intercorrências
- Demonstrar capacidade de administrar o tempo
- Realizar visitas domiciliares
- Elaborar procedimentos operacionais padrão
- Solicitar internação
- Rastrear doenças prevalentes
- **ver mais...**

## Série histórica — Médico Cirurgião do Aparelho Digestivo CBO 2252-20

Salário médio e mediana mensal · Fonte: Portal Salário / CAGED

Anual | Mediana | ↓ PNG

Você precisa ter um plano ativo para ver esse conteúdo. **Ver Planos**

*Salário base CLT sem adicionais · dados: Portal Salário / CAGED

## Salário por região do Brasil

Piso · Média · Teto • período: 06/2025 a 05/2026




*Salário base CLT sem adicionais · Fonte: Portal Salário / CAGED

## Salário por função ou especialização

Áreas de atuação com os melhores salários da família ocupacional (nacional)

| CBO | Função/Especialização | Salário |
|---|---|---|
| 2252-90 | Médico cancerologista cirurgico | 15.469,54 |
| 2252-15 | Cirurgião de cabeça e pescoço | 10.654,35 |
| 2252-40 | Cirurgião torácico | 10.273,28 |
| 2252-03 | Cirurgião vascular | 10.105,54 |
| 2252-60 | Médico neurocirurgião | 9.810,05 |
| 2252-30 | Cirurgião pediátrico | 8.953,77 |
| 2252-25 | Cirurgião | 8.650,46 |
| 2252-10 | Cirurgião cardiovascular | 8.636,30 |
| 2252-50 | Cirurgião ginecológico | 8.512,19 |
| 2252-70 | Cirurgião ortopedista | 8.060,61 |

| | | |
|---|---|---|
| 2252-85 | Andrologista | 7.996,32 |
| 2252-75 | Cirurgião otorrinolaringologista | 7.878,22 |
| 2252-65 | Cirurgião oftalmológico | 7.853,83 |
| 2252-80 | Cirurgião proctologista | 7.746,14 |
| 2252-35 | Cirurgião plástico | 7.129,25 |
| 2252-55 | Cirurgião de mama | 6.757,66 |

A nomenclatura pode diferir. São sinônimos da Tabela CBO do MTE.

## Tipos de empresas que mais contratam

Segmentos com maior volume de contratação para CBO 2252-20 · Brasil

| CNAE | Segmento | Jornada | Q1 | Piso | Média | Mediana | Q3 | Teto |
|---|---|---|---|---|---|---|---|---|
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |
| •••• | •••••••••••••••• | ••h/sem | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• | R$ ••••• |

**Conteúdo exclusivo para assinantes**

Segmentos que mais contratam Médico Cirurgião do Aparelho Digestivo com salários detalhados.

Ver Planos

## Salários por nível profissional e porte da empresa

Júnior / Pleno / Sênior × Micro / Pequena / Média / Grande

| Júnior | Pleno | Sênior | Variação |
|---|---|---|---|
| R$ ••••• | R$ ••••• | R$ ••••• | +••% |

| Porte | | | Sênior |
|---|---|---|---|
| ••••• | R$ ••••• | | R$ ••••• |
| ••••• | R$ ••••• | | R$ ••••• |
| ••••• | R$ ••••• | | R$ ••••• |
| ••••• | R$ ••••• | R$ ••••• | R$ ••••• |

**Conteúdo exclusivo para assinantes**

Tabela completa de salários por senioridade e porte da empresa.

Ver Planos

## Gráficos de pesquisa

Levantamentos exclusivos Portal Salário • requer plano ativo • **Ver Planos**

**Contratações e demissões**

Balanço mensal de admissões e desligamentos nos últimos 12 meses.

Ver gráfico →

**Salário por gênero**

Comparativo salarial entre homens e mulheres no cargo.

Ver gráfico →

**Salário por escolaridade**

Relação entre grau de instrução e remuneração.

Ver gráfico →

**Salário por faixa etária**

Relação entre idade e remuneração mensal.

Ver gráfico →

# Find out how the market and Medical compensation are trending according to the latest medical demographics

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The Medical Demographics 2025 study reveals important nuances about the **market and medical compensation** in our country. Transformations in informality, employment relationships, and compensation demand attention to guide policies and careers

Are you interested in this topic? Do you want access to the best information to plan your medical career? Then stay with us and access updated data on the healthcare sector in Brazil!

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## How has informality been advancing in medical practice?

When talking about the **market and medical compensation**, it is important to address informality. Since 2015, the percentage of physicians practicing without a formal contract rose from 30% to 48% in 2025.

This advancement indicates that nearly half of the medical workforce operates independently or through a corporate entity, without the benefits of the Consolidated Labor Laws (CLT).

The phenomenon is more pronounced among professionals who graduated less than five years ago. In this group, 60% declare an informal relationship, attracted by schedule flexibility and the possibility of immediate compensation.

Among physicians with more than 20 years in their careers, informality still affects 35%, mainly in their own private practices.

The impacts of this precarization include income instability, the absence of labor rights, and difficulty accessing installment credit lines.

## How many employment relationships do physicians usually have?"

In 2025, the Brazilian physician maintains an average of 1.8 formal jobs. The distribution shows that 40% have only one public or private job, while 50% hold two or more formal and informal contracts.

Specifically, 10% of professionals declare exclusively informal activities, with no CLT or corporate entity relationship (PJ).

This multiplicity of relationships occurs mainly in medium-sized cities, where private clinics and complementary healthcare services proliferate.

General practitioners tend to have fewer relationships -an average of 1.4 -compared

to specialists, who sustain an average of 2.1 contracts, reflecting the demand for more complex and better-compensated services.

## What is the role of the public sector in the formal employment of physicians?

The public sector accounts for 68% of all formal medical jobs in Brazil. Of this total, 38% are municipal contracts in Primary Care clinics, 20% are state relationships in regional hospitals, and 10% are at the federal level, primarily in universities and research institutes.

The Unified Health System (SUS) accounts for 45% of outpatient consultations and 55% of inpatient beds under direct management, justifying the relevance of civil service examinations for entry and stability in the service.

The public career offers a 20-to-40-hour workweek, a career plan, length-of-service bonuses, and the possibility of exclusive dedication, making it the preferred formal relationship, especially for those seeking financial and pension security.

## What are the most common types of contracts in Medicine?

Another highlight involving the market and medical compensation in Brazil concerns the form of hiring.

Each type of contract reflects differences in stability, benefits, and autonomy, according to the needs of the service and the physician's reality. See below:

- Consolidated Labor Laws (CLT): 52% of formal relationships, especially in public hospitals and large private networks;
- Corporate Entity (PJ): 27% of agreements, predominant in specialized clinics and diagnostic centers;
- Self-Employed (Payment Receipt): 13% of relationships, very common among individual private practices;
- Medical Cooperative: 5% of contracts, facilitating productivity-based compensation;
- Temporary and Volunteer: the remaining 3%, used in residency and exchange programs.

## How are physicians adapting to the new market?

To bypass informality and secure multiple sources of income, physicians adopt strategies such as:

- investment in Telemedicine, attending to remote patients and reducing operational costs;
- partnerships in multidisciplinary clinics, sharing infrastructure and expanding their client portfolio;
- shifts on on-demand platforms, negotiating hourly rates and schedule flexibility;
- specialization in high-demand fields (Dermatology, Interventional Cardiology, Neonatology);
- training in health services management, preparing for leadership and consulting roles.

This diversification also includes the sale of online courses, lectures, and scientific production, transforming knowledge into a complementary source of income.

## How much, on average, do physicians earn in Brazil?

The average monthly salary of physicians in Brazil is around R$ 23,500.00. The median stands at R$ 20,000.00, reflecting that half of the professionals earn up to this amount.

Physicians with up to five years since graduation earn an average of R$ 15,800.00, while those with more than 15 years of experience reach R$ 30,200.00.

The difference by specialty is also significant: general practitioners earn an average of R$ 18,000.00, while surgeons reach R$ 35,000.00.

## Where are the highest-paid doctors in the country?

Southeast capitals concentrate the highest salary levels. São Paulo leads with an average of R$ 28,000.00 per month, followed by Rio de Janeiro (R$ 27,000.00) and Belo Horizonte (R$ 26,000.00). In the South, Porto Alegre and Curitiba present averages above R$ 25,000.00.

The North and Northeast regions record the lowest compensation, with averages below R$ 18,000.00, reflecting a lower density of specialized services and public investments.

In the private sector, high-end clinics and large-scale hospitals offer productivity bonuses and profit-sharing plans, raising overall compensation by 10% to 20% compared to the SUS.

| Region | Average Monthly Salary (R$) |
|---|---|
| Southeast | 25,000.00 |
| South | 24,500.00 |
| Central-West | 22,000.00 |
| Northeast | 18,000.00 |
| North | 16,500.00 |

## What factors explain the difference in compensation among doctors?

Another issue we need to address regarding the **medical market and compensation** is the salary gap in Brazil. Salary disparities are driven by multiple factors:

- gender: female doctors earn an average of 20% less than male doctors, a result of unequal distribution across specialties and extra responsibilities;
- specialty: surgeons, anesthesiologists, and radiologists are at the top of the pay scale, earning up to 60% more than general practitioners;
- experience: for every additional five years of practice, there is a compensation increase of about 10%;
- geographic region: the Southeast pays 40% more than the North, influenced by the regional GDP and the concentration of major urban centers;
- type of contract: self-employed and PJ achieve earnings 15% higher than traditional W2/CLT contracts, but lack labor benefits.

In addition to these, institutional factors, such as the size of the employing institution and the existence of bonuses for public health programs, affect the final earnings.

## What does the 2025 Medical Demography report say about surgeons?

Surgeons account for 15% of the total number of doctors, but generate 30% of global revenue due to the complexity and high cost of procedures. The majority (55%) work under PJ, seeking better profit margins and autonomy to set their fees.

The average training time for a surgeon in Brazil is 12 years, including medical school, residency, and continuing education.

After this period, these professionals reach a salary range above R$ 35,000.00 per month, depending on the type of surgery and volume of procedures.

Despite the high compensation, surgeons face more intense working hours and greater occupational risks, which has led a portion of the category to seek public contracts with exclusive dedication, promoting stability without giving up private earnings.

## Now that you know the medical market!

The detailed information from the 2025 Medical Demography report helps managers and policymakers balance supply and demand, evaluate health programs, and encourage professionals to settle in underserved regions.

It is necessary to understand the situation so that doctors can plan their professional trajectories, choose a specialty, and negotiate more advantageous contracts.

In this way, we transform the reality surrounding the medical market and compensation in a large-scale country like Brazil.

To stay informed about trends and best practices in the medical career, visit the Medway blog: we are always attentive to the latest news and changes occurring in the healthcare sector!




**Arthur Arabi**

Medway Professor. Holds a Degree in Medicine at the University of Brasília (UnB), with a residency in General Surgery and a fellowship in Gastrointestinal Surgery at the Hospital das Clínicas of the University of São Paulo Medical School (HC-FMUSP).



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Date: August 10, 2026.

# Saiba como está o mercado e a remuneração na Medicina de acordo com a última demografia médica

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O estudo Demografia Médica 2025 revela nuances importantes sobre o **mercado e a remuneração na Medicina** em nosso país. As transformações na informalidade, vínculos empregatícios e remuneração demandam atenção para orientar políticas e carreiras.

Você tem interesse nesse assunto? Quer ter acesso às melhores informações para planejar sua carreira médica? Continue, então, por aqui e acesse dados atualizados sobre o setor de saúde no Brasil!

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## Como a informalidade tem avançado na prática médica?

Quando falamos sobre o **mercado e a remuneração na Medicina**, é importante tratar da informalidade. Desde 2015, o percentual de médicos que exercem atividades sem contrato formal passou de 30% para 48% em 2025.

Esse avanço indica que quase metade da força de trabalho médica atua de forma autônoma ou por pessoa jurídica, sem os benefícios da Consolidação das Leis do Trabalho (CLT).

O fenômeno é mais acentuado entre profissionais com menos de cinco anos de formados. Nesse grupo, 60% declaram vínculo informal, atraídos pela flexibilidade de agendas e pela possibilidade de remuneração imediata.

Entre médicos com mais de 20 anos de carreira, a informalidade ainda atinge 35%, principalmente em consultórios próprios.

Os impactos dessa precarização incluem instabilidade de renda, ausência de direitos trabalhistas e dificuldade de acesso a linhas de crédito parcelado.

## Quantos vínculos empregatícios os médicos costumam ter?

Em 2025, o médico brasileiro mantém em média 1,8 vínculos formais. A distribuição mostra que 40% têm apenas um emprego público ou privado, enquanto 50% acumulam dois ou mais contratos formais e informais.

Especificamente, 10% dos profissionais declaram exclusivamente atividades informais, sem nenhum vínculo CLT ou PJ.

Essa multiplicidade de vínculos acontece principalmente em cidades de médio porte, onde clínicas privadas e serviços de saúde complementar proliferam.

Generalistas tendem a ter menos vínculos — 1,4 em média — comparado aos

especialistas, que na média sustentam 2,1 contratos, refletindo a demanda por serviços mais complexos e melhor remunerados.

## Qual o papel do setor público no emprego formal de médicos?

O setor público concentra 68% de todos os empregos médicos formais no Brasil. Desse montante, 38% são contratos municipais em postos de Atenção Básica, 20% vínculos estaduais em hospitais regionais e 10% na esfera federal, principalmente em universidades e institutos de pesquisa.

O Sistema Único de Saúde (SUS) responde por 45% das consultas ambulatoriais e 55% dos leitos de internação sob gestão direta, justificando a relevância de concursos públicos para ingresso e estabilidade no serviço.

A carreira pública oferece jornada de 20 a 40 horas semanais, plano de carreira, adicional por tempo de serviço e possibilidade de dedicação exclusiva, tornando-se o vínculo formal preferido, sobretudo por quem busca segurança financeira e previdenciária.

## Quais são os tipos de contrato mais comuns na Medicina?

Outro ponto de destaque envolvendo o mercado e a remuneração na Medicina no Brasil diz respeito à forma de contratação.

Cada tipo de contrato reflete diferenças de estabilidade, benefícios e autonomia, conforme as necessidades do serviço e a realidade do médico. Veja:

- Consolidação das Leis do Trabalho (CLT): 52% dos vínculos formais, especialmente em hospitais públicos e grandes redes privadas;
- Pessoa Jurídica (PJ): 27% dos acordos, predominante em clínicas especializadas e centros de diagnóstico;
- Autônomo (Recibo de Pagamento): 13% das relações, muito comum entre consultórios individuais;
- Cooperativa Médica: 5% dos contratos, facilitando a remuneração por produtividade;
- Temporário e Voluntário: 3% restantes, usados em programas de residência e intercâmbio.

## Como os médicos estão se adaptando ao novo mercado?

Para driblar a informalidade e garantir múltiplas fontes de renda, médicos adotam estratégias como:

- investimento em Telemedicina, atendendo pacientes remotos e reduzindo custos operacionais;
- parcerias em clínicas multidisciplinares, compartilhando estrutura e ampliando carteira de clientes;
- plantões em plataformas de demanda avulsa, negociando valores por hora e flexibilidade de horários;
- especialização em áreas de alta demanda (Dermatologia, Cardiologia Intervencionista, Neonatologia);
- capacitação em gestão de serviços de saúde, preparando-se para cargos de chefia e consultoria.

Essa diversificação também inclui venda de cursos online, palestras e produção científica, transformando conhecimento em fonte de renda complementar.

## Quanto ganham, em média, os médicos no Brasil?

A remuneração média mensal dos médicos no Brasil gira em torno de R$ 23.500,00. A mediana está em R$ 20.000,00, refletindo que metade dos profissionais recebe até esse valor.

Médicos com até cinco anos de formados auferem em média R$ 15.800,00 enquanto os com mais de 15 anos chegam a R$ 30.200,00.

A diferença por especialidade também é expressiva: generalistas recebem R$ 18.000,00 em média, enquanto os cirurgiões atingem R$ 35.000,00.

## Onde estão os médicos mais bem pagos do país?

As capitais do Sudeste concentram os maiores patamares salariais. São Paulo lidera com média de R$ 28.000,00 mensais, seguida pelo Rio de Janeiro (R$ 27.000,00) e Belo Horizonte (R$ 26.000,00). No Sul, Porto Alegre e Curitiba apresentam médias acima de R$ 25.000,00.

As regiões Norte e Nordeste registram as piores remunerações, com médias abaixo de R$ 18.000,00 refletindo a menor densidade de serviços especializados e investimentos públicos.

No setor privado, clínicas de alto padrão e hospitais de grande porte oferecem bônus por produtividade e participação em resultados, elevando em 10% a 20% a remuneração global em comparação ao SUS.

| Região | Salário Médio Mensal (R$) |
|---|---|
| Sudeste | 25.000,00 |
| Sul | 24.500,00 |
| Centro-Oeste | 22.000,00 |
| Nordeste | 18.000,00 |
| Norte | 16.500,00 |

## Quais fatores explicam a diferença de remuneração entre os médicos?

Outro assunto que precisamos abordar sobre o **mercado e a remuneração na Medicina** é a diferença salarial no Brasil. As disparidades salariais respondem a múltiplos determinantes:

- gênero: médicas ganham em média 20% menos que médicos, resultado de distribuição desigual em especialidades e responsabilidades extras;
- especialidade: cirurgiões, anestesiologistas e radiologistas estão no topo da tabela, recebendo até 60% a mais que clínicos gerais;
- tempo de formação: a cada cinco anos adicionais de prática, há acréscimo de cerca de 10% na remuneração;
- região geográfica: o Sudeste paga 40% a mais que o Norte, influenciado pelo PIB regional e pela concentração de grandes centros urbanos;
- tipo de vínculo: autônomos e PJ conquistam ganhos 15% superiores aos contratos CLT, mas carecem de benefícios trabalhistas.

Além desses, fatores institucionais, como porte da instituição empregadora e existência de gratificações por programas de saúde pública, afetam o rendimento final.

## O que diz a Demografia Médica 2025 sobre os cirurgiões?

Cirurgiões correspondem a 15% do total de médicos, mas geram 30% da receita global devido à complexidade e ao alto custo dos procedimentos. A maioria (55%) trabalha sob regime de PJ, buscando melhores margens de lucro e autonomia para definir honorários.

O tempo médio de formação de um cirurgião no Brasil é de 12 anos, incluindo graduação, residência e cursos de aperfeiçoamento.

Após esse período, esses profissionais atingem faixa salarial acima de R$ 35.000,00 mensais, conforme tipo de cirurgia e volume de procedimentos.

Apesar da alta remuneração, os cirurgiões enfrentam jornadas mais intensas e riscos ocupacionais maiores, o que tem levado parte da categoria a buscar contratos públicos com dedicação exclusiva, promovendo estabilidade sem abrir mão de ganhos privados.

## Agora que você sabe como está o mercado médico!

As informações detalhadas pela Demografia Médica 2025 auxiliam gestores e formuladores de políticas a equilibrar oferta e demanda, avaliar programas de saúde e incentivar a fixação de profissionais em regiões carentes.

É necessário compreender a situação para que médicos planejem trajetórias profissionais, decidam por especialização e negociem contratos mais vantajosos.

Dessa forma, vamos transformando a realidade que envolve o mercado e a remuneração na Medicina em um país de grande porte como é o Brasil.

Para se manter informado sobre tendências e boas práticas na carreira médica, acesse o blog da Medway: estamos sempre atentos às novidades e mudanças que ocorrem no setor de saúde!




**Arthur Arabi**

Professor da Medway. Formado em Medicina pela Universidade de Brasília (UnB), com residência em Cirurgia Geral e subespecialização em Cirurgia do Aparelho Digestivo pelo Hospital das Clínicas da Faculdade de Medicina da Universidade de São Paulo (HC-FMUSP).



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# Exhibit E - Additional Evidence of Extraordinary Ability

Brazilian Society of Bariatric and Metabolic Surgery

# Certificate

*The Brazilian Society of Bariatric and Metabolic Surgery*

*grants to* Dr. Yglésio Luciano M. Silva de Souza

*the certificate of* Associate

Dr. Thomas Szegö
*President of SBCBM*

*Date:* June 1, 2010
*Valid until* May 31, 2012

**I, André Vinícius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: May 27, 2025**

Sociedade Brasileira de Cirurgia Bariátrica e Metabólica

# Certificado

A Sociedade Brasileira de Cirurgia Bariátrica e Metabólica

confere a(o) Dr. Yglésio Luciano M. Silva de Souza

o certificado de Associado

Dr. Thomas Szegö
Presidente da SBCBM

Data 01 de Junho de 2010

Válido até 31 de Maio de 2012

Brazilian Society of
Bariatric and Metabolic Surgery

# BYLAWS SBCBM

## Chapter I - Name, Headquarters, and Purpose

**Article 1** – The BRAZILIAN SOCIETY OF BARIATRIC AND METABOLIC SURGERY, hereinafter referred to as SBCBM, is a private, nonprofit legal entity headquartered and with jurisdiction in the City of São Paulo, State of São Paulo. It is established for an indefinite duration, with a scientific and educational character, and is affiliated with THE INTERNATIONAL FEDERATION FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS (IFSO).

**Paragraph 1** – The SBCBM headquarters is located at Rua Pio XII, 135, Suite 165, Ed. Centro Off Paulista, Liberdade, São Paulo/SP, ZIP Code 01322-030.

**Paragraph 2** – All actions and procedures adopted by SBCBM shall adhere to the principles of legality, ethics, morality, transparency, cost-effectiveness, and efficiency.

**Article 2** – The PURPOSES of SBCBM are to:

**a)** bring together surgeons and other professionals working in the fields of Bariatric and Metabolic Surgery, Obesity, and Associated Diseases;

**b)** encourage research and the exchange of scientific information on bariatric and metabolic surgery and other areas related to obesity and its associated conditions;

**c)** promote continuing education in bariatric and metabolic surgery through the organization of regional, state, national, or international congresses, seminars, symposiums, and courses, as well as participation in undergraduate and graduate programs;

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**d)** promote the establishment of commissions, committees, and other bodies to support these purposes;

**e)** encourage and support organizations and entities that contribute to the care of patients with obesity, whether surgical or non-surgical;

**f)** represent the professional interests of its members before public and private institutions;

**g)** associate with other entities that can serve as allies in achieving SBCBM's objectives;

**h)** maintain close cooperation with associations, hospitals, and organizations that share the same goals, adopting educational programs that align with medical ethics;

**i)** gather, organize, and disseminate data and indicators that reflect the multiple aspects of morbid obesity and its associated diseases, broadly disseminating scientific knowledge;

**j)** establish contracts, partnerships, and collaborations with national or international organizations, institutions, or individuals that carry out relevant activities or hold experience and expertise that support SBCBM's mission;

**k)** engage in outreach and dissemination activities using modern technologies, particularly the internet, provided such actions are guided by ethical standards;

**l)** identify shortcomings and gaps in the healthcare system and propose ideas to improve patient care services;

**m)** create technical or working groups and partnerships that, through a transdisciplinary approach, contribute to the pursuit of SBCBM's goals, the analysis of issues, and the development of solutions;

**n)** SBCBM may adopt Internal Regulations, which must be approved at a General Assembly convened for that purpose, and a charter that governs its operations.

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## Chapter II – On Its Members

**Article 1** – Article 3 – SBCBM shall be composed of MEMBERS, under the following categories:

**1 – FULL MEMBERS –** General or digestive system surgeons who have proven experience in the surgical treatment of patients with morbid obesity, demonstrating experience deemed adequate by the Admission and Qualification Committee, and with at least 2 years of membership.

a) Full Members may vote, have the right to speak at General Assemblies, and may run for elective office.

**2 – ASSOCIATE SURGEON MEMBERS –** Surgeons who have not yet fulfilled the basic requirements for inclusion in the category of Full Member.

a) Associate Surgeon Members may speak at General Assemblies but may not run for elective office and may not vote.

**3 – HONORARY MEMBERS –** Medical professionals who, through the performance of their duties, have demonstrated a high technical and ethical standard and who, at the discretion of SBCBM, serve as role models to their peers. This category may include foreign members who do not practice in Brazil.

a) Honorary Members may speak at General Assemblies but may not run for elective office, unless they are also Full Members of SBCBM, and may not vote.

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**4 – BENEFACTOR MEMBERS –** Those who have contributed in some way to the advancement of Bariatric and Metabolic Surgery. This category may include foreign members who do not practice in Brazil.

a) Benefactor Members may speak at General Assemblies, but may not run for elective office, unless they are also Full Members of SBCBM, and may not vote.

**5 – FOREIGN AFFILIATE MEMBERS –** SBCBM shall admit Foreign Members. These may join SBCBM as COESAS Members or as Physicians.

a) They must be members of their home societies or of IFSO, and to maintain their rights, must be up to date with their statutory obligations.

b) They must keep SBCBM financial obligations up to date to have the same access as Brazilian members.

c) Foreign Members may not speak at General Assemblies, may not run for elective office, and may not vote.

**6 – EMERITUS MEMBERS –** Members aged 70 or older, with at least ten years of continuous membership and at least five years as Full Members, and in good standing with membership dues during the year they turn 70.

b) Emeritus Members may speak at General Assemblies and may vote but may not run for elective office unless they are Full Members of SBCBM.

c) Emeritus Members will be exempt from paying SBCBM annual membership fees and registration for National Congresses on Bariatric and Metabolic Surgery

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held by SBCBM, as well as official regional SBCBM events.

d) Upon becoming an Emeritus Member, the member shall receive a certificate and a recognition medal.

**7 – COESAS MEMBERS –** Members from specialties associated with the scope of the Brazilian Society for Bariatric and Metabolic Surgery (SBCBM).

a. Professionals from the Commission of Associated Specialties (COESAS) who join SBCBM will be referred to as COESAS Members.

**8 – ACADEMIC MEMBERS –** Those currently enrolled in a Medical Undergraduate Program at an institution recognized by the Ministry of Education (MEC).

I – Academic Members may not speak at General Assemblies, may not run for elective office, and may not vote.

**9 – RESIDENT PHYSICIAN MEMBERS –** Those who have completed a medical degree and are enrolled in a Medical Residency Program recognized by the Ministry of Education (MEC).

I – Resident Members may not speak at General Assemblies, may not run for elective office, and may not vote.

## Chapter III – On Admission, Category Transition, Resignation, and Exclusion of Members

**Article 4 –** ADMISSION to SBCBM shall only occur after completing a standard application form, submitted to the Admission, Inquiry, and Qualification Committee, in accordance with the Bylaws and the following criteria:

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**Paragraph 1 –** Criteria for obtaining Full Membership status: Associate Members must meet the mandatory inclusion prerequisites, which are essential conditions ("*sine qua non*") for advancement. When applicable, they must also meet curricular criteria that will accumulate points toward Full Membership, as well as its maintenance:

a) To be admitted as a Full Member, a minimum of 15 points must be obtained;

b) There are no point limits in the categories below, so the Member may count all official scientific activities from the past five years.

**1. Mandatory inclusion prerequisites:**

a) Be an Associate Surgeon Member for at least two years;

b) Provide evidence of at least 75 bariatric surgeries performed in the last five years as the Lead Surgeon, through a document signed by the hospital director, and present certificates of passing the exam in the field of Bariatric Surgery;

c) Submit two letters of recommendation signed by Full Members from their state (if there are fewer than five Full Members in the state, a letter of recommendation from the Executive Board may be submitted);

d) Be current on SBCBM membership dues;

e) Documentation approval is the responsibility of the Inquiry Committee.

**2. Optional prerequisites:**

**2.1 – Curricular criteria for Category Transition worth four points:**

a) Hold a specialty title in general or digestive surgery, granted by CBC and/or CBCD;

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b) Be or have been a professor in a medical program (undergraduate or graduate) with a university appointment;

c) Hold the title of Full Professor or Associate Professor in the medical field;

d) Be the author of an award-winning scientific paper at SBCBM, ASMBS, or IFSO congresses within the past five years;

e) Be the author or co-author of a published book on Bariatric Surgery;

f) Hold a Master's degree with a dissertation in Bariatric and Metabolic Surgery;

g) Hold a Doctorate with a thesis in Bariatric and Metabolic Surgery;

h) Have completed a residency in bariatric surgery;

i) Hold SBCBM Certification in Bariatric and Metabolic Surgery.

**2.2 – Curricular criteria for Category Transition worth three points:**

a) Be a Full Member of CBC, CBCD, or SOBRACIL;

b) Have presented a paper in a Plenary Session of SBCBM, IFSO, or ASMBS in the last five years (one per congress only);

c) Be the author of a book chapter on bariatric surgery;

d) Be the lead author of a scientific article on bariatric and/or metabolic surgery published in an indexed journal (each article counts);

e) Have performed 50 bariatric surgeries in the past 12 months.

**2.3 – Curricular criteria for Category Transition worth two points:**

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a) Have presented a poster at SBCBM, ASMBS, or IFSO congresses within the past five years (one per congress only);

b) Have presented a scientific paper in a free topics session at SBCBM within the past five years (one per congress only);

c) Have been an SBCBM member for more than five years.

**2.4 – Curricular criteria for Category Transition worth one point:**

a) Have participated as an attendee in SBCBM, ASMBS, or IFSO congresses within the last five years;

b) Have been a speaker at a congress of CBC, CBCD, SOBRACIL, ABESO, SBEM, or bariatric surgery symposiums and courses endorsed by SBCBM in the last five years on topics related to Bariatric and/or Metabolic Surgery (one per congress, course, or symposium only).

I – The Admission, Inquiry, and Qualification Committee may request the resubmission of documents if they are inaccurate or do not meet their intended purpose.

II – If the letters of recommendation or endorsement from two Full Members of SBCBM are not attached, the applicant will be required to attend a personal meeting with the Admission, Inquiry, and Qualification Committee.

III – If the applicant meets all the requirements of this article and is approved by the Admission, Inquiry, and Qualification Committee, upon proof of annual membership fee payment, they shall receive the title of Full Member. The title will be awarded at a Diploma Ceremony to be held at SBCBM Congresses.

**Paragraph 2 –** Admission as Associate Surgeon Member shall proceed as follows:

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a) Completion of the standard application;

b) payment of the current annual fee, proportional to the quarter of admission;

c) Presentation of a valid certificate of good standing issued by the Regional Medical Council, dated within six months of entry;

d) Submission of two letters of recommendation or endorsement, written and signed by two Full Members of SBCBM;

e) Submission of a complete and updated résumé;

I – The Associate Surgeon Member may request a category change from the Admission, Inquiry, and Qualification Committee at any time, provided all the requirements outlined in Paragraph 1 of this article are met.

II – If the request is denied, an appeal may be filed with the Advisory and Fiscal Council as the sole appellate instance.

**Paragraph 3** – The title of HONORARY MEMBER shall be conferred by the Executive Board or the Advisory and Fiscal Council to medical professionals who, in their professional conduct, have demonstrated a high technical and ethical standard and who, at the discretion of SBCBM, serve as role models to their peers.

a) The awarding of this title shall take place during the Ordinary or Extraordinary General Assembly. Any member may nominate such professionals by submitting a document to the Executive Board stating the reasons for the nomination.

**Paragraph 4 –** The title of BENEFACTOR MEMBER shall be conferred on those who, in some way, contribute to the advancement of Bariatric and Metabolic Surgery.

a) The awarding of said title shall be proposed by any full member and approved by the Executive Board.

**Paragraph 5 –** The admission of COESAS MEMBERS shall

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follow the procedure below:

a) completion of the standard application;

b) payment of the current annual fee, proportional to the quarter of admission;

c) Presentation of a valid certificate of good standing issued by the Regional Medical Council, dated within six months of entry;

d) submission of a complete and updated résumé.

I – Due to the diversity of professionals who may become COESAS Members of SBCBM, the evaluation criteria may be supplemented by requests made by the Admission, Investigation, and Qualification Committee, which must be fully complied with.

II – In the event of denial, an appeal may be submitted to the Advisory and Fiscal Council, which shall render a final decision.

**Paragraph 6 –** The requirements for admission to SBCBM as an Academic Member are:

a) A declaration of enrollment in a Medical Program recognized by the Ministry of Education (MEC), including the program's start date and expected completion date.

b) Completion of the registration form.

c) Approval Procedure:

• The documentation and registration form shall be reviewed by SBCBM and the result shall be communicated to the applicant within 15 days from the date of the application.

• If the application is not approved, the Admission, Inquiry, and Qualification Committee shall inform the applicant of the reasons and allow 15 days to address them.

• If the applicant fails to comply with the instructions

developed. The report shall include the appropriate indicators for each project.

**Article 52 –** The process for managing contracts and partnerships carried out by SBCBM shall follow the internal procedure below:

a. Negotiation;

b. Contract Signing – According to each level of authority;

c. Execution of services;

d. Entry into the management system;

e. Finance – pre-approval and payment;

f. Reconciliation and Accounting;

g. Inclusion in reports with the respective indicators;

h. Analysis.

## Chapter XI – General Provisions

**Article 53 –** The INTERNAL REGULATIONS of SBCBM shall govern the administration and operation of its various departments, leadership roles, and statutory functions. It shall define the responsibilities of its members and may, if necessary, be reviewed by the Executive Board and the Advisory and Fiscal Council, subject to approval by the General Assembly at the beginning of each new term.

**Sole Paragraph –** All matters not expressly addressed in this Bylaws, as well as those not explicitly referred to herein, shall be included in one or more Internal Regulations, proposed and approved by the Executive Board and ratified by the General Assembly. Upon adoption, these regulations shall have the same binding effect on all members as this Bylaws.

**Article 54 –** It is established, as a non-amendable provision, that under no circumstance shall the SBCBM headquarters be relocated from the city of São Paulo.

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**Article 55 –** No member belonging to any Deliberative Body of SBCBM may endorse or certify brands on behalf of SBCBM during their term of office, except with express authorization from the President of SBCBM.

**Article 56 –** In the event of the RESIGNATION of any member of the Executive Board, the position shall be filled by the Vice President.

**Sole Paragraph –** In the event of collective resignation of the Executive Board, the Advisory and Fiscal Council shall assume the administration of SBCBM and call an Extraordinary General Assembly specifically to appoint a new Executive Board.

**Article 57 –** Members of the General Assembly, Executive Board, Advisory and Fiscal Council, Committees, State Chapters, State and/or Regional Delegates, and other members SHALL NOT RECEIVE COMPENSATION of any kind for their activities carried out at SBCBM.

**Article 58 –** ACCOUNTABILITY is governed by the fundamental principles of accounting and the Brazilian Accounting Standards.

**Article 59 –** The FISCAL YEAR coincides with the calendar year, ending on December 31, when the financial statements of SBCBM shall be prepared in accordance with legal provisions.

**Article 60 –** SBCBM has a legal identity distinct from that of its members and, as a PRIVATE NONPROFIT LEGAL ENTITY, complies with the legal provisions applicable to it. ITS MEMBERS SHALL NOT BE LIABLE, even subsidiarily, for the obligations of SBCBM.

**Article 61 –** SBCBM, a nonprofit organization, DOES NOT DISTRIBUTE dividends or any portion of its assets or income as profit or participation in results. It fully allocates its resources to the maintenance of its institutional purposes and applies any

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financial surplus to the development of its social activities.

**Article 62 –** The Internal Regulations shall define the conduct guidelines, the requirements for complaints, and the process for adjudicating disqualification proceedings.

This Bylaws, approved by the Ordinary General Assembly, shall enter into force on the date of its registration with the Registry of Deeds and Documents, in accordance with applicable law.

São Paulo, October 11, 2024.

**I, Raphael Michels Fantinato de Moura, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Raphael Michels Fantinato de Moura. **Date: May 26, 2025.**

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|---|---|---|---|---|---|---|---|---|---|
| R$ 781,59 | R$ 221,76 | R$ 151,59 | R$ 41,14 | R$ 53,69 | R$ 37,69 | R$ 16,58 | R$ 0,00 | R$ 0,00 | R$ 1.304,23 |


Sociedade Brasileira de Cirurgia Bariátrica e Metabólica

# ESTATUTO SBCBM

## Capítulo I – Da Denominação, Sede e Finalidade

**Artigo 1º** – A SOCIEDADE BRASILEIRA DE CIRURGIA BARIÁTRICA E METABÓLICA, doravante denominada SBCBM, Pessoa Jurídica de Direito Privado com sede e foro na Cidade de São Paulo no Estado de São Paulo, constituída por tempo indeterminado, sem fins lucrativos, de caráter científico e educacional, filiada à THE INTERNATIONAL FEDERATION FOR THE SURGERY OF OBESITY AND METABOLIC DISORDERS (IFSO).

**Parágrafo Primeiro** – A SBCBM tem sua sede localizada na Rua Pio XII, 135, Conjunto 165, Ed. Centro Off Paulista, Liberdade, São Paulo/SP, CEP n. 01322-030.

**Parágrafo Segundo** – A observância aos princípios da legalidade, ética, moralidade, publicidade, economicidade e eficiência regerão as ações e os procedimentos adotados pela SBCBM.

**Artigo 2º** – As FINALIDADES da SBCBM são:

**a)** congregar cirurgiões e outros profissionais atuantes nos campos da Cirurgia Bariátrica e Metabólica e da Obesidade e suas Doenças Associadas;

**b)** estimular a investigação e o intercâmbio de informações científicas sobre a cirurgia bariátrica e metabólica e demais áreas relacionadas à obesidade e suas doenças associadas;

**c)** promover o ensino continuado da cirurgia bariátrica e metabólica por meio da organização de congressos, seminários, jornadas, cursos de âmbito regional, estadual, nacional ou internacional, bem como a participação em cursos de graduação e pós-graduação;

**d)** promover o estabelecimento de comissões, comitês e outras organizações com o intuito de alcançar tais finalidades;

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**e)** encorajar e apoiar organizações e entidades que possam melhorar ou contribuir com o cuidado dos pacientes portadores de obesidade, cirúrgicos ou não cirúrgicos;

**f)** representar os interesses profissionais de seus membros perante instituições públicas ou privadas;

**g)** associar-se a outras entidades que possam atuar como aliadas na consecução das finalidades da SBCBM;

**h)** manter estrito intercâmbio com associações, hospitais e entidades que se proponham aos mesmos objetivos, adotando os programas de educação recomendados pela ética médica;

**i)** coligir, organizar e divulgar dados e indicadores que expressem as diversas vertentes da obesidade mórbida e suas doenças associadas, difundindo amplamente a informação científica;

**j)** estabelecer contratos, laços, parcerias e cooperações com organismos, instituições ou pessoas, nacionais ou estrangeiras, que desenvolvam atividades ou detenham experiências, práticas e saberes visando o cumprimento do objetivo da SBCBM;

**k)** desenvolver amplas atividades de divulgação utilizando-se das novas tecnologias, nomeadamente a internet, para divulgação da informação, desde que balizadas pelos preceitos éticos;

**l)** identificar os pontos fracos e omissos do Sistema de Saúde e apresentar ideias para a melhoria dos serviços de atendimento;

**m)**criar grupos técnicos ou de trabalho, bem como parcerias que, em uma abordagem transdisciplinar, concorram para a prossecução dos objetivos, estudo das situações e preparação de respostas;

**n)** a SBCBM poderá adotar um Regimento Interno, que deverá ser aprovado em Assembleia Geral própria a esse fim, e carta constitutiva que disciplinará seu funcionamento.

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## Capítulo II – Dos Seus Membros

**Artigo 3º** – A SBCBM será constituída por MEMBROS, dentro das seguintes categorias:

1 – **MEMBROS TITULARES** – Médicos cirurgiões gerais ou do aparelho digestivo, com comprovada atuação no tratamento cirúrgico de pacientes com obesidade mórbida, demonstrando experiência considerada adequada pela Comissão de Admissão e Qualificação, e no mínimo 2 anos de associação.

**a)** os Membros Titulares poderão votar, terão voz nas Assembleias Gerais e poderão se candidatar a cargos eletivos.

2 – **MEMBROS CIRURGIÕES ASSOCIADOS** – Médicos cirurgiões que ainda não completaram os requisitos básicos para o ingresso na categoria de Membro Titular.

**a)** os Membros Cirurgiões Associados terão voz nas Assembleias Gerais, mas não poderão se candidatar a cargos eletivos e não poderão votar.

3 – **MEMBROS HONORÁRIOS** – Profissionais da área médica que, no desempenho de suas atividades, tenham demonstrado elevado padrão técnico e ético e que, a critério da SBCBM, sirvam de exemplo a seus pares. Poderão ser atribuídos à esta categoria os membros estrangeiros que não atuam no Brasil.

**a)** os Membros Honorários terão voz nas Assembleias Gerais, mas não poderão se candidatar a cargos eletivos, exceto se integrem a categoria de Membro Titular da SBCBM, e não poderão votar.

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**4 – MEMBROS BENEMÉRITOS –** Aqueles que de alguma forma colaboraram para o engrandecimento da Cirurgia Bariátrica e Metabólica. Poderão ser atribuídos à esta categoria os membros estrangeiros que não atuam no Brasil.

**a)** os Membros Beneméritos terão voz nas Assembleias Gerais, mas não poderão se candidatar a cargos eletivos, exceto se integrarem a categoria de Membro Titular da SBCBM, e não poderão votar.

**5 – MEMBROS AFILIADOS ESTRANGEIROS** – A SBCBM admitirá Membros Estrangeiros. Estes poderão pertencer aos quadros da SBCBM como Membros COESAS ou Médicos.

a) Deverão ser associados às suas Sociedades de origem ou a IFSO, e para manter seus direitos deverão estar quites com suas obrigações estatutárias.

b) Deverão manter as obrigações financeiras da SBCBM , em dia, para terem os mesmos acessos dos membros brasileiros.

c) os Membros Estrangeiros não terão voz nas Assembleias Gerais, não poderão se candidatar a cargos eletivos e não poderão votar.

**6- MEMBROS EMÉRITOS** – Associados a partir de 70 anos de idade, estando nesse posto há no mínimo dez anos, ser membro titular há no mínimo cinco anos e estar em dia com as anuidades no ano que completar 70 anos.

**b)** os Membros Eméritos terão voz nas Assembleias Gerais e poderão votar, mas não poderão se candidatar a cargos eletivos, exceto se integrarem a categoria de Membro Titular da SBCBM;

**c)** os Membros Eméritos não arcarão com os pagamentos da anuidade de Membro da SBCBM e das inscrições dos Congressos Nacionais de Cirurgia Bariátrica e Metabólica

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realizados pela SBCBM, bem como eventos regionais oficias da SBCBM;

d) quando o Membro se tornar um Membro Emérito, este receberá um Título e uma medalha de reconhecimento.

**7 – MEMBROS COESAS** – Membros de especialidades associadas ao escopo da Sociedade Brasileira de Cirurgia Bariátrica e Metabólica (SBCBM).

a. os profissionais da Comissão das Especialidades Associadas (Coesas) que se associarem à Sociedade Brasileira de Cirurgia Bariàtrica e Metabólica (SBCBM) serão denominados COESAS.

**8 – MEMBROS ACADÊMICOS -** Aqueles que estejam cursando Graduação de Medicina em instituição reconhecida pelo MEC.

I - Os membros Acadêmicos não terão voz nas Assembleias Gerais, não poderão se candidatar a cargos eletivos e não poderão votar.

**9 – MEMBROS MÉDICOS RESIDENTE** – Aqueles que tenham concluído graduação de medicina e estejam matriculados em Programa de Residência Médica reconhecida pelo MEC.

I - Os membros Residentes não terão voz nas Assembleias Gerais, não poderão se candidatar a cargos eletivos e não poderão votar.

## Capítulo III – Da Admissão, Transição de Categoria, Demissão e Exclusão dos Membros

**Artigo 4º** – A ADMISSÃO na SBCBM somente será feita após preenchimento de proposta padrão, submetida á Comissão de Admissão, Sindicância e Qualificação, observando-se o Regimento Interno e os seguintes critérios:

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**Parágrafo 1º** – Critérios para a obtenção de titularidade: os membros associados deverão preencher os pré-requisitos obrigatórios de inclusão que são condições "*sine qua non*" para ascensão; quando for o caso, preencher também os critérios curriculares que somarão pontos para a obtenção da titularidade, assim como para a manutenção desta:

**a)** para ser admitido como titular, a soma mínima a ser obtida é de 15 pontos;

**b)** não há limites de pontos nas categorias abaixo mencionadas, de forma que o Membro computará todas as suas atividades científicas oficiais dos últimos cinco anos.

**1. Pré-requisitos obrigatórios de inclusão:**

**a)** ser membro cirurgião associado por no mínimo dois anos;

**b)** comprovar no mínimo 75 cirurgias bariátricas realizadas nos últimos cinco anos, na qualidade de Cirurgião Principal, por meio de documento assinado pelo diretor do hospital, e fornecer o certificado de aprovação prova da área de atuação em Cirurgia Bariátrica.

**c)** apresentar duas cartas de apresentação assinadas por Membros Titulares de seu estado (caso existam menos de cinco titulares no estado, poderá ser carta de representação da Diretoria Executiva);

**d)** estar em dia com o pagamento de sua anuidade na SBCBM.

**e)** A aprovação da documentação estará a cargo da avaliação e aprovação da Comissão de sindicância.

**2. Os pré-requisitos facultativos são:**

**2.1 - Critérios curriculares para transição de categoria de quatro pontos**

**a)** possuir título de especialista em cirurgia geral ou digestiva, outorgado pelo CBC e/ou CBCD;

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**b)** ser ou ter sido professor de curso de medicina (graduação ou pós- graduação), com vínculo funcional universitário;

**c)** possuir o título de Professor Titular ou Professor Livre Docente na área médica;

**d)** ser autor de trabalho científico premiado nos congressos da SBCBM, ASMBS ou IFSO nos últimos cinco anos;

**e)** ser autor ou coautor de livro de Cirurgia Bariátrica publicado;

**f)** possuir mestrado com dissertação defendida em Cirurgia Bariátrica e Metabólica;

**g)** possuir doutorado com tese defendida em Cirurgia Bariátrica e Metabólica.

**h)** Possuir residência em cirurgia bariátrica;

**i)** Possuir a Certificação em Cirurgia Bariátrica e Metabólica da SBCBM.

## 2.2 - Critérios curriculares para transição de categoria de três pontos

**a)** ser Membro Titular do CBC, CBCD ou SOBRACIL;

**b)** ter apresentado trabalho em Sessão Plenária da SBCBM, IFSO ou ASMBS nos últimos cinco anos (apenas um por congresso);

**c)** ser autor de capítulo de livro sobre cirurgia bariátrica publicado;

**d)** ser autor principal de artigo científico em cirurgia bariátrica e/ou metabólica publicado em revista indexada (vale por artigo);

**e)** ter realizado 50 cirurgias bariátricas nos últimos 12 meses.

## 2.3 - Critérios curriculares para transição de categoria de dois pontos

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**a)** ter apresentado pôster nos congressos da SBCBM, ASMBS ou IFSO nos últimos cinco anos (apenas um por congresso);

**b)** ter apresentado trabalho científico em sessão de temas livres da SBCBM nos últimos cinco anos (apenas um por congresso);

**c)** ser Membro da SBCBM há mais de cinco anos.

**2.4 - Critérios curriculares para transição de categoria de um ponto**

**a)** ter participado como congressista em congressos da SBCBM, ASMBS ou IFSO nos últimos cinco anos;

**b)** ser palestrante de congresso do CBC, CBCD, SOBRACIL, ABESO, SBEM ou Simpósios e Cursos de Cirurgia Bariátrica referendados pela SBCBM nos últimos cinco anos, em temas de Cirurgia Bariátrica e/ou Metabólica (apenas um por congresso, curso ou simpósio).

**I –** É facultado à Comissão de Admissão, Sindicância e Qualificação solicitar reenvio de documentação caso essa não seja precisa ou não atenda à finalidade que se destina.

**II –** Caso não sejam anexadas as cartas de apresentação ou indicação de dois Membros Titulares da SBCBM, o candidato será submetido à reunião pessoal com a Comissão de Admissão, Sindicância e Qualificação.

**III –** Caso o candidato tenha cumprido todos os requisitos do presente artigo, e sido admitido pela Comissão de Admissão, Sindicância e Qualificação, após comprovar o pagamento da anuidade receberá o Título de Membro Titular. O referido título será conferido em Cerimônia de Diplomação a ser realizada em Congressos da SBCBM.

**Parágrafo 2º –** A admissão de Membro Cirurgião Associado deverá ser procedida da seguinte maneira:

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**a)** preenchimento da proposta padrão,

**b)** pagamento da anuidade vigente proporcional ao trimeste de ingresso;

**c)** apresentação de declaração de regularidade emitida pelo Conselho Regional de Medicina dentro da validade e emitida há no máximo 6 meses da data de ingresso;

**d)** anexação de duas cartas de apresentação ou indicação, escritas e assinadas por dois Membros Titulares da SBCBM;

**e)** apresentação de currículo completo e atualizado;

**I –** O Membro Cirurgião Associado poderá requerer sua mudança de categoria junto à Comissão de Admissão, Sindicância e Qualificação a qualquer tempo, desde que sejam cumpridas todas as exigências referidas no Parágrafo 1º do presente artigo.

**II –** Caso haja indeferimento, caberá recurso ao Conselho Consultivo e Fiscal em única instância.

**Parágrafo 3º** – Será conferido pela Diretoria Executiva ou Conselho Consultivo e Fiscal o título de MEMBRO HONORÁRIO àqueles profissionais da área médica que, no desempenho de suas atividades, tenham demonstrado elevado padrão técnico e ético e que, a critério da SBCBM, sirvam de exemplo a seus pares.

**a)** a atribuição do referido título será entregue na ocasião da Assembleia Geral Ordinária ou Extraordinária. É facultado a qualquer membro a indicação dos referidos profissionais, mediante encaminhamento à Diretoria Executiva de documento no qual constem os motivos para atribuição do título.

**Parágrafo 4º** – Será conferido o título de MEMBRO BENEMÉRITO àqueles que de alguma forma colaborarem para o engrandecimento da Cirurgia Bariátrica e Metabólica.

**a)** a atribuição do referido título será proposta por qualquer membro titular e aprovada pela Diretoria Executiva;

**Parágrafo 5º** – A admissão de MEMBROS COESAS deverá ser

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procedida da seguinte maneira:

**a)** preenchimento da proposta padrão;

**b)** pagamento da anuidade vigente proporcional ao trimeste de ingresso;

**c)** apresentação de declaração de regularidade emitida pelo respectivo Conselho de Classe dentro da validade e emitida há no máximo 6 meses da data de ingresso;

**d)** apresentação de currículo completo e atualizado.

**I** – Devido à pluralidade de profissionais que poderão ser Membros COESAS da SBCBM, os critérios de avaliação poderão ser complementados por solicitações realizadas pela Comissão de Admissão, Sindicância e Qualificação, o que deverá ser cumprido na íntegra.

**II** – Caso haja indeferimento, caberá recurso ao Conselho Consultivo e Fiscal em única instância.

**Parágrafo 6º**- Os requisitos para o ingresso na SBCBM como Membro Acadêmico, são:

**a)** Declaração de matrícula em Curso de Medicina em Instituição de Ensino reconhecida pelo MEC, contendo data de início e data prevista para o término do curso.

**b)** Preenchimento de ficha de inscrição.

**c)** Procedimento de Aprovação:

- A documentação e a ficha de inscrição serão avaliadas pela SBCBM e o resultado comunicado ao pretendente em até 15 dias contados do pedido de inscrição.

- Caso o pedido de ingresso não seja aprovado, a Comissão de Admissão, Sindicância e Qualificação indicará ao solicitante os motivos e atribuirá o prazo de 15 dias para que sejam sanados.

- Na hipótese do solicitante não atender as indicações

Página
000052/000102

Registro Nº
86.173
08/11/2024

Protocolo nº 118.813 de 18/10/2024 às 15:40:17h: Documento registrado eletronicamente para fins de publicidade e/ou eficácia contra terceiros sob nº 86.173 em 08/11/2024 e averbado no registro nº 22.009 de 23/08/1999 neste 8º Oficial de Registro Civil de Pessoas Jurídicas da Comarca de São Paulo. Assinado digitalmente por Vilson Borges Souza - Escrevente.

| Oficial | Estado | Secretaria Fazenda | Reg. Civil | T. Justiça | M. Público | ISS | Condução | Despesa | Total |
|---|---|---|---|---|---|---|---|---|---|
| R$ 781,59 | R$ 221,76 | R$ 151,99 | R$ 41,14 | R$ 53,69 | R$ 37,69 | R$ 16,36 | R$ 0,00 | R$ 0,00 | R$ 1.304,23 |

Sociedade Brasileira de Cirurgia Bariátrica e Metabólica

desenvolvido. O relatório deverá conter os devidos indicadores por projetos.

**Artigo 52º** - O processo de gestão das contratações e parcerias realizadas pela SBCBM deverão seguir o seguinte procedimento interno:

**a.** Negociação;
**b.** Assinatura Contratual – De acordo com cada alçada.
**c.** Execução dos serviços;
**d.** Lançamento no sistema de gestão;
**e.** Financeiro – pré-aprovação e pagamento;
**f.** Conciliação e Contabilização;
**g.** Inclusão nos relatórios com os respectivos indicadores.
**h.** Análise

## Capítulo XI – Das Disposições Gerais

**Artigo 53º** – O REGIMENTO INTERNO da SBCBM regulará a administração e o funcionamento de seus diferentes setores, das diferentes funções diretivas e estatutárias, definirá as atribuições de seus membros e poderá, se necessário, ser revisto pela Diretoria Executiva e pelo Conselho Consultivo e Fiscal, sob aprovação da Assembleia Geral, a cada nova gestão.

**Parágrafo único** – Tudo o que não estiver expressamente previsto neste Estatuto, bem como o que não seja objeto de expressa remissão, deverá constar de um ou mais Regimentos Internos, propostos e aprovados pela Diretoria Executiva e ratificados pela Assembleia Geral, tendo imediatamente após a sua adoção, para todos os membros, a mesma força obrigatória em virtude do presente Estatuto.

**Artigo 54º** – Fica estabelecido, como disposição pétrea, a impossibilidade, sob qualquer pretexto, da mudança da sede da SBCBM da cidade de São Paulo.

Página
000053/000102

Registro Nº
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08/11/2024

Protocolo nº 118.813 de 18/10/2024 às 15:40:17h: Documento registrado eletronicamente para fins de publicidade e/ou eficácia contra terceiros sob nº 86.173 em 08/11/2024 e averbado no registro nº 22.009 de 23/08/1999 neste 8º Oficial de Registro Civil de Pessoas Jurídicas da Comarca de São Paulo. Assinado digitalmente por Vilson Borges Souza - Escrevente.

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Sociedade Brasileira de Cirurgia Bariátrica e Metabólica

**Artigo 55º –** Nenhum Membro pertencente a qualquer Órgão Deliberativo da SBCBM, durante o exercício do mandato, poderá endossar ou chancelar marcas em nome da SBCBM, salvo mediante autorização expressa do Presidente da SBCBM.

**Artigo 56º** – Em caso de RENÚNCIA de qualquer membro da Diretoria Executiva, o cargo será preenchido pelo vice-presidente.

**Parágrafo único** – Ocorrendo renúncia coletiva da Diretoria Executiva, o Conselho Consultivo e Fiscal assumirá a administração da SBCBM, convocando Assembleia Geral Extraordinária, especialmente para constituição de nova Diretoria Executiva.

**Artigo 57º** – Os membros da Assembleia Geral, Diretoria Executiva, Conselho Consultivo e Fiscal, Comissões, Capítulos Estaduais, Delegados Estaduais e/ou Regionais e demais membros NÃO RECEBERÃO REMUNERAÇÃO de qualquer espécie ou natureza pelas suas atividades exercidas na SBCBM.

**Artigo 58º** – A PRESTAÇÃO DE CONTAS é regida pelos princípios fundamentais de contabilidade e das Normas Brasileiras de Contabilidade.

**Artigo 59º** – O EXERCÍCIO SOCIAL coincide com o ano civil, terminando em 31 de dezembro, quando serão elaboradas as demonstrações financeiras da SBCBM em conformidade com as disposições legais.

**Artigo 60º –** A SBCBM tem por finalidade jurídica distinta da dos membros que a compõem e, como PESSOA JURÍDICA DE DIREITO PRIVADO SEM FINS ECONÔMICOS, preenche as disposições legais a ela inerentes. Os SEUS MEMBROS NÃO RESPONDEM, nem subsidiariamente, pelas obrigações da SBCBM.

**Artigo 61º** – A SBCBM, entidade sem fins econômicos, NÃO DISTRIBUI dividendos nem qualquer parcela de seu patrimônio ou de suas rendas a título de lucro ou participação de seu resultado, aplicando inteiramente seus recursos na manutenção de suas finalidades institucionais e empregando o resultado positivo, eventualmente verificado em seus exercícios

Página
000054/000102

Registro Nº
86.173
08/11/2024

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| Oficial | Estado | Secretaria Fazenda | Reg. Civil | T. Justiça | M. Público | ISS | Condução | Despesas | Total |
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| R$ 781,59 | R$ 221,76 | R$ 151,99 | R$ 41,14 | R$ 53,69 | R$ 37,68 | R$ 16,30 | R$ 0,00 | R$ 0,00 | R$ 1.304,23 |

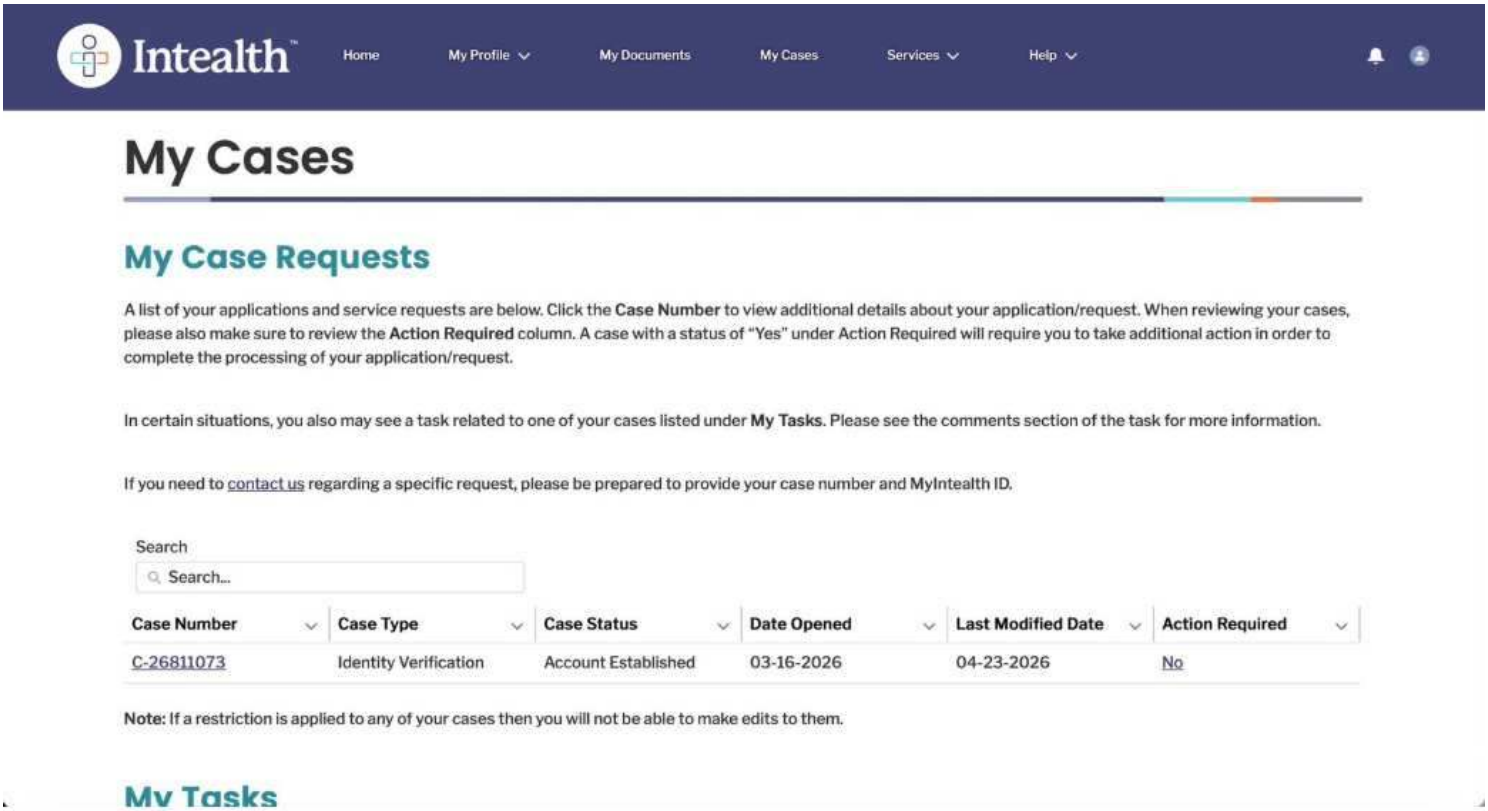
Sociedade Brasileira de Cirurgia Bariátrica e Metabólica

financeiros, no desenvolvimento de suas atividades sociais.

**Artigo 62º** - Ao Regimento Interno caberá especificar as condutas, os requisitos das denúncias e o processo de julgamento do processo de impedimento.

O presente Estatuto, aprovado Assembleia Geral Ordinária, passará a vigorar na data de seu registro no Cartório de Títulos e Documentos, conforme disposição de lei.

São Paulo, 11 de outubro de 2024.


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YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fwd: Invitation to Speak at the Euro-Global Infectious Diseases Conference 2026

1 mensagem

**Yglésio Luciano** <yglesio@yahoo.com> 19 de dezembro de 2025 às 13:39
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Enviado do meu iPad

Início da mensagem encaminhada:

**De:** 0412 Euro Infectious Diseases <infectiousdiseases@pulsusconferencs.com>
**Data:** 4 de dezembro de 2025 às 14:58:07 BRT
**Para:** Yglesio Moyses de Souza <yglesio@yahoo.com>
**Assunto: Invitation to Speak at the Euro-Global Infectious Diseases Conference 2026**
**Responder A:** infectiousdiseases@pulsusconferencs.com

Dear Dr. Yglesio Moyses de Souza,

I hope this message finds you well.

It is with great pleasure and enthusiasm that we invite you to join us as a distinguished speaker at the **18th Euro-Global Conference on Infectious Diseases**, scheduled to take place on **April 16–17, 2026,** in **London, UK.**

This year's conference, themed *"Global Strategies and Innovations to Combat Infectious Threats",* will convene leading researchers, clinicians, public health experts, industry specialists, and policy leaders to discuss the latest advances, challenges, and breakthroughs in infectious disease research and management.

**Key Topics for the Conference Include:**

1. Emerging and re-emerging infectious diseases
2. Antimicrobial resistance & novel therapeutic strategies
3. Vaccines, immunology, and viral pathogenesis
4. Global health preparedness & pandemic response
5. Diagnostics, surveillance, and outbreak analytics
6. One Health approaches to infectious disease control
7. Hospital-acquired infections and infection prevention
8. Innovations in microbial genomics and epidemiology

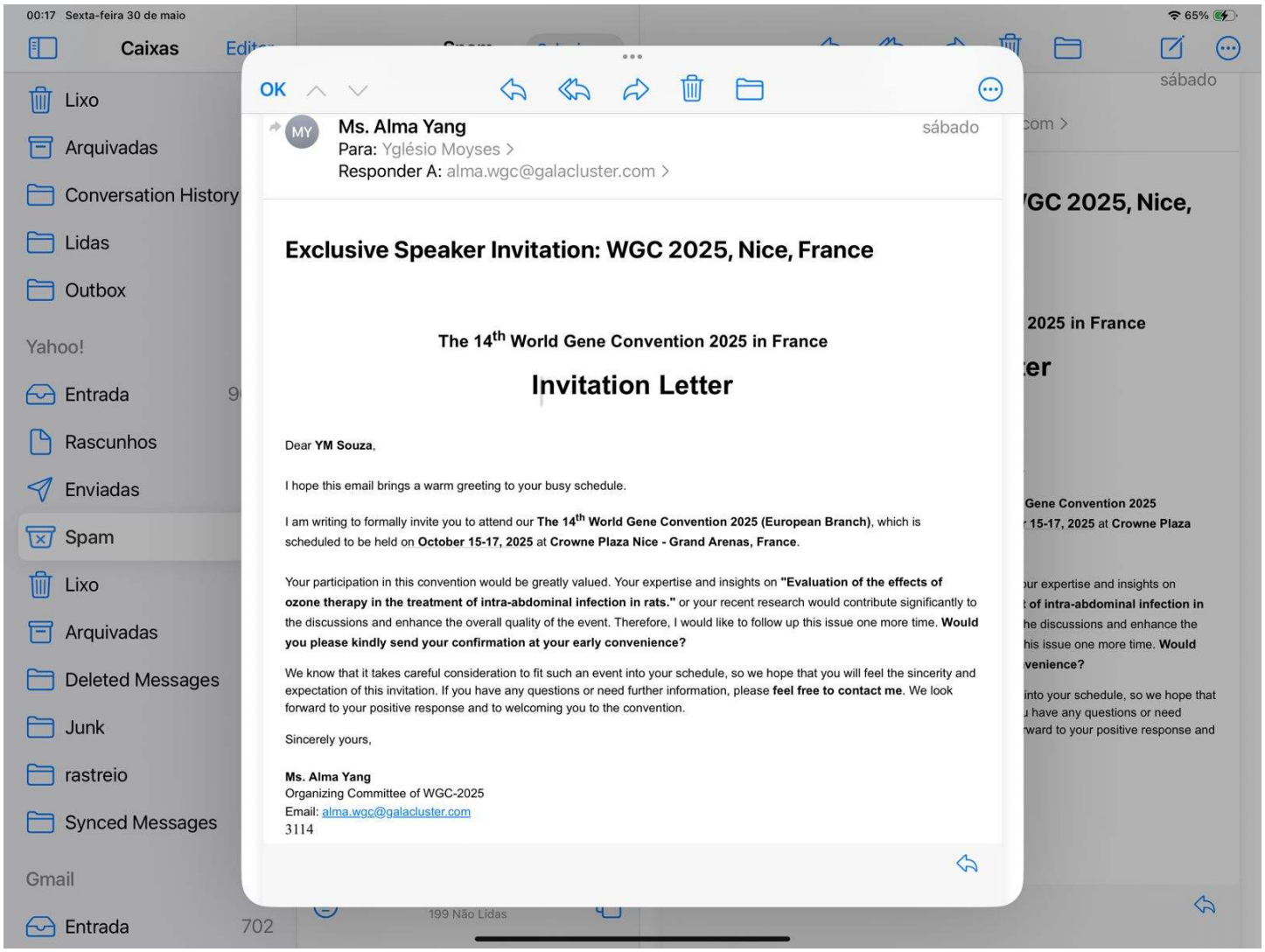
For more details on session tracks, abstract submission, and registration, please visit our official website: https://europe.infectiousconferences.com/

We would be honoured to have you contribute to this prestigious global forum, and we sincerely hope you will accept our invitation to speak. Kindly share your availability at your earliest convenience.

Thank you for considering this opportunity. We look forward to the possibility of welcoming you to London in 2026.

Warm regards,
Jessica Davis | Program Manager
Euro Infectious Diseases 2026
WhatsApp: +44 330 818 7501

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Ms. Alma Yang
sábado
Para: Yglésio Moyses >
Responder A: alma.wgc@galacluster.com >
Exclusive Speaker Invitation: WGC 2025, Nice, France
The 14th World Gene Convention 2025 in France
Invitation Letter
Dear YM Souza,
I hope this email brings a warm greeting to your busy schedule.
I am writing to formally invite you to attend our The 14th World Gene Convention 2025 (European Branch), which is scheduled to be held on October 15-17, 2025 at Crowne Plaza Nice - Grand Arenas, France.
Your participation in this convention would be greatly valued. Your expertise and insights on "Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats." or your recent research would contribute significantly to the discussions and enhance the overall quality of the event. Therefore, I would like to follow up this issue one more time. Would you please kindly send your confirmation at your early convenience?
We know that it takes careful consideration to fit such an event into your schedule, so we hope that you will feel the sincerity and expectation of this invitation. If you have any questions or need further information, please feel free to contact me. We look forward to your positive response and to welcoming you to the convention.
Sincerely yours,
Ms. Alma Yang
Organizing Committee of WGC-2025
Email: alma.wgc@galacluster.com
3114

YOUSA Law Firm

Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

# Fwd: Dear Dr. Yglesio Moyses de Souza, Welcome to our journal Upcoming Issue submission:- Annals of Clinical Case Studies (ISSN 2688-1241)

**Yglésio Luciano** <yglesio@yahoo.com> 5 de janeiro de 2026 às 13:01
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Enviado do meu iPhone

Início da mensagem encaminhada:

**De:** Annals of Clinical Case Studies <editor@medreportsakijrnl1.com>
**Data:** 5 de janeiro de 2026 às 11:17:27 BRT
**Para:** yglesio@yahoo.com
**Assunto: Dear Dr. Yglesio Moyses de Souza, Welcome to our journal Upcoming Issue submission:- Annals of Clinical Case Studies (ISSN 2688-1241)**
**Responder A:** Annals of Clinical Case Studies <quinnelisaa@medtextopenj.info>

**Dear Dr. Yglesio Moyses de Souza,**

Greetings from the "**Annals of Clinical Case Studies"!**
We are pleased to inform you that we are currently preparing the upcoming issue **(Volume 08, Issue 01)** of our journal, scheduled for release in 2026. We cordially invite you to submit your valuable manuscript for consideration in this issue.
We charge a nominal publication fee to cover DOI assignment, digitization, and processing costs. The fees are as follows:

- **Full-length manuscripts and Short-length manuscripts** (e.g., case reports, case series, mini reviews, and review articles, editorials, opinions, letters to the editor, and image articles): **$345 USD**

We kindly request you to submit your manuscript by **January 30, 2026**, to be considered for timely inclusion in this issue. Manuscripts may be submitted either by replying directly to this email with your attachment or by sending them to **submissions@medtextpublications.com**
We also welcome submissions from your colleagues, students, and collaborators who may be interested in contributing to this issue.
We look forward to your positive response and contribution.

**With warm regards,**
Quinn Elisaa
Editorial Manager
6355 N Clairmont Avenue
Chicago, IL 60659, USA

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YOUSA Law Firm

**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fw: Reproductive Medicine | Commentary

1 mensagem

**yglesio@yahoo.com** <yglesio@yahoo.com> 19 de dezembro de 2025 às 13:59
Para: nilzo.farias@yousalaw.com

----- Mensagem encaminhada -----
**De:** Reproductive Medicine Journal <reproductivemed@journalarchives.org>
**Para:** Souza Yglesio Moyses De <yglesio@yahoo.com>
**Enviado:** sexta-feira, 9 de maio de 2025 às 19:33:03 GMT-3
**Assunto:** Reproductive Medicine **|** Commentary

## Journal of Clinical and Experimental Reproductive Medicine

**Dear Dr. Souza Yglesio Moyses De,**

I hope this message finds you well. My name is Ben Thomas, and I am the Managing Editor at **Journal of Clinical and Experimental Reproductive Medicine.** We are excited to extend an invitation to you to contribute a commentary on article entitled " **Evaluation of the effects of ozone therapy in the treatment of intra-abdominal infection in rats** " to our upcoming issue focused on advances and perspectives in Reproductive Medicine

**Basic Guidelines:**

- **Topic:** It can be an extension of the published article, where you can further discuss any recent updates in this research or analyse the issues addressed in the focal article.
- **Length:** The page limit is not precise but still we expect a 4-7-page commentary (Max. 2500 words) with or without figures and the reference limit is 50-70.
- You have the freedom to restate the issues discussed but do not summarize the focal article exactly in the same way/Title of the commentary should not be the same as the focal article.
- **Submission Guidelines:** Authors may submit their Manuscript using our **Online Portal** or as an attachment to this email.
- **Deadline:** The deadline for submission of manuscript is June 25, 2025. If you need more time, please contact the editorial team

**Note:** We are also considering original research, reviews, case studies, commentaries, letters to the editor, and editorials for publication.

**Trending Articles**

- **Improving data harmonization in pregnancy safety studies: Demonstrating the feasibility of standardized data analysis of pregnancy reports–A contribution from the conception project. J Clin Exp Reprod Med. 2025;2(1):6-12.**
- **Undiagnosed retained placenta nineteen months post-partum presenting with massive hemorrhage- A case report. J Clin Exp Reprod Med. 2025;2(1):1-5.**

We look forward to the possibility of including your valuable contribution in our issue. Thank you for considering this invitation, and we hope to hear from you soon.

Best regards,
Ben Thomas,
Managing Editor,
Journal of Clinical and Experimental Reproductive Medicine
ProBiologists
63-66 Hatton Garden,
London, England, EC1N 8LE

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**Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>**

# Fwd: Are you willing to review IJMS-D-25-02518?

1 mensagem

**Yglésio Luciano** <yglesio@yahoo.com> 19 de dezembro de 2025 às 13:35
Para: Nilzo Gustavo Farias <nilzo.farias@yousalaw.com>

Enviado do meu iPad

Início da mensagem encaminhada:

**De:** "Irish Journal of Medical Science (IJMS)" <em@editorialmanager.com>
**Data:** 11 de novembro de 2025 às 03:28:53 BRT
**Para:** Yglesio Moyses de Souza <yglesio@yahoo.com>
**Assunto: Are you willing to review IJMS-D-25-02518?**
**Responder A:** "Irish Journal of Medical Science (IJMS)" <khazana.nazira@springer.com>

Dear Dr. de Souza,

As you will recall, we recently contacted you asking to review the following manuscript for Irish Journal of Medical Science (1971 -).

Manuscript Number: IJMS-D-25-02518

Title: The Burden of Care in Hip and Knee Prosthetic Joint Infections (PJI) in a Regional Unit.

Unfortunately, we have not yet received your reply. Would you please be so kind as to let us know if you will be able to review this manuscript by clicking one of the two links:

To accept the invitation, please click on this link:

https://www.editorialmanager.com/ijms/l.asp?i=366409&l=ICF2RXP7

To decline the invitation, please click on this link:

https://www.editorialmanager.com/ijms/l.asp?i=366410&l=SR7HCUYK

Alternatively you can log onto the journal website.

Your username is: Yde Souza-283

If you forgot your password, you can click the 'Send Login Details' link on the EM Login page at https://www.editorialmanager.com/IJMS/

and either choose accept or decline.

Please note that if we do not receive your response within the next 2 days, you will be automatically un-invited.

We appreciate your assistance and look forward to hearing from you.

Thank you very much.

With kind regards,
Springer Journals Editorial Office
Irish Journal of Medical Science (1971 -)

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**LEGISLATIVE DECREE No. 051/2017**
**AUTHOR: COUNCILMAN MARCELO POETA**

Grants the **"SIMÃO ESTÁCIO DA SILVEIRA" Medal** to **Mr. YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA,** and provides other provisions.

The **PRESIDENT OF THE CITY COUNCIL OF SÃO LUÍS**, Capital of the State of Maranhão.

Let it **be known that the City Council has approved, and I,** as President, **hereby promulgate** the following Legislative Decree:

**Art. 1** The "SIMÃO ESTÁCIO DA SILVEIRA" Medal is hereby granted by this Legislative House to **Mr. YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA.**

**Art. 2** The award of the aforementioned honor shall take place during a solemn session on a date to be determined by this August House.

**Art. 3** This Legislative Decree shall enter into force on the date of its publication.

**PLENARY HALL "SIMÃO ESTÁCIO DA SILVEIRA" OF THE "PEDRO NEIVA DE SANTANA" PALACE**, in São Luís (MA), October 2, 2017.

**-----//signature//------**

**GENERVAL MARTINIANO MOREIRA LEITE – ASTRO DE OGUM**
**PRESIDENT**




# BULLETIN

CITY HALL OF SÃO LUÍS
Municipal Secretariat of Administration – SEMAD
Official Press of the Municipality – Law No. 2.483/80

**Edivaldo de Holanda Braga Júnior**
Mayor of São Luís

**Pablo Zarthur Caffe da Cunha Rebouças**
Secretary of Government

**Mittyz Fabiola Carneiro Rodrigues**

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Av. Ribamar Pinheiro, 173 – Madre Deus – Phone: 3212-3698

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 21, 2025.**

**DECRETO LEGISLATIVO Nº 051/2017.**
**AUTOR: VEREADOR MARCELO POETA.**

Concede **Medalha "SIMÃO ESTÁCIO DA SILVEIRA"** ao **Sr. YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA,** *e dá outras providencias.*

O **PRESIDENTE DA CÂMARA MUNICIPAL DE SÃO LUÍS**, Capital do Estado Maranhão.

Faz **saber que a Câmara Municipal aprovou e eu**, Presidente, **promulgo o seguinte** Decreto Legislativo:

**Art. 1º** Fica concedido por esta Casa Legislativa, medalha "SIMÃO ESTÁCIO DA SILVEIRA" ao **Sr. YGLÉSIO LUCIANO MOYSES SILVA DE SOUZA.**

**Art. 2º** A entrega da referida comenda ocorrerá durante sessão solene em data a ser estabelecida por esta Augusta Casa.

**Art. 3º** Este Decreto Legislativo entra em vigor na data de sua publicação.

**PLENÁRIO "SIMÃO ESTÁCIO DA SILVEIRA" DO PALÁCIO "PEDRO NEIVA DE SANTANA",** em São Luís (MA), 02 de outubro de 2017.

**GENERVAL MARTINIANO MOREIRA LEITE-ASTRO DE OGUM**
**PRESIDENTE**

**DECRETO LEGISLATIVO Nº 052/2017.**
**AUTOR: VEREADORA CONCITA PINTO.**

Concede **Medalha "SIMÃO ESTÁCIO DA SILVEIRA"** ao **Sr. ANTONIO CARLOS DA CRUZ CALVET,** *e dá outras providencias.*

O **PRESIDENTE DA CÂMARA MUNICIPAL DE SÃO LUÍS**, Capital do Estado Maranhão.

Faz **saber que a Câmara Municipal aprovou e eu**, Presidente, **promulgo o seguinte** Decreto Legislativo:

**Art. 1º** Fica concedido por esta Casa Legislativa, medalha "SIMÃO ESTÁCIO DA SILVEIRA" ao **Sr. ANTONIO CARLOS DA CRUZ CALVET.**

**Art. 2º** A entrega da referida comenda ocorrerá durante sessão solene em data a ser estabelecida por esta Augusta Casa.

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**PLENÁRIO "SIMÃO ESTÁCIO DA SILVEIRA" DO PALÁCIO "PEDRO NEIVA DE SANTANA",** em São Luís (MA), 02 de outubro de 2017.

**GENERVAL MARTINIANO MOREIRA LEITE-ASTRO DE OGUM**
**PRESIDENTE**

**DECRETO LEGISLATIVO Nº 054/2017.**
**AUTOR: VEREADOR EDSON GAGUINHO.**

Concede **Medalha "SIMÃO ESTÁCIO DA SILVEIRA"** ao **Sr. RAWLINSON JOSÉ PACHECO FIGUEREDO,** *e dá outras providencias.*

O **PRESIDENTE DA CÂMARA MUNICIPAL DE SÃO LUÍS**, Capital do Estado Maranhão.

Faz **saber que a Câmara Municipal aprovou e eu**, Presidente, **promulgo o seguinte** Decreto Legislativo:

**Art. 1º** Fica concedido por esta Casa Legislativa, medalha "SIMÃO ESTÁCIO DA SILVEIRA" ao **Sr. RAWLINSON JOSÉ PACHECO FIGUEREDO.**

**Art. 2º** A entrega da referida comenda ocorrerá durante sessão solene em data a ser estabelecida por esta Augusta Casa.

**Art. 3º** Este Decreto Legislativo entra em vigor na data de sua publicação.

**PLENÁRIO "SIMÃO ESTÁCIO DA SILVEIRA" DO PALÁCIO "PEDRO NEIVA DE SANTANA",** em São Luís (MA), 02 de outubro de 2017.

**GENERVAL MARTINIANO MOREIRA LEITE-ASTRO DE OGUM**
**PRESIDENTE**

## REQUERIMENTO DE LICENÇA DE OPERAÇÃO

A SECRETARIA DE ESTADO DA MULHER DO MARANHÃO – CNPJ 08.593.430.001/76, torna público que requereu à Secretaria Municipal de Meio Ambiente – SEMMAM a Licença de Operação para funcionamento da Casa da Mulher Brasileira de São Luís, localizada Av. Prof. Carlos Cunha, 572, São Luís – MA, conforme processo SEMMAM nº 58924/2017


## EXPEDIENTE

PREFEITURA DE SÃO LUÍS
Secretaria Municipal de Administração - SEMAD
Imprensa Oficial do Município - Lei Nº 2.483/80

**Edivaldo de Holanda Braga Júnior**
Prefeito de São Luís

**Pablo Zarthur Caffe da Cunha Rebouças**
Secretário de Governo

**Mittyz Fabíola Carneiro Rodrigues**

**PUBLICAÇÕES: TABELA DE PREÇOS**

Valor em coluna de 1 cm X 9 cm

| | |
|---|---|
| Terceiros | R$ 34,70 |
| Executivo | R$ 34,70 |
| Legislativo | R$ 34,70 |
| **Assinatura Semestral** | |
| Balcão | R$ 190,00 |
| Via Postal | R$ 260,62 |
| Exemplar do dia | R$ 3,15 |

Av. Ribamar Pinheiro, 173 - Madre Deus - Fone: 3212-3698

STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
**ESTABLISHED ON FEBRUARY 16, 1835**
LEGISLATIVE DIRECTORATE

# DECLARATION

I hereby DECLARE, for all due purposes, that the Honorable Deputy Dr. Yglésio Moisés submitted, during the years 2019, 2020, 2021, 2022, 2023, 2024, and 2025, within the scope of the Legislative Assembly of the State of Maranhão, the following legislative proposals that were enacted into law, as described below:

**LEGISLATIVE PROPOSALS INITIATED BY**
**DEPUTY Dr. YGLÉSIO**
**YEAR 2019**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **Bill No. 095/2019** | Establishes the requirement for emergency buttons on public buses and provides other provisions. | Published in the Official Gazette No. 194, 10/10/2019 **Law No. 11.125, dated October 9, 2019** |
| **Bill No. 250/2019** | Establishes state guidelines for the implementation, by a multidisciplinary team, of palliative care for patients with life-threatening illnesses, ensuring comprehensive healthcare for these individuals and their families. | Published in the Official Gazette No. 191, 10/07/2019 **Law No. 11.123, dated October 7, 2019** |
| **Bill No. 318/2019** | Amends and adds provisions to Law No. 10.813 of March 20, 2018, which sets out state guidelines for encouraging, supporting, and promoting the local development of startups; renumbers the articles and provides other provisions. | Published in the Official Gazette No. 190, 10/04/2019 **Law No. 11.119, dated October 3, 2019** |
| **Bill No. 375/2019** | Establishes state guidelines for informational and palliative actions regarding fibromyalgia, and provides other provisions. | Published in the Official Gazette No. 226, 11/27/2019 **Law No. 11.177, dated November 26, 2019** |
| **Bill No. 382/2019** | Provides for the promotion of healthy eating and mandates the exclusion of ultra-processed and sugary foods in public and private schools within the State of Maranhão. | Published in the Official Gazette No. 242, 12/19/2019 **Law No. 11.196, dated December 19, 2019** |

STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
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LEGISLATIVE DIRECTORATE

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|---|---|---|
| **Bill No. 383/2019** | Amends State Law No. 11.056 of 2019 by establishing priority service for diabetic patients in laboratories throughout the State of Maranhão. | Published in Official Gazette No. 048, 03/12/2020 **Law No. 11.219, dated March 12, 2020** |
| **Bill No. 384/2019** | Waives the requirement for stamps on prescriptions, medical reports, and certificates for the purchase of medications within the State of Maranhão, and provides other provisions. | Published in Official Gazette No. 061, 03/31/2020 **Law No. 11.248, dated March 31, 2020** |
| **Bill No. 421/2019** | Grants the City of São João dos Patos – MA the title of State Capital of Embroidery. | Published in Official Gazette No. 046, 03/10/2020 **Law No. 11.218, dated March 10, 2020** |
| **Bill No. 522/2019** | Prohibits the sale, import, and advertising of electronic cigarettes within the State of Maranhão. | Published in Official Gazette No. 062, 04/01/2020 **Law No. 11.253, dated April 1, 2020** |
| **Bill No. 530/2019** | Establishes state guidelines for informational and palliative actions concerning inflammatory bowel diseases and care for individuals living with these conditions, and provides other provisions. | Published in Official Gazette No. 194, 10/19/2020 **Law No. 11.364, dated October 19, 2020** |
| **Bill No. 651/2019** | Establishes state guidelines for informational and palliative actions regarding Rett Syndrome, and provides other provisions. | Published in Official Gazette No. 078, 04/27/2021 **Law No. 11.453, dated April 27, 2021** |
| **Bill No. 656/2019** | Provides for the public disclosure of the prohibition of electronic cigarettes and similar products in the State of Maranhão by commercial establishments that sell or distribute tobacco products. | Published in Official Gazette No. 183, 10/01/ 2020 **Law No. 11.345, dated September 29, 2020** |

STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
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LEGISLATIVE DIRECTORATE

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| **Bill No. 659/2019** | Establishes the requirement for integrity programs in companies contracting with the public administration of the State of Maranhão and provides other provisions. | Legislative Assembly Bulletin (D. ALEMA) No. 075, 05/04/2021 **Law No. 11.463, dated May 4, 2021 Promulgated by the Legislative Assembly of Maranhão (ALEMA)** |

**LEGISLATIVE PROPOSALS INITIATED BY REPRESENTATIVE Dr. YGLÉSIO YEAR 2020**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **Bill No. 015/2020** | Amends State Ordinary Law No. 11.091 of 2019, which provides for accessibility in portable chemical restrooms in the State of Maranhão. | Published in Official Gazette No. 222, 11/29/2021 **Law No. 11.596, dated November 29, 2021** |
| **Bill No. 044/2020** | Establishes the State Private Investigator Day. | Published in Official Gazette No. 183, 10/01/2020 **Law No. 11.348, dated September 29, 2020** |
| **Bill No. 081/2020 – Ordinary Bill** | SUSPENDS DEADLINES RELATED TO PUBLIC SERVICE ENTRANCE EXAMS DUE TO THE COVID-19 (CORONAVIRUS) PANDEMIC. | **Promulgated as Law No. 11.270/2020 Published in Official Gazette No. 100, 06/01/2020** |
| **Bill No. 099/2020** | Establishes guidelines to address the state of public calamity resulting from the COVID-19 (coronavirus) pandemic within the State of Maranhão. | Published in Official Gazette No. 102, 06/03/2020 **Law No. 11.273, dated June 3, 2020** |
| **Bill No. 144/2020** | DECLARES THE ASSOCIATION OF PARENTS AND STUDENTS OF EDUCATIONAL INSTITUTIONS OF MARANHÃO, HEADQUARTERED IN SÃO LUÍS, TO BE OF PUBLIC UTILITY. | Published in Official Gazette No. 229, 12/10/2020 **Law No. 11.373, dated December 10, 2020** |

STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
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|---|---|---|
| **PLO 174/2020 Ordinary Bill** | AMENDS STATE ORDINARY LAW NO. 11.259 OF MAY 14, 2020, WHICH PROVIDES FOR TUITION DISCOUNTS AT EDUCATIONAL INSTITUTIONS DURING THE SUSPENSION OF ACTIVITIES DUE TO COVID-19. | Enacted into law by promulgation **Law No. 11.299/2020** |
| **Bill No. 187/2020** | Establishes the obligation for private educational institutions to promote socio-emotional support activities upon returning from social isolation due to the COVID-19 pandemic, within the State of Maranhão. | Published in Official Gazette No. 137, 07/27/2020 **Law No. 11.301, dated July 22, 2020** Promulgated by the ALEMA |
| **Bill No. 329/2020** | DECLARES THE CENTER FOR MEDIUMISTIC STUDIES OF MARANHÃO TO BE OF PUBLIC UTILITY. | PROMULGATED AS LAW NO. 11.375/2020 PUBLISHED IN OFFICIAL GAZETTE NO. 229, 12/10/2020 |

**LEGISLATIVE PROPOSALS INITIATED BY DEPUTY Dr. YGLÉSIO YEAR 2021**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **LEGISLATIVE PROPOSALS** | | |
| PLO 007/2021 - Ordinary Bill | ESTABLISHES PRIORITY SERVICE FOR ORPHANS AND INDIVIDUALS WHO HAVE EXITED ORPHANAGES OR NON-PROFIT PUBLIC OR PRIVATE COLLECTIVE INSTITUTIONS IN PUBLIC OR PUBLICLY SUBSIDIZED HOUSING PROGRAMS FUNDED BY THE GOVERNMENT OF THE STATE OF MARANHÃO, AND PROVIDES OTHER PROVISIONS. | Published in Official Gazette No. 096, 05/21/2021 **Law No. 11.482, dated May 20, 2021** |

STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
**ESTABLISHED ON FEBRUARY 16, 1835**
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|---|---|---|
| PLO - 008/2021 - Ordinary Bill Project | ESTABLISHES THE STATE DAY FOR THE FIGHT AGAINST PENILE CANCER. | Official Gazette: No. 103 – 06/01/2021 **Law No. 11.490, dated June 1, 2021** |
| PLO - 047/2021- Ordinary Bill Project | AMENDS STATE ORDINARY LAW NO. 11.136 OF OCTOBER 22, 2019, WHICH ESTABLISHED THE "STATE ZERO WASTE WEEK" IN THE STATE OF MARANHÃO. | Official Gazette: No. 083 – 05/04/2021 **Law No. 11.459, dated May 3, 2021** |
| PLO - 195/2021 - Ordinary Bill Project | PROVIDES FOR THE RIGHT TO HEALTH CARE FOR WOMEN WHO EXPERIENCE GESTATIONAL LOSS IN THE STATE OF MARANHÃO. | Official Gazette: No. 145 – 08/03/2021 **Law No. 11.519, dated August 2, 2021** |
| PLO - 266/2021- Ordinary Bill Project | ESTABLISHES MARCH AS THE MONTH FOR AWARENESS ON PHYSICALLY HARMFUL "PRANKS" IN THE PUBLIC AND PRIVATE EDUCATION SYSTEM WITHIN THE STATE OF MARANHÃO, AND PROVIDES OTHER PROVISIONS. | Official Gazette: No. 223 – 11/30/2021 **Law No. 11.603, dated November 30, 2021** |
| PLO - 299/2021 - Ordinary Bill Project | ADDS TO THE CIVIC CALENDAR OF THE STATE OF MARANHÃO THE STATE MONTH FOR THE FIGHT AGAINST ORAL CANCER. | Official Gazette: No. 205 – 11/03/2021 **Law No. 11.577, dated November 1, 2021** |
| PLO - 382/2021 - Ordinary Bill Project | AMENDS STATE ORDINARY LAW NO. 10.790 OF DECEMBER 4, 2017, WHICH INSTITUTES APRIL 4 AS THE STATE DAY OF ANIMAL PROTECTORS IN THE STATE OF MARANHÃO. | Official Gazette: No. 204 – 10/29/2021 **Law No. 11.574, dated October 29, 2021** |
| PLO - 406/2021 - Ordinary Bill Project | ESTABLISHES THE STATE DAY OF SKATEBOARDING PRACTITIONERS. | Official Gazette: No. 196 – 10/19/2021 **Law No. 11.563, dated October 19, 2021** |

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LEGISLATIVE ASSEMBLY OF MARANHÃO
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**LEGISLATIVE PROPOSALS INITIATED BY REPRESENTATIVE Dr. YGLÉSIO YEAR 2022**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **LEGISLATIVE PROPOSALS** | | |
| PLO - 143/2022 - ORDINARY BILL PROJECT | DECLARES THE SOCIEDADE ESPORTIVA ATLÂNTICO (ATLÂNTICO SPORTS SOCIETY) TO BE OF PUBLIC UTILITY. | **ORDINARY BILL No. 11.695**, OF MAY 11, 2022. **OFFICIAL GAZETTE: No. 087 05/11/2022** |
| PLO - 181/2022 - ORDINARY BILL PROJECT | DECLARES THE INSTITUTO TRANSFORMAR TO BE OF PUBLIC UTILITY. | **Law No. 11.737,** dated May 31, 2022 **Official Gazette: No. 101 – 05/31/2022** |
| BILL No. 206/2022 | PROVIDES FOR THE CONDITIONS FOR SUSPENSION OR CANCELLATION OF REGISTRATION IN THE STATE DEBTORS' REGISTRY (CEI), ESTABLISHED BY STATE LAW NO. 6.690/1996, AND PROVIDES OTHER PROVISIONS. | **ORDINARY BILL No. 11.729,** of MAY 25, 2022 **Official Gazette: No. 097 – 05/25/2022** |
| BILL No. 368/2022 | Amends State Law No. 11.344 of 2020, which prohibits the sale of substances composed of ground glass and glue (cerol), as well as thread coated with ground quartz, cotton, and aluminum oxide, or any other material used in kite flying that contains cutting elements. | **Law No. 11.821,** dated September 12, 2022 **Official Gazette: No. 170 – 09/13/2022** |

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**LEGISLATIVE PROPOSALS INITIATED BY REPRESENTATIVE Dr. YGLÉSIO YEAR 2023**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **LEGISLATIVE PROPOSALS** | | |
| PLO - 006/2023 - Ordinary Bill Project | ESTABLISHES BIOLOGICAL SEX AS THE CRITERION FOR DETERMINING ATHLETES' GENDER IN PROFESSIONAL SPORTS COMPETITIONS IN THE STATE. | **Law No. 12.375,** dated August 12, 2024 (Law promulgated by ALEMA) **Official Gazette: No. 156 – 08/16/2024** |
| PLO - 61/2023 - Ordinary Bill Project | DECLARES THE DIVINE HOLY SPIRIT OF FREEDOM CULTURAL CENTER TO BE OF PUBLIC UTILITY. | **Law No. 11.912,** dated April 10, 2023 **Official Gazette: No. 06 04/10/2023** |
| PLO - 161/2023 - Ordinary Bill | DECLARES THE FLUMINENSE CULTURAL FOUNDATION - FUNCOL TO BE OF PUBLIC UTILITY. | **Law No. 11.942,** dated May 16, 2023 **Official Gazette: No. 090 05/16/2023** |
| PLO - 342/2023 - Ordinary Bill | ESTABLISHES JUNE 24 AS CRANIOSYNOSTOSIS AWARENESS DAY IN THE STATE OF MARANHÃO. | **Law No. 11.821,** dated September 12, 2022 **Official Gazette: No. 170 – 09/13/2022** |
| PLO - 514/2023 - Ordinary Bill Project | DECLARES THE MOTHERS' CLUB OF THE MORADA DO BOSQUE I AND II RESIDENTIAL COMPLEX) TO BE OF PUBLIC UTILITY. | **ORDINARY BILLNo. 12.090,** dated OCTOBER 11, 2023 **Official Gazette: No. 190 10/16/2023** |
| PLO - 516/2023 - Ordinary Bill Project | DECLARES THE RESIDENTS' ASSOCIATION OF VILA RESIDENCIAL NOVA CANAÃ TO BE OF PUBLIC UTILITY. | **ORDINARY BILLNo. 12.102, dated OCTOBER 17, 2023 Official Gazette: No. 191 10/17/2023** |

STATE OF MARANHÃO
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**ESTABLISHED ON FEBRUARY 16, 1835**
LEGISLATIVE DIRECTORATE

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|---|---|---|
| PLO - 667/2023 - Ordinary Bill Project | Declares the Moto Club Sports Club of São Luís to be of Public Utility. | **Law No. 12.179,** dated December 27, 2023 **Official Gazette: No. 237, 12/27/2023** |
| PLO - 725/2023 - Ordinary Bill Project | Declares the Dream Workshop Institute to be of Public Utility. | **Law No. 12.204,** dated January 22, 2024 **Official Gazette: No. 015 01/22/2024** |

**LEGISLATIVE PROPOSALS INITIATED BY REPRESENTATIVE Dr. YGLÉSIO YEAR 2024**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **LEGISLATIVE PROPOSALS** | | |
| PLO - 029/2024 - Ordinary Bill Project | DECLARES THE INSTITUTO SIMPLÍCIO OLIVEIRA TO BE OF PUBLIC UTILITY. | **Law No. 12.218,** dated March 6, 2024 **Official Gazette: No. 044 – 03/06/2024** |
| PLO - 342/2024 - | ESTABLISHES JUNE 24 AS CRANIOSYNOSTOSIS AWARENESS DAY IN THE STATE OF MARANHÃO. | **Law No. 12.340,** dated July 8, 2024 **Official Gazette: No. 127, 07/08/2024** |
| PLO - 350/2024 - Ordinary Bill | Declares the Residents' Association of Vila Isabel Cafeteira, headquartered and registered in the city of São Luís, State of Maranhão, to be of Public Utility. | **Law No. 12.403,** dated September 17, 2024 **Official Gazette: No. 177, 09/17/2024** |
| PLO - 460/2024 - Ordinary Bill | PROVIDES FOR THE ACCEPTANCE OF MEDICAL EXAM AND THERAPY REFERRALS MADE BY PRIVATE HEALTHCARE PROFESSIONALS AT THE APPOINTMENT CENTERS AND HEALTH SERVICE UNITS OF THE PUBLIC HEALTHCARE SYSTEM IN THE STATE OF MARANHÃO. | **Law No. 12.481,** dated February 12, 2025 **Official Gazette: No. 034, 02/14/2025** |

STATE OF MARANHÃO
LEGISLATIVE ASSEMBLY OF MARANHÃO
**ESTABLISHED ON FEBRUARY 16, 1835**
LEGISLATIVE DIRECTORATE

**LEGISLATIVE PROPOSALS INITIATED BY REPRESENTATIVE Dr. YGLÉSIO YEAR 2025**

| PROPOSAL | SUMMARY | FINAL STATUS |
|---|---|---|
| **LEGISLATIVE PROPOSALS** | | |
| PLO - 110/2025 - Ordinary Bill Project | Declares the Instituto El Shadday, headquartered and registered in the City of São Luís, State of Maranhão, to be of public utility. | **Law No. 12.524,** dated March 31, 2025 **Official Gazette: No. 059, 03/31/2025** |
| PLO - 111/2025 - Ordinary Bill Project | Declares the NOVARE SAUDE Institute, headquartered and registered in the Municipality of São Luís, State of Maranhão, to be of public utility. | **Law No. 12.525,** dated March 31, 2025 **Official Gazette: No. 059, 03/31/2025** |

This declaration is issued at the request of the interested representative, based on official records from the Legislative Directorate.

Committee Room "Deputado Léo Franklin", of the Legislative Assembly of the State of Maranhão, on April 25, 2025.

*Filipe Blanco Santos*
*Legislative Director of ALEMA*

*Maneton Antunes de Macedo*
*Deputy Legislative Director of ALEMA*

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 21, 2025.**

ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
**INSTALADA EM 16 DE FEVEREIRO DE 1835**
DIRETORIA LEGISLATIVA

# DECLARAÇÃO

DECLARO, para os devidos fins, que o Senhor Deputado Doutor Yglésio Moises apresentou nos anos de 2019, 2020, 2021, 2022, 2023, 2024 e 2025, no âmbito das Assembleia Legislativa do Estado do Maranhão, as seguintes proposições que foram transformadas em Lei, nos termos seguintes:

**PROPOSIÇÕES DE INICIATIVA DO DEPUTADO Dr. YGLÉSIO ANO/2019**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| **Projeto de Lei Nº 095/2019** | Dispõe sobre obrigatoriedade de botão de emergência em ônibus coletivos e dá outras providências. | D.O. nº 194 – 10.10.2019 **Lei nº 11.125, de 09 de outubro de 2019.** |
| **Projeto de Lei Nº 250/2019** | Estabelece diretrizes estaduais para a implementação por uma equipe multidisciplinar de cuidados paliativos direcionados aos pacientes com doenças ameaçadoras a vida, que consistem na atenção integral a saúde dessas pessoas e dos seus familiares. | D.O. nº 191 – 07.10.2019 **Lei nº 11.123, de 07 de outubro de 2019.** |
| **Projeto de Lei Nº 318/2019** | Altera e acresce dispositivos a lei 10.813 de 20 de março de 2018, que dispõe sobre as diretrizes estaduais de estímulo, incentivo e promoção ao desenvolvimento local de startups, os renumera, e dá outras providências. | D.O. nº 190 – 04.10.2019 **Lei nº 11.119, de 03 de outubro de 2019.** |
| **Projeto de Lei Nº 375/2019** | Estabelece as diretrizes estaduais para as ações informativas e paliativas sobre a fibromialgia, e dá outras providências | D.O. nº 226 – 27.11.2019 **Lei nº 11.177, de 26 de novembro de 2019.** |
| **Projeto de Lei Nº 382/2019** | Dispõe sobre a promoção de alimentação saudável e determina a exclusão de alimentos ultra | D.O. nº 242 – 19.12.2019 **Lei nº 11.196, de 19 de dezembro de 2019.** |

| | | |
|---|---|---|
| | processados e açucarados nas escolas públicas e particulares no âmbito do Estado Do Maranhão. | |
| **Projeto de Lei Nº 383/2019** | Altera a Lei Estadual 11.056 de 2019, criando a prioridade de atendimento para diabéticos em laboratórios e no estado do maranhão. | D.O. nº 048 – 12.03.2020 **Lei nº 11.219, de 12 de março de 2020.** |
| **Projeto de Lei Nº 384/2019** | Dispensa a necessidade de carimbos em prescrições, relatórios e atestados médicos para aquisição de medicamentos no estado do maranhão e dá outras providências. | **D.O. nº 061 – 31.03.2020 Lei Nº 11.248, de 31 de Março de 2020.** |
| **Projeto de Lei Nº 421/2019** | Confere ao Município de São João dos Patos - MA o título de capital estadual dos bordados. | D.O. nº 046 – 10.03.2020 **Lei nº 11.218, de 10 de março de 2020.** |
| **Projeto de Lei nº 522/2019** | Dispõe sobre a proibição da comercialização, importação e publicidade de cigarros eletrônicos no estado do maranhão. | D.O. nº 062– 01.04.2020 **Lei nº 11.253, de 1º de abril de 2020.** |
| **Projeto de Lei nº 530/2019** | Estabelece as diretrizes estaduais para as ações informativas e paliativas sobre as doenças inflamatórias intestinais e assistência aos portadores, e dá outras providências. | D.O. nº 194 – 19.10.2020 **Lei nº 11.364, de 19 de outubro de 2020.** |
| **Projeto de Lei Nº 651/2019** | Estabelece As Diretrizes Estaduais Para As Ações Informativas E Paliativas Sobre A Síndrome De Rett, E Dá Outras Providências | D.O. nº 078 – 27.04.2021 **Lei nº 11.453, de 27 de abril de 2021.** |
| **Projeto de Lei nº 656/2019** | Dispõe sobre a Publicização da Proibição de Cigarros Eletrônicos e Similares no Estado do Maranhão pelos estabelecimentos comerciais que vendam ou distribuam Fumígenos. | D.O. nº 183 – 1º.10.2020 **Lei nº 11.345, de 29 de setembro de 2020.** |

ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
**INSTALADA EM 16 DE FEVEREIRO DE 1835**
DIRETORIA LEGISLATIVA

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|---|---|---|
| **PROJETO DE LEI Nº 659/2019** | institui a obrigatoriedade de programas de integridade nas empresas que contratem com a administração pública do estado do maranhão e dá outras providências. | D. ALEMA. nº 075 – 04.05.2021 **Lei nº 11.463, de 04 de maio de 2021. Promulgada pela ALEMA.** |

**PROPOSIÇÕES DE INICIATIVA DO DEPUTADO Dr. YGLÉSIO**
**ANO / 2020**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| **Projeto de Lei Nº 015/2020** | Altera a Lei Ordinária Estadual Nº11.091 de 2019, que Dispõe sobre Acessibilidade em Banheiros Químicos no Âmbito do Estado do Maranhão. | D.O. nº 222 – 29.11.2021 **LEI Nº 11.596 DE 29 DE NOVEMBRO DE 2021.** |
| **Projeto de Lei Nº 044/2020** | Cria o Dia Estadual do Investigador Particular. | D.O. nº 183 – 1º.10.2020 **Lei nº 11.348, de 29 de setembro de 2020.** |
| **PLO 81/2020 - Projeto de Lei Ordinária** | SUSPENDE OS PRAZOS RELATIVOS AOS CONCURSOS PÚBLICOS, EM RAZÃO DA PANDEMIA DO COVID-19 (CORONAVÍRUS). | Promulgada pela Lei nº 11.270/20, publicado no D.O nº 100 de 01/06/2020. |
| **Projeto de Lei Nº 099/2020** | Dispõe sobre as diretrizes para o enfrentamento do estado de calamidade pública decorrente da pandemia da covid-19/CORONAVÍRUS, no âmbito do Estado do Maranhão. | D.O. nº 102 – 03.06.2020 **Lei nº 11.273, de 03 de junho de 2020.** |
| **Projeto de Lei nº 144/2020** | CONSIDERA DE UTILIDADE PÚBLICA A ASSOCIAÇÃO DOS PAIS E ALUNOS DAS INSTITUIÇÕES DE ENSINO DO MARANHÃO, COM SEDE E FORO NO MUNICÍPIO DE SÃO LUÍS, NO ESTADO DO MARANHÃO | D.O. nº 229 – 10.12.2020 **Lei nº 11.373, de 10 de dezembro de 2020.** |
| | | |

ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
**INSTALADA EM 16 DE FEVEREIRO DE 1835**
DIRETORIA LEGISLATIVA

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|---|---|---|
| **PLO 174/2020 - Projeto de Lei Ordinária** | ALTERA A LEI ORDINÁRIA ESTADUAL Nº 11.259 DE 14 DE MAIO DE 2020, QUE DISPÕE SOBRE OS DESCONTOS NAS MENSALIDADES DAS INSTITUIÇÕES DE ENSINO DURANTE A SUSPENSÃO DAS ATIVIDADES EM VIRTUDE DA COVID-19. | Proposição transformada em lei por promulgação - **Lei Ordinária - 11299/2020** |
| **Projeto de Lei Nº 187/2020** | Institui a obrigatoriedade às Instituições Particulares de Ensino de Promover atividade de acolhimento socioemocional no retorno do isolamento social da Pandemia COVID-19, no âmbito do Estado do Maranhão. | D.O. nº 137 – 27.07.2020 **Lei nº 11.301, de 22 de julho de 2020.** (Lei Promulgada pela ALEMA) |
| **Projeto de Lei nº 329/2020** | CONSIDERA DE UTILIDADE PÚBLICA O CENTRO DE ESTUDOS MEDIÚNICOS DO MARANHÃO. | PROMULGADA PELA LEI Nº 11.375/20, PUBLICADA NA D.O Nº 229 DE 10/12/2020. |

## PROPOSIÇÕES DE INICIATIVA DO DEPUTADO DOUTOR YGLÉSIO MOISES ANO/2021

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| **PROJETO DE LEI** | | |
| PLO 7/2021 - Projeto de Lei Ordinária | DISPÕE SOBRE A PRIORIDADE DE ATENDIMENTO AOS ÓRFÃOS E ABRIGADOS EGRESSOS DE ORFANATO OU INSTITUIÇÃO COLETIVA PÚBLICA OU PRIVADA SEM FINS LUCRATIVOS NOS PROGRAMAS HABITACIONAIS, PÚBLICOS OU SUBSIDIADOS COM RECURSOS PÚBLICOS DO GOVERNO DO ESTADO DO | D.O. nº 096 – 21.05.2021 **Lei nº 11.482, de 20 de maio de 2021.** |

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|---|---|---|
| | MARANHÃO E DÁ OUTRAS PROVIDÊNCIAS. | |
| PLO 8/2021 - Projeto de Lei Ordinária | CRIA O DIA ESTADUAL DE COMBATE AO CÂNCER DE PÊNIS. | D.O. nº 103 – 01.06.2021 **Lei nº 11.490, de 01 de junho de 2021.** |
| PLO 47/2021 - Projeto de Lei Ordinária | ALTERA A LEI ORDINÁRIA ESTADUAL Nº 11.136, DE 22 DE OUTUBRO DE 2019, QUE INSTITUI A "SEMANA ESTADUAL DO LIXO ZERO", NO ESTADO DO MARANHÃO. | D.O. nº 083 – 04.05.2021 **Lei nº 11.459, de 03 de maio de 2021.** |
| PLO 195/2021 - Projeto de Lei Ordinária | DISPÕE SOBRE O DIREITO À SAÚDE DAS MULHERES QUE PASSEM POR PERDAS GESTACIONAIS NO ESTADO DO MARANHÃO. | D.O. nº 145 – 03.08.2021 **LEI Nº 11.519 DE 02 DE AGOSTO DE 2021.** |
| PLO 266/2021 - Projeto de Lei Ordinária | INSTITUI MARÇO COMO MÊS DE CONSCIENTIZAÇÃO SOBRE BRINCADEIRAS DE POTENCIAL LESÃO OFENSIVA FÍSICA NO SISTEMA DE ENSINO PÚBLICO E PRIVADO, NO ÂMBITO DO ESTADO DO MARANHÃO E DÁ OUTRAS PROVIDÊNCIAS. | D.O. nº 223 – 30.11.2021 **LEI Nº 11.603 DE 30 DE NOVEMBRO DE 2021.** |
| PLO 299/2021 - Projeto de Lei Ordinária | INCLUI NO CALENDÁRIO CÍVICO DO ESTADO DO MARANHÃO O MÊS ESTADUAL DE COMBATE AO CÂNCER DE BOCA. | D.O. nº 205– 03.11.2021 **LEI Nº 11.577 DE 01 DE NOVEMBRO DE 2021.** |
| PLO 382/2021 - Projeto de Lei Ordinária | ALTERA A LEI ORDINÁRIA ESTADUAL Nº 10.790, DE 4 DE DEZEMBRO DE 2017, QUE "INSTITUI O DIA 4 DE ABRIL COMO O DIA ESTADUAL DOS PROTETORES DOS ANIMAIS.", NO ESTADO DO MARANHÃO. | D.O. nº 204 – 29.10.2021 **LEI Nº 11.574 DE 29 DE OUTUBRO DE 2021.** |
| PLO 406/2021 - Projeto de Lei Ordinária | CRIA O DIA ESTADUAL DOS PRATICANTES DE SKATEBOARDING. | D.O. nº 196 – 19.10.2021 **LEI Nº 11.563 DE 19 DE OUTUBRO DE 2021.** |

ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
**INSTALADA EM 16 DE FEVEREIRO DE 1835**
DIRETORIA LEGISLATIVA

## PROPOSIÇÕES DE INICIATIVA DO DEPUTADO DOUTOR YGLÉSIO MOISES ANO/2022

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| **PROJETO DE LEI** | | |
| PLO Nº 143/2022 PROJETO DE LEI ORDINÁRIA | DECLARA DE UTILIDADE PÚBLICA A SOCIEDADE ESPORTIVA ATLÂNTICO. | **LEI ORDINÁRIA Nº 11.695**, de 11 de MAIO de 2022. **D.O Nº 087**, de **11/05/2022.** |
| PLO Nº 181/2022 PROJETO DE LEI ORDINÁRIA | DECLARA DE UTILIDADE PÚBLICA O INSTITUTO TRANSFORMAR. | **LEI Nº 11.737**, de 31 de Maio de 2022. **DOE Nº 101**, de **31/05/2022.** |
| PROJETO DE LEI Nº 206/2022 | DISPÕE SOBRE AS HIPÓTESES DE SUSPENSÃO OU BAIXA DE REGISTRO NO CADASTRO ESTADUAL DE INADIMPLENTES (CEI) INSTITUÍDO PELA LEI ESTADUAL N. 6.690/1996 E DÁ OUTRAS PROVIDÊNCIAS. | **LEI ORDINÁRIA Nº 11.729**, de 25 de MAIO de 2022. **D.O Nº 097**, de **25/05/2022.** |
| PROJETO DE LEI Nº 368/2022 | Altera a Lei Estadual n.º 11.344 de 2020 que proíbe a comercialização da substância constituída de vidro moído e cola (cerol), além da linha encerada com quartzo moído, algodão e óxido de alumínio (linha chilena), e de qualquer outro produto utilizado na prática de soltar pipas que possua elementos cortantes. | **LEI Nº 11.821**, de 12 de Setembro de 2022. **DOE Nº 170**, de **13/09/2022.** |

ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
**INSTALADA EM 16 DE FEVEREIRO DE 1835**
DIRETORIA LEGISLATIVA

**PROPOSIÇÕES DE INICIATIVA DO SENHOR DEPUTADO DOUTOR YGLÉSIO ANO/2023**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| **PROJETO DE LEI** | | |
| PLO 006/2023 - Projeto de Lei Ordinária | ESTABELECE O SEXO BIOLÓGICO COMO CRITÉRIO PARA DEFINIÇÃO DO GÊNERO DOS ESPORTISTAS EM COMPETIÇÕES ESPORTIVAS PROFISSIONAIS NO ESTADO. | **LEI Nº 12.375**, de 12 de agosto de 2024. (Lei Promulgada pela ALEMA) **DOE Nº 156**, de **16/08/2024.** |
| PLO 61/2023 - Projeto de Lei Ordinária | DECLARA DE UTILIDADE PÚBLICA O CENTRO CULTURAL DIVINO ESPÍRITO SANTO DA LIBERDADE. | **LEI Nº 11.912**, de 10 de Abril de 2023. **DOE Nº 066**, de **10/04/2023.** |
| PLO 161/2023 - Projeto de Lei Ordinária | DECLARA DE UTILIDADE PÚBLICA A FUNDAÇÃO CULTURAL LUMINENSE – FUNCOL. | **LEI Nº 11.942**, de 16 de Maio de 2023. **DOE Nº 090**, de **16/05/2023.** |
| PLO 342/2023 - Projeto de Lei Ordinária | INSTITUI O DIA 24 DE JUNHO COMO O DIA DA CONSCIENTIZAÇÃO DA CRANIOSTENOSE, NO ÂMBITO DO ESTADO DO MARANHÃO. | **LEI Nº 12,340**, de 08 de julho de 2024. **DOE Nº 127**, de **08/07/2024.** |
| PLO 514/2023 - Projeto de Lei Ordinária | DECLARA DE UTILIDADE PÚBLICA O CLUBE DE MÃES DO RESIDENCIAL MORADA DO BOSQUE I E II. | **LEI ORDINÁRIA Nº 12.090**, de 11 de OUTUBRO de 2023. **DOE Nº 190**, de **16/10/2023** |
| PLO 516/2023 - Projeto de Lei Ordinária | DECLARA DE UTILIDADE PÚBLICA A ASSOCIAÇÃO DOS MORADORES DA VILA RESIDENCIAL NOVA CANAA. | **LEI ORDINÁRIA Nº 12.102**, de 17 de OUTUBRO de 2023. **DOE Nº 191**, de **17/10/2023** |

| | | |
|---|---|---|
| PLO 667/2023 - Projeto de Lei Ordinária | Declara de Utilidade Pública o Clube Esportivo Moto Club de São Luís. | **LEI Nº 12.179**, de 27 de dezembro de 2023. **DOE Nº 237**, de **27/12/2023.** |
| PLO 725/2023 - Projeto de Lei Ordinária | Declara de Utilidade Pública o Instituto Oficina de Sonhos. | **LEI Nº 12.204**, de 22 de janeiro de 2024. **DOE Nº 015**, de **22/01/2024.** |

## PROPOSIÇÕES DE INICIATIVA DO SENHOR DEPUTADO DOUTOR YGLÉSIO ANO/2024

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| | | |
| **PROJETO DE LEI** | | |
| PLO 029 /2024 - Projeto de Lei Ordinária | DECLARA DE UTILIDADE PÚBLICA O INSTI-TUTO SIMPLÍCIO OLIVEIRA | **LEI Nº 12.218**, de 06 de março de 2024. **DOE Nº 044**, de **06/03/2024.** |
| PLO 342/2024 | INSTITUI O DIA 24 DE JUNNHO COMO O DIA DE CONSCIENTIZAÇÃO DA CRANIOSTENOSE, NO ÂMBITO DO ESTADO DO MARANHÃO. | **LEI Nº 12.340**, de 8 de julho de 2024. **DOE Nº 127**, de **8/07/2024.** |
| PLO 350/2024 - Projeto de Lei Ordinária | Declara de Utilidade Pública a Associação de Moradores da Vila Isabel Cafeteira, com sede e foro no Município de São Luís, Estado do Maranhão. | **LEI Nº 12.403**, de 17 de setembro de 2024. **DOE Nº 177**, de **17/09/2024.** |
| PLO 460/2024 - Projeto de Lei Ordinária | DISPÕE SOBRE A ACEITAÇÃO DE REQUISIÇÕES MÉDICAS DE EXAMES E TERAPIAS FEITAS POR PROFISSIONAIS DA REDE PARTICULAR NAS | **LEI Nº 12.481**, de 12 de fevereiro de 2025. **DOE Nº 034**, de **14/02/2025.** |

ESTADO DO MARANHÃO
ASSEMBLEIA LEGISLATIVA DO MARANHÃO
**INSTALADA EM 16 DE FEVEREIRO DE 1835**
DIRETORIA LEGISLATIVA

| | | |
|---|---|---|
| | CENTRAIS DE MARCAÇÃO DE CONSULTAS E SERVIÇOS DE SAÚDE DO SISTEMA PÚBLICO DO MARANHÃO. | |

**PROPOSIÇÕES DE INICIATIVA DO SENHOR DEPUTADO DOUTOR YGLÉSIO ANO/2025**

| PROPOSIÇÃO | EMENTA | SITUAÇÃO FINAL |
|---|---|---|
| **PROJETO DE LEI** | | |
| PLO 110/2025 - Projeto de Lei Ordinária | Declara de utilidade pública o Instituto El Shadday, com sede e foro no Município de São Luís, Estado do Maranhão. | **LEI Nº 12.524**, de 31 de março de 2025. **DOE Nº 059**, de **31/03/2025.** |
| PLO 111/2025 - Projeto de Lei Ordinária | Declara de utilidade pública o Instituto INOVARE SAÚDE, com sede o foro no Município de São Luís, Estado do Maranhão. | **LEI Nº 12.525**, de 31 de março de 2025. **DOE Nº 059**, de **31/03/2025.** |

A presente declaração é firmada a pedido do parlamentar interessado, com base em registros oficiais da Diretoria Legislativa.

Sala das Comissões "Deputado Léo Franklin" da Assembleia Legislativa do Estado do Maranhão, em 25 de abril de 2025.

*Filipe Franco Santos*
*Diretor Legislativo da ALEMA*

*Maneton Antunes de Macedo*
*Diretor Legislativo Adjunto da ALEMA*

STATE OF MARANHÃO
**LEGISLATIVE ASSEMBLY OF MARANHÃO**
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

Memorandum No. 08/2025/DL

São Luis, April 23, 2025.

To the Honorable
**DOCTOR YGLÉSIO MOYSÉS**
State Deputy
Parliamentary Office
Present

**Subject:** Submission of Declaration – Participation in Standing Committees

Dear Deputy,

We hereby forward the **declaration issued by this Legislative Directorate** of the Assembly, as requested by Your Excellency through Official Letter No. 48/2025 – OFFICE OF DEPUTY DR. YGLÉSIO, dated April 14, 2025.

The referred declaration addresses your participation, as a full and alternate member, in the **Health Committee and the Committee on Human Rights and Minorities**, within the scope of the 19th and 20th Legislatures.

With no further matters for the moment, we renew our expressions of esteem and consideration.

Sincerely,

**----//signature//----**
Filipe Franco Santos
Legislative Director
Legislative Assembly of the State of Maranhão

STATE OF MARANHÃO
**LEGISLATIVE ASSEMBLY OF MARANHÃO**
ESTABLISHED ON FEBRUARY 16, 1835
LEGISLATIVE DIRECTORATE

# DECLARATION

I hereby declare, for all due purposes, that the Honorable Deputy DOCTOR YGLÉSIO MOYSÉS participated in the following Standing Committees of the Legislative Assembly of the State of Maranhão, as detailed below:

## 1. Committee on the Defense of Human Rights and Minorities

• Served as President during the Second Legislative Session of the 19th Legislature (2020);
• Served as Full Member during the Third Legislative Session of the 19th Legislature (2021);
• Served as Full Member during the Second Legislative Session of the 20th Legislature (2024);
• Served as Rapporteur during the Second Legislative Session of the 19th Legislature (2020) - **13 reports**;
• Served as Rapporteur during the Third Legislative Session of the 19th Legislature (2021) - **4 reports**;
• Served as Rapporteur during the Second Legislative Session of the 20th Legislature (2024) - **3 reports**.

## 2. Health Committee

• Served as Full Member during the First Legislative Session of the 19th Legislature (2019);
• Served as Full Member during the Second Legislative Session of the 19th Legislature (2020);
• Served as Full Member during the Third Legislative Session of the 19th Legislature (2021);
• Served as Alternate Member during the Fourth Legislative Session of the 19th Legislature (2022);
• Served as Alternate Member during the Second Legislative Session of the 20th Legislature (2024);
• Served as Rapporteur during the First Legislative Session of the 19th Legislature (2019) - **14 reports**;
• Served as Rapporteur during the Third Legislative Session of the 19th Legislature (2021) - **9 reports**.

This declaration is issued at the request of the interested parliamentarian, based on official records of the Legislative Directorate.

São Luís, April 23, 2025.

**----//signature//----**
Filipe Franco Santos
Legislative Director
Legislative Assembly of the State of Maranhão

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: May 21, 2025.

ESTADO DO MARANHÃO
**ASSEMBLEIA LEGISLATIVA DO MARANHÃO**
INSTALADA EM 16 DE FEVEREIRO DE 1835
DIRETORIA LEGISLATIVA

Memorando nº 08/2025/DL

São Luís, 23 de abril de 2025.

Ao Exmo. Sr.
**DOUTOR YGLÉSIO MOYSÉS**
Deputado Estadual
Gabinete Parlamentar
Nesta

**Assunto:** Encaminhamento de Declaração – Participação em Comissões Permanentes

Senhor Deputado,

Encaminhamos, por meio deste, **declaração emitida por esta Diretoria Legislativa** desta Assembleia, conforme solicitado por Vossa Excelência por meio do Ofício nº 48/2025 – GAB. DEP. DR. YGLÉSIO, datado de 14 de abril de 2025.

A referida declaração trata de sua participação, na qualidade de membro titular e suplente, nas **Comissões de Saúde** e de **Defesa dos Direitos Humanos e das Minorias**, no âmbito das 19ª e 20ª Legislaturas.

Sem mais para o momento, renovamos protestos de estima e consideração.

Atenciosamente,

**Filipe Franco Santos**
Diretor Legislativo
Assembleia Legislativa do Estado do Maranhão

ESTADO DO MARANHÃO
**ASSEMBLEIA LEGISLATIVA DO MARANHÃO**
INSTALADA EM 16 DE FEVEREIRO DE 1835
DIRETORIA LEGISLATIVA

# DECLARAÇÃO

Declaro, para os devidos fins, que o Senhor Deputado **DOUTOR YGLÉSIO MOYSÉS** participou das seguintes Comissões Permanentes da Assembleia Legislativa do Estado do Maranhão, nos termos abaixo:

**1. Comissão de Defesa dos Direitos Humanos e das Minorias**

- Exerceu a função de Presidente na Segunda Sessão Legislativa da 19ª Legislatura (2020);
- Atuou como Membro Titular na Terceira Sessão Legislativa da 19ª Legislatura (2021);
- Atuou como Membro Titular na Segunda Sessão Legislativa da 20ª Legislatura (2024);
- Atuou como Relator na Segunda Sessão Legislativa da 19ª Legislatura (2020) – **13 relatorias**;
- Atuou como Relator na Terceira Sessão Legislativa da 19ª Legislatura (2021) – **4 relatorias**;
- Atuou como Relator na Segunda Sessão Legislativa da 20ª Legislatura (2024) – **3 relatorias**.

**2. Comissão de Saúde**

- Atuou como Membro Titular na Primeira Sessão Legislativa da 19ª Legislatura (2019);
- Atuou como Membro Titular na Segunda Sessão Legislativa da 19ª Legislatura (2020);
- Atuou como Membro Titular na Terceira Sessão Legislativa da 19ª Legislatura (2021);
- Atuou como Membro Suplente na Quarta Sessão Legislativa da 19ª Legislatura (2022);
- Atuou como Membro Suplente na Segunda Sessão Legislativa da 20ª Legislatura (2024);
- Atuou como Relator na Primeira Sessão Legislativa da 19ª Legislatura (2019) – **14 relatorias**;
- Atuou como Relator na Terceira Sessão Legislativa da 19ª Legislatura (2021) – **9 relatorias**.

A presente declaração é firmada a pedido do parlamentar interessado, com base em registros oficiais da Diretoria Legislativa.

São Luís, 23 de abril de 2025.

**Filipe Franco Santos**
Diretor Legislativo
Assembleia Legislativa do Estado do Maranhão

Ministry of Health

HEALTH INFORMATION

HELP

DATASUS Information Technology in Service of SUS

TECHNICAL NOTES

DATASUS (Department of Information and Informatics of the Unified Health System)

Detailed Data on AIH (Hospital Admission Authorization) - by place of admission - Maranhão

**Approved Amount by Year/Month of Service by Healthcare Facility**

**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCCRRAO I
**Period:** 2012

| Healthcare Facility | 2011/Oct | 2011/Nov | 2011/Dec | 2012/Jan | 2012/Feb | 2012/Mar | 2012/Apr | 2012/May | 2012/Jun | 2012/Jul | 2012/Aug | 2012/Sep | 2012/Oct | 2012/Nov | 2012/Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **31.105,31** | **54.042,42** | **575.978,08** | **815.049,04** | **790.046,02** | **849.488,19** | **736.017,29** | **818.150,05** | **821.248,15** | **758.663,75** | **985.205,96** | **768.112,31** | **795.300,32** | **884.423,15** | **442.249,78** | **10.125.079,82** |
| 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCCRRAO I | 31.105,31 | 54.042,42 | 575.978,08 | 815.049,04 | 790.046,02 | 849.488,19 | 736.017,29 | 818.150,05 | 821.248,15 | 758.663,75 | 985.205,96 | 768.112,31 | 795.300,32 | 884.423,15 | 442.249,78 | 10.125.079,82 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

1. Data referring to the last six months, subject to updates.

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**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

_____ **Date: August 11, 2026.**

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Valor aprovado por Ano/mês atendimento segundo Estabelecimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Periodo:** 2012

| Estabelecimento | 2011/Out | 2011/Nov | 2011/Dez | 2012/Jan | 2012/Fev | 2012/Mar | 2012/Abr | 2012/Mai | 2012/Jun | 2012/Jul | 2012/Ago | 2012/Set | 2012/Out | 2012/Nov | 2012/Dez | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **31.105,31** | **54.042,42** | **575.978,08** | **815.049,04** | **790.046,02** | **849.488,19** | **736.017,29** | **818.150,05** | **821.248,15** | **758.663,75** | **985.205,96** | **768.112,31** | **795.300,32** | **884.423,15** | **442.249,78** | **10.125.079,82** |
| 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I | 31.105,31 | 54.042,42 | 575.978,08 | 815.049,04 | 790.046,02 | 849.488,19 | 736.017,29 | 818.150,05 | 821.248,15 | 758.663,75 | 985.205,96 | 768.112,31 | 795.300,32 | 884.423,15 | 442.249,78 | 10.125.079,82 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

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Ministry of Health

HEALTH INFORMATION

HELP

DATASUS Information Technology in Service of SUS

TECHNICAL NOTES

DATASUS (Department of Information and Informatics of the Unified Health System)

## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year/Month of Service by Healthcare Facility**

**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2013

| Healthcare Facility | 2012/Oct | 2012/Nov | 2012/Dec | 2013/Jan | 2013/Feb | 2013/Mar | 2013/Apr | 2013/May | 2013/Jun | 2013/Jul | 2013/Aug | 2013/Sep | 2013/Oct | 2013/Nov | 2013/Dec | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **54.788,97** | **35.984,91** | **380.097,10** | **798.986,39** | **770.108,36** | **828.830,52** | **897.517,44** | **881.693,78** | **844.704,50** | **762.803,11** | **802.305,04** | **805.894,54** | **860.668,77** | **787.697,73** | **603.267,24** | **10.115.348,40** |
| 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I | 54.788,97 | 35.984,91 | 380.097,10 | 798.986,39 | 770.108,36 | 828.830,52 | 897.517,44 | 881.693,78 | 844.704,50 | 762.803,11 | 802.305,04 | 805.894,54 | 860.668,77 | 787.697,73 | 603.267,24 | 10.115.348,40 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

1. Data referring to the last six months, subject to updates.

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**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

_____ **Date: August 11, 2026.**

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Valor aprovado por Ano/mês atendimento segundo Estabelecimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Periodo:** 2013

| Estabelecimento | 2012/Out | 2012/Nov | 2012/Dez | 2013/Jan | 2013/Fev | 2013/Mar | 2013/Abr | 2013/Mai | 2013/Jun | 2013/Jul | 2013/Ago | 2013/Set | 2013/Out | 2013/Nov | 2013/Dez | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **TOTAL** | **54.788,97** | **35.984,91** | **380.097,10** | **798.986,39** | **770.108,36** | **828.830,52** | **897.517,44** | **881.693,78** | **844.704,50** | **762.803,11** | **802.305,04** | **805.894,54** | **860.668,77** | **787.697,73** | **603.267,24** | **10.115.348,40** |
| 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I | 54.788,97 | 35.984,91 | 380.097,10 | 798.986,39 | 770.108,36 | 828.830,52 | 897.517,44 | 881.693,78 | 844.704,50 | 762.803,11 | 802.305,04 | 805.894,54 | 860.668,77 | 787.697,73 | 603.267,24 | 10.115.348,40 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| **TOTAL** | **2** | **6.506** | **6.508** |
| 0301060070 DIAGNOSIS AND/OR EMERGENCY CARE IN SURGICAL CLINIC | - | 1 | 1 |
| 0303010010 TREATMENT OF CLASSIC DENGUE | - | 3 | 3 |
| 0303010037 TREATMENT OF OTHER BACTERIAL DISEASES | - | 8 | 8 |
| 0303010053 TREATMENT OF OTHER DISEASES DUE TO PROTOZOA (B55 TO B64) | - | 1 | 1 |
| 0303010061 TREATMENT OF INTESTINAL INFECTIOUS DISEASES | - | 24 | 24 |
| 0303010134 TREATMENT OF VIRAL INFECTIONS CHARACTERIZED BY SKIN AND MUCOUS MEMBRANE LESIONS (B00 TO B09) | - | 1 | 1 |
| 0303010142 TREATMENT OF VIRAL INFECTIONS OF THE CENTRAL NERVOUS SYSTEM | - | 1 | 1 |
| 0303010193 TREATMENT OF OTHER DISEASES CAUSED BY VIRUSES (B25 TO B34) | - | 1 | 1 |
| 0303020032 TREATMENT OF APLASTIC ANEMIA AND OTHER ANEMIAS | - | 202 | 202 |
| 0303020040 TREATMENT OF HEMOLYTIC ANEMIA | - | 1 | 1 |
| 0303020067 TREATMENT OF COAGULATION DEFECTS, PURPURA AND OTHER HEMORRHAGIC CONDITIONS | - | 1 | 1 |
| 0303020075 TREATMENT OF HEMOPHILIAS | - | 2 | 2 |
| 0303020083 TREATMENT OF OTHER DISEASES OF THE BLOOD AND HEMATOPOIETIC ORGANS | - | 3 | 3 |
| 0303030020 TREATMENT OF MALNUTRITION | - | 2 | 2 |
| 0303030038 TREATMENT OF DIABETES MELLITUS | - | 38 | 38 |
| 0303030046 TREATMENT OF METABOLIC DISORDERS | - | 38 | 38 |
| 0303040033 TREATMENT OF COMPLICATED MIGRAINE | - | 11 | 11 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

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**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0303040041 CLINICAL TREATMENT OF CEREBRAL ABSCESS | - | 17 | 17 |
| 0303040076 CONSERVATIVE TREATMENT OF CEREBRAL HEMORRHAGE | - | 24 | 24 |
| 0303040084 CONSERVATIVE TREATMENT OF TRAUMATIC BRAIN INJURY (MILD GRADE) | - | 45 | 45 |
| 0303040092 CONSERVATIVE TREATMENT OF TRAUMATIC BRAIN INJURY (MODERATE GRADE) | - | 226 | 226 |
| 0303040149 TREATMENT OF STROKE - CVA (ACUTE ISCHEMIC OR HEMORRHAGIC) | - | 347 | 347 |
| 0303040157 TREATMENT OF HYDROCEPHALUS COMPLICATIONS | - | 3 | 3 |
| 0303040165 TREATMENT OF UNCONTROLLED EPILEPTIC SEIZURES | 1 | 108 | 109 |
| 0303040203 TREATMENT OF NEURODEGENERATIVE DISEASES | - | 4 | 4 |
| 0303040211 TREATMENT OF HYPERTENSIVE ENCEPHALOPATHY | - | 4 | 4 |
| 0303040238 TREATMENT OF VERTEBRAL COLUMN FRACTURE WITH SPINAL CORD INJURY | - | 14 | 14 |
| 0303040246 TREATMENT OF COMPLICATIONS OF NEUROMUSCULAR DISEASES | - | 3 | 3 |
| 0303040262 TREATMENT OF POLYNEUROPATHIES | - | 7 | 7 |
| 0303040270 TREATMENT OF ACUTE DEMYELINATING POLYRADICULONEURITIS | - | 1 | 1 |
| 0303060018 TREATMENT OF AORTIC ANEURYSM | - | 5 | 5 |
| 0303060026 TREATMENT OF ARRHYTHMIAS | - | 11 | 11 |
| 0303060050 TREATMENT OF ANAPHYLACTIC SHOCK | - | 2 | 2 |
| 0303060069 TREATMENT OF CARDIOGENIC SHOCK | - | 9 | 9 |
| 0303060077 TREATMENT OF HYPOVOLEMIC SHOCK | - | 7 | 7 |
| 0303060107 TREATMENT OF HYPERTENSIVE CRISIS | - | 31 | 31 |
| 0303060131 TREATMENT OF ACUTE PULMONARY EDEMA | - | 24 | 24 |
| 0303060166 TREATMENT OF INFECTIOUS ENDOCARDITIS IN NATIVE VALVE | - | 1 | 1 |
| 0303060190 TREATMENT OF ACUTE MYOCARDIAL INFARCTION | - | 72 | 72 |
| 0303060204 TREATMENT OF ARTERIAL INSUFFICIENCY WITH CRITICAL ISCHEMIA | - | 9 | 9 |
| 0303060212 TREATMENT OF HEART FAILURE | - | 207 | 207 |

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0303060247 TREATMENT OF OTHER VASCULOPATHIES | - | 6 | 6 |
| 0303060255 TREATMENT OF CARDIAC ARREST WITH RESUSCITATION | - | 1 | 1 |
| 0303060263 TREATMENT OF COMPLICATED DIABETIC FOOT | - | 179 | 179 |
| 0303060271 TREATMENT OF PERICARDITIS | - | 2 | 2 |
| 0303060280 TREATMENT OF ACUTE CORONARY SYNDROME | - | 73 | 73 |
| 0303060298 TREATMENT OF DEEP VEIN THROMBOSIS | - | 27 | 27 |
| 0303070064 TREATMENT OF DISEASES OF THE ESOPHAGUS, STOMACH AND DUODENUM | - | 7 | 7 |
| 0303070072 TREATMENT OF LIVER DISEASES | - | 27 | 27 |
| 0303070080 TREATMENT OF PERITONEAL DISEASES | - | 25 | 25 |
| 0303070099 TREATMENT OF NON-INFECTIOUS ENTERITIS AND COLITIS | - | 3 | 3 |
| 0303070102 TREATMENT OF OTHER DISEASES OF THE DIGESTIVE SYSTEM | - | 356 | 356 |
| 0303070110 TREATMENT OF OTHER DISEASES OF THE INTESTINE | - | 2 | 2 |
| 0303070129 TREATMENT OF DISORDERS OF THE BILIARY TRACT AND PANCREAS | - | 69 | 69 |
| 0303080043 TREATMENT OF BULLOUS CONDITIONS | - | 2 | 2 |
| 0303080051 TREATMENT OF DERMATITIS AND ECZEMAS | - | 1 | 1 |
| 0303080060 TREATMENT OF STAPHYLOCOCCAL INFECTIONS | - | 118 | 118 |
| 0303080086 TREATMENT OF DRUG-INDUCED SKIN REACTIONS | - | 1 | 1 |
| 0303080094 TREATMENT OF OTHER CONDITIONS OF THE SKIN AND SUBCUTANEOUS TISSUE | - | 3 | 3 |
| 0303090138 CONSERVATIVE TREATMENT OF FRACTURE / LIGAMENT INJURY / BONE AVULSION AT THE PELVIC LEVEL | - | 20 | 20 |
| 0303090235 CONSERVATIVE TREATMENT OF THORACO-LUMBO-SACRAL SPINAL INJURY WITH ORTHOSIS | - | 4 | 4 |
| 0303090316 TREATMENT OF INFLAMMATORY POLYARTHROPATHIES | - | 17 | 17 |
| 0303140046 TREATMENT OF CHRONIC DISEASES OF THE LOWER AIRWAYS | - | 36 | 36 |
| 0303140070 TREATMENT OF DISEASES OF THE EXTERNAL AND MIDDLE EAR AND MASTOID | - | 1 | 1 |
| 0303140097 TREATMENT OF RESPIRATORY TRACT HEMORRHAGES | - | 2 | 2 |

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0303140100 TREATMENT OF ACUTE INFECTIONS OF THE UPPER RESPIRATORY TRACT | - | 3 | 3 |
| 0303140119 TREATMENT OF OTHER DISEASES OF THE PLEURA | - | 1 | 1 |
| 0303140135 TREATMENT OF OTHER DISEASES OF THE RESPIRATORY SYSTEM | - | 217 | 217 |
| 0303140143 TREATMENT OF OTHER ACUTE INFECTIONS OF THE LOWER RESPIRATORY TRACT | - | 1 | 1 |
| 0303140151 TREATMENT OF PNEUMONIA OR INFLUENZA (FLU) | - | 186 | 186 |
| 0303150017 TREATMENT OF DISEASES OF THE MALE GENITAL ORGANS | - | 13 | 13 |
| 0303150033 TREATMENT OF INFLAMMATORY DISEASES OF THE FEMALE PELVIC ORGANS | - | 2 | 2 |
| 0303150050 TREATMENT OF OTHER DISEASES OF THE URINARY SYSTEM | - | 83 | 83 |
| 0303150068 TREATMENT OF OTHER DISORDERS OF THE KIDNEY AND URETER | - | 39 | 39 |
| 0305020013 TREATMENT OF PYELONEPHRITIS | - | 5 | 5 |
| 0305020021 TREATMENT OF RENAL CALCULI | - | 35 | 35 |
| 0305020048 TREATMENT OF ACUTE RENAL FAILURE | - | 124 | 124 |
| 0308010019 CLINICAL/CONSERVATIVE TREATMENT OF TRAUMA OF ANY LOCATION | - | 98 | 98 |
| 0308010027 TREATMENT OF EFFECTS OF ASPHYXIA / OTHER THREATS TO BREATHING | - | 2 | 2 |
| 0308010035 TREATMENT OF TRAUMA WITH INJURY TO INTRATHORACIC AND INTRA-ABDOMINAL ORGANS | - | 9 | 9 |
| 0308010043 TREATMENT OF TRAUMA INVOLVING MULTIPLE BODY REGIONS | - | 41 | 41 |
| 0308020022 TREATMENT OF EFFECTS OF CONTACT WITH VENOMOUS ANIMALS AND PLANTS | - | 5 | 5 |
| 0308020030 TREATMENT OF POISONING OR INTOXICATION DUE TO EXPOSURE TO MEDICATIONS AND SUBSTANCES NOT FOR MEDICAL USE | - | 16 | 16 |
| 0308030010 TREATMENT OF EFFECTS OF FOREIGN BODY PENETRATION INTO A NATURAL ORIFICE | - | 9 | 9 |
| 0308030028 TREATMENT OF EFFECTS OF OTHER EXTERNAL CAUSES | - | 9 | 9 |
| 0308030036 TREATMENT OF BURNS, CORROSIONS AND FROSTBITE | - | 6 | 6 |

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0308040015 TREATMENT OF COMPLICATIONS OF SURGICAL OR CLINICAL PROCEDURES | - | 3 | 3 |
| 0401020100 EXCISION AND REMOVAL OF SKIN AND SUBCUTANEOUS TISSUE LESION | - | 9 | 9 |
| 0401020126 SURGICAL TREATMENT OF PARTIAL SCALP | - | 2 | 2 |
| 0403010020 DECOMPRESSIVE CRANIOTOMY | - | 19 | 19 |
| 0403010098 EXTERNAL VENTRICULAR DRAIN - EXTERNAL SUBGALEAL SHUNT | - | 5 | 5 |
| 0403010101 VENTRICULAR SHUNT TO PERITONEUM / ATRIUM / PLEURA / SPINE | - | 2 | 2 |
| 0403010268 SURGICAL TREATMENT OF DEPRESSED SKULL FRACTURE | - | 4 | 4 |
| 0403010276 SURGICAL TREATMENT OF EXTRADURAL HEMATOMA | - | 27 | 27 |
| 0403010284 SURGICAL TREATMENT OF INTRACEREBRAL HEMATOMA | - | 19 | 19 |
| 0403010306 SURGICAL TREATMENT OF ACUTE SUBDURAL HEMATOMA | - | 39 | 39 |
| 0404010318 REMOVAL OF FOREIGN BODY FROM EAR / PHARYNX / LARYNX / NOSE | - | 2 | 2 |
| 0404010377 TRACHEOSTOMY | - | 46 | 46 |
| 0406020124 ARTERIAL EMBOLECTOMY | - | 2 | 2 |
| 0406020167 FASCIOTOMY FOR DECOMPRESSION | - | 37 | 37 |
| 0406020493 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE CERVICAL REGION | - | 17 | 17 |
| 0406020507 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE BILATERAL LOWER LIMB | - | 6 | 6 |
| 0406020515 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE UNILATERAL LOWER LIMB | - | 5 | 5 |
| 0406020523 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE BILATERAL UPPER LIMB | - | 3 | 3 |
| 0406020531 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE UNILATERAL UPPER LIMB | - | 9 | 9 |
| 0406020540 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE ABDOMEN | - | 4 | 4 |

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**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0406020590 VENOUS SYSTEM THROMBECTOMY | - | 1 | 1 |
| 0406020620 REMOVAL OF LONG-TERM SEMI OR TOTALLY IMPLANTABLE CATHETER | - | 1 | 1 |
| 0407010106 THORACIC ESOPHAGOGRAPHY | - | 1 | 1 |
| 0407010114 ESOPHAGOSTOMY | - | 1 | 1 |
| 0407010165 GASTROENTEROANASTOMOSIS | - | 1 | 1 |
| 0407010190 GASTROGRAPHIC | - | 20 | 20 |
| 0407010211 GASTROSTOMY | - | 2 | 2 |
| 0407020039 APPENDECTOMY | - | 295 | 295 |
| 0407020063 PARTIAL COLECTOMY (HEMICOLECTOMY) | - | 20 | 20 |
| 0407020098 ABDOMINAL COLPORRHAPHY | - | 14 | 14 |
| 0407020101 COLOSTOMY | - | 7 | 7 |
| 0407020144 DRAINAGE OF ISCHIORECTAL ABSCESS | - | 2 | 2 |
| 0407020179 ENTERECTOMY | - | 31 | 31 |
| 0407020187 ENTEROANASTOMOSIS (ANY SEGMENT) | - | 7 | 7 |
| 0407020209 ENTEROTOMY AND/OR ENTERORRHAPHY WITH SUTURE / RESECTION (ANY SEGMENT) | - | 35 | 35 |
| 0407020276 FISTULECTOMY / ANAL FISTULOTOMY | - | 1 | 1 |
| 0407020284 HEMORRHOIDECTOMY | - | 1 | 1 |
| 0407020306 JEJUNOSTOMY / ILEOSTOMY | - | 6 | 6 |
| 0407020322 EXTERNAL ANAL PLASTY / ANAL SPHINCTEROPLASTY | - | 1 | 1 |
| 0407020357 PROCTOPLASTY AND PROCTORRHAPHY BY PERINEAL APPROACH | - | 1 | 1 |
| 0407020381 SURGICAL REMOVAL OF FECALOMA | - | 4 | 4 |
| 0407020403 ABDOMINAL RETOSIGMOIDECTOMY | - | 1 | 1 |
| 0407020470 SURGICAL TREATMENT OF ANAL PROLAPSE | - | 1 | 1 |
| 0407030026 CHOLECYSTECTOMY | - | 12 | 12 |
| 0407030050 CHOLEDOCHOPLASTY | - | 1 | 1 |
| 0407030123 SPLENECTOMY | - | 11 | 11 |

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**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0407030140 HEPATORRHAPHY | - | 23 | 23 |
| 0407030166 HEPATOTOMY AND DRAINAGE OF ABSCESS / CYST | - | 1 | 1 |
| 0407040013 DRAINAGE OF PELVIC ABSCESS | - | 5 | 5 |
| 0407040021 DRAINAGE OF SUBPHRENIC ABSCESS | - | 57 | 57 |
| 0407040030 DRAINAGE OF PRE-PERITONEAL HEMATOMA / ABSCESS | - | 11 | 11 |
| 0407040048 DIAPHRAGMATIC HERNIOPLASTY (ABDOMINAL APPROACH) | - | 1 | 1 |
| 0407040064 EPIGASTRIC HERNIOPLASTY | - | 2 | 2 |
| 0407040080 INCISIONAL HERNIOPLASTY | - | 2 | 2 |
| 0407040099 INGUINAL HERNIOPLASTY (BILATERAL) | - | 2 | 2 |
| 0407040102 INGUINAL / FEMORAL HERNIOPLASTY (UNILATERAL) | - | 44 | 44 |
| 0407040129 UMBILICAL HERNIOPLASTY | - | 8 | 8 |
| 0407040161 EXPLORATORY LAPAROTOMY | - | 56 | 56 |
| 0407040188 RELEASE OF INTESTINAL ADHESIONS | - | 26 | 26 |
| 0407040200 PERITONEAL CAVITY RECONSTRUCTION WITH SYNTHETIC MESH | - | 2 | 2 |
| 0407040242 RESUTURE OF ABDOMINAL WALL (FOR TOTAL DEHISCENCE / EVISCERATION) | - | 92 | 92 |
| 0407040250 SURGICAL TREATMENT OF PERITONITIS | - | 9 | 9 |
| 0408020016 AMPUTATION / DISARTICULATION OF HAND AND WRIST | - | 1 | 1 |
| 0408020024 AMPUTATION / DISARTICULATION OF UPPER LIMBS | - | 2 | 2 |
| 0408020105 FASCIOTOMY OF UPPER LIMBS | - | 8 | 8 |
| 0408020199 CLOSED REDUCTION OF HUMERAL SHAFT FRACTURE | - | 8 | 8 |
| 0408020202 CLOSED REDUCTION OF DIAPHYSEAL FRACTURE OF FOREARM BONES | - | 101 | 101 |
| 0408020210 CLOSED REDUCTION OF METACARPAL FRACTURES | - | 8 | 8 |
| 0408020229 CLOSED REDUCTION OF ELBOW DISLOCATION / FRACTURE-DISLOCATION | - | 34 | 34 |
| 0408020245 CLOSED REDUCTION OF DISLOCATION OR FRACTURE / DISLOCATION OF THE WRIST | - | 80 | 80 |

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**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0408020326 SURGICAL TREATMENT OF TRIGGER FINGER | - | 1 | 1 |
| 0408020377 SURGICAL TREATMENT OF FRACTURE / PHYSEAL INJURY OF THE METACARPALS | - | 24 | 24 |
| 0408020385 SURGICAL TREATMENT OF SUPRACONDYLAR FRACTURE / PHYSEAL INJURY OF THE HUMERUS | - | 92 | 92 |
| 0408020393 SURGICAL TREATMENT OF HUMERAL SHAFT FRACTURE | - | 8 | 8 |
| 0408020407 SURGICAL TREATMENT OF FRACTURE OF THE DISTAL EXTREMITY / METAPHYSIS OF THE FOREARM BONES | - | 20 | 20 |
| 0408020415 SURGICAL TREATMENT OF FRACTURE OF THE PROXIMAL EXTREMITY / METAPHYSIS OF THE FOREARM BONES | - | 2 | 2 |
| 0408020423 SURGICAL TREATMENT OF DIAPHYSEAL FRACTURE OF BOTH FOREARM BONES (WITH FIXATION) | - | 40 | 40 |
| 0408020431 SURGICAL TREATMENT OF SINGLE DIAPHYSEAL FRACTURE OF THE RADIUS / ULNA | - | 2 | 2 |
| 0408030470 SURGICAL DRAINAGE OF THE ILIOPSOAS | - | 4 | 4 |
| 0408050012 AMPUTATION / DISARTICULATION OF LOWER LIMBS | - | 119 | 119 |
| 0408050020 AMPUTATION / DISARTICULATION OF FOOT AND TARSUS | - | 6 | 6 |
| 0408050080 FASCIOTOMY OF LOWER LIMBS | - | 11 | 11 |
| 0408050195 CLOSED REDUCTION OF METATARSOPHALANGEAL / INTERPHALANGEAL DISLOCATION / FRACTURE-DISLOCATION OF THE FOOT | - | 2 | 2 |
| 0408050217 CLOSED REDUCTION OF FRACTURE / DISLOCATION / FRACTURE-DISLOCATION OF THE ANKLE | - | 6 | 6 |
| 0408050225 CLOSED REDUCTION OF DIAPHYSEAL FRACTURE / DISTAL PHYSEAL INJURY OF THE TIBIA WITH OR WITHOUT FIBULA FRACTURE | - | 19 | 19 |
| 0408050233 CLOSED REDUCTION OF DIAPHYSEAL FRACTURE / PROXIMAL PHYSEAL INJURY OF THE FEMUR | - | 30 | 30 |
| 0408050330 SURGICAL REVISION OF AMPUTATION STUMP OF THE LOWER LIMB (EXCEPT TOE) | - | 4 | 4 |
| 0408050454 SURGICAL TREATMENT OF FRACTURE / PHYSEAL INJURY OF MIDFOOT BONES | - | 2 | 2 |

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0408050470 SURGICAL TREATMENT OF FRACTURE / PHYSEAL INJURY OF THE TOES | - | 5 | 5 |
| 0408050500 SURGICAL TREATMENT OF TIBIAL SHAFT FRACTURE | - | 10 | 10 |
| 0408050519 SURGICAL TREATMENT OF FEMORAL SHAFT FRACTURE | - | 13 | 13 |
| 0408050535 SURGICAL TREATMENT OF CALCANEAL FRACTURE | - | 1 | 1 |
| 0408050551 SURGICAL TREATMENT OF TIBIAL PLATEAU FRACTURE | - | 1 | 1 |
| 0408050608 SURGICAL TREATMENT OF DISTAL TIBIAL FRACTURE / PHYSEAL INJURY | - | 3 | 3 |
| 0408050632 SURGICAL TREATMENT OF INTERTROCHANTERIC FRACTURE | - | 1 | 1 |
| 0408050683 SURGICAL TREATMENT OF DISLOCATION / FRACTURE-DISLOCATION AT THE KNEE LEVEL | - | 1 | 1 |
| 0408060042 AMPUTATION / DISARTICULATION OF FINGER / TOE | - | 102 | 102 |
| 0408060174 OSTECTOMY OF LONG BONES EXCEPT HAND AND FOOT | - | 2 | 2 |
| 0408060190 OSTEOTOMY OF LONG BONES EXCEPT HAND AND FOOT | - | 2 | 2 |
| 0408060328 REMOVAL OF INTRA-ARTICULAR FOREIGN BODY | - | 2 | 2 |
| 0408060336 REMOVAL OF INTRA-OSSEOUS FOREIGN BODY | - | 1 | 1 |
| 0408060352 REMOVAL OF INTRA-OSSEOUS WIRE OR PIN | - | 25 | 25 |
| 0408060360 REMOVAL OF EXTERNAL FIXATOR | - | 7 | 7 |
| 0408060379 REMOVAL OF PLATE AND/OR SCREWS | - | 1 | 1 |
| 0408060425 SURGICAL REVISION OF AMPUTATION STUMP OF THE FINGERS / TOES | - | 4 | 4 |
| 0408060450 TENOMYORRHAPHY | - | 3 | 3 |
| 0408060557 SURGICAL TREATMENT OF INFECTIOUS ARTHRITIS (LARGE AND MEDIUM JOINTS) | - | 21 | 21 |
| 0408060565 SURGICAL TREATMENT OF INFECTIOUS ARTHRITIS OF SMALL JOINTS | - | 1 | 1 |
| 0408060590 SURGICAL TREATMENT OF MALUNITED FRACTURE OF LONG BONES EXCEPT HAND AND FOOT | - | 3 | 3 |
| 0409010081 CYSTORRHAPHY | - | 3 | 3 |
| 0409010090 CYSTOSTOMY | - | 23 | 23 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0409010138 DRAINAGE OF RENAL / PERI-RENAL ABSCESS | - | 1 | 1 |
| 0409010200 PARTIAL NEPHRECTOMY | - | 5 | 5 |
| 0409010219 TOTAL NEPHRECTOMY | - | 1 | 1 |
| 0409010260 NEPHRORRHAPHY | - | 4 | 4 |
| 0409010286 NEPHROSTOMY WITH OR WITHOUT DRAINAGE | - | 3 | 3 |
| 0409010294 PERCUTANEOUS NEPHROSTOMY | - | 1 | 1 |
| 0409010570 URETEROPLASTY | - | 2 | 2 |
| 0409040010 DRAINAGE OF SCROTAL SAC ABSCESS | - | 4 | 4 |
| 0409040096 SURGICAL EXPLORATION OF THE SCROTAL SAC | - | 4 | 4 |
| 0409040126 BILATERAL ORCHIDOPEXY | - | 1 | 1 |
| 0409040134 UNILATERAL ORCHIDOPEXY | - | 8 | 8 |
| 0409040169 UNILATERAL ORCHIECTOMY | - | 4 | 4 |
| 0409040177 SCROTAL SAC PLASTY | - | 1 | 1 |
| 0409050075 TOTAL PENILE PLASTY | - | 4 | 4 |
| 0409050113 SURGICAL TREATMENT OF PRIAPISM | - | 5 | 5 |
| 0409060119 HYSTERECTOMY WITH ADNEXECTOMY (UNI / BILATERAL) | - | 2 | 2 |
| 0409060127 SUBTOTAL HYSTERECTOMY | - | 1 | 1 |
| 0409060135 TOTAL HYSTERECTOMY | - | 1 | 1 |
| 0409060216 OOPHORECTOMY / OOPHOROPLASTY | - | 20 | 20 |
| 0409060232 UNILATERAL / BILATERAL SALPINGECTOMY | - | 35 | 35 |
| 0409070092 NON-OBSTETRIC COLPORRHAPHY | - | 2 | 2 |
| 0409070157 EXCISION OF BARTHOLIN / SKENE GLAND | - | 6 | 6 |
| 0409070220 SURGICAL TREATMENT OF LABIAL ADHESION | - | 1 | 1 |
| 0410010014 DRAINAGE OF BREAST ABSCESS | - | 5 | 5 |
| 0412030098 PLEUROSTOMY | - | 2 | 2 |
| 0412040166 THORACOSTOMY WITH CLOSED PLEURAL DRAINAGE | - | 202 | 202 |
| 0412040174 EXPLORATORY THORACOTOMY | - | 1 | 1 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

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## SUS HOSPITAL PROCEDURES - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** Feb-Oct/2013

| Procedure | 2012 | 2013 | Total |
|---|---|---|---|
| 0412050080 PNEUMORRHAPHY | - | 1 | 1 |
| 0413010066 TREATMENT OF MAJOR BURNS | - | 13 | 13 |
| 0413010082 TREATMENT OF MODERATE BURNS | - | 22 | 22 |
| 0413010090 TREATMENT OF MINOR BURNS | - | 9 | 9 |
| 0413040178 SURGICAL TREATMENT OF EXTENSIVE LESIONS WITH LOSS OF SKIN SUBSTANCE | - | 125 | 125 |
| 0413040208 SURGICAL TREATMENT OF CICATRICIAL RETRACTION OF FINGERS OF THE HAND/FOOT WITHOUT TENDON INVOLVEMENT | - | 1 | 1 |
| 0414010272 SURGICAL TREATMENT OF CUTANEOUS FISTULA OF DENTAL ORIGIN | - | 1 | 1 |
| 0414010329 SURGICAL TREATMENT OF CYST OF THE MAXILLOMANDIBULAR COMPLEX | - | 4 | 4 |
| 0415010012 TREATMENT WITH MULTIPLE SURGERIES | 1 | 261 | 262 |
| 0415030013 SURGICAL TREATMENT OF POLYTRAUMA PATIENT | - | 5 | 5 |
| 0415040027 DEBRIDEMENT OF NECROTIZING FASCIITIS | - | 31 | 31 |
| 0415040035 DEBRIDEMENT OF ULCER / DEVITALIZED TISSUES | - | 354 | 354 |

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Key:

- - Numerical value equal to 0 not resulting from rounding.
0; 0,0 - Numerical value equal to 0 resulting from rounding of an originally positive value.

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**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 11, 2026.**

## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| **TOTAL** | **2** | **6.506** | **6.508** |
| 0301060070 DIAGNOSTICO E/OU ATENDIMENTO DE URGENCIA EM CLINICA CIRURGICA | - | 1 | 1 |
| 0303010010 TRATAMENTO DE DENGUE CLASSICA | - | 3 | 3 |
| 0303010037 TRATAMENTO DE OUTRAS DOENCAS BACTERIANAS | - | 8 | 8 |
| 0303010053 TRATAMENTO DE OUTRAS DOENCAS DEVIDAS A PROTOZOARIOS (B55 A B64) | - | 1 | 1 |
| 0303010061 TRATAMENTO DE DOENCAS INFECCIOSAS INTESTINAIS | - | 24 | 24 |
| 0303010134 TRATAMENTO DE INFECCOES VIRAIS CARACTERIZADAS POR LESOES DE PELE E MUCOSAS (B00 A B09) | - | 1 | 1 |
| 0303010142 TRATAMENTO DE INFECCOES VIRAIS DO SISTEMA NERVOSO CENTRAL | - | 1 | 1 |
| 0303010193 TRATAMENTO DE OUTRAS DOENCAS CAUSADAS POR VIRUS (B25 A B34) | - | 1 | 1 |
| 0303020032 TRATAMENTO DE ANEMIA APLASTICA E OUTRAS ANEMIAS | - | 202 | 202 |
| 0303020040 TRATAMENTO DE ANEMIA HEMOLITICA | - | 1 | 1 |
| 0303020067 TRATAMENTO DE DEFEITOS DA COAGULACAO PURPURA E OUTRAS AFECCOES HEMORRAGICAS | - | 1 | 1 |
| 0303020075 TRATAMENTO DE HEMOFILIAS | - | 2 | 2 |
| 0303020083 TRATAMENTO DE OUTRAS DOENCAS DO SANGUE E DOS ORGAOS HEMATOPOIETICOS | - | 3 | 3 |
| 0303030020 TRATAMENTO DE DESNUTRICAO | - | 2 | 2 |
| 0303030038 TRATAMENTO DE DIABETES MELLITUS | - | 38 | 38 |
| 0303030046 TRATAMENTO DE DISTURBIOS METABOLICOS | - | 38 | 38 |
| 0303040033 TRATAMENTO DA MIGRANEA COMPLICADA | - | 11 | 11 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0303040041 TRATAMENTO CLINICO DE ABSCESSO CEREBRAL | - | 17 | 17 |
| 0303040076 TRATAMENTO CONSERVADOR DA HEMORRAGIA CEREBRAL | - | 24 | 24 |
| 0303040084 TRATAMENTO CONSERVADOR DE TRAUMATISMO CRANIOENCEFALICO (GRAU LEVE) | - | 45 | 45 |
| 0303040092 TRATAMENTO CONSERVADOR DE TRAUMATISMO CRANIOENCEFALICO (GRAU MEDIO) | - | 226 | 226 |
| 0303040149 TRATAMENTO DE ACIDENTE VASCULAR CEREBRAL - AVC (ISQUEMICO OU HEMORRAGICO AGUDO) | - | 347 | 347 |
| 0303040157 TRATAMENTO DE COMPLICACOES DA HIDROCEFALIA | - | 3 | 3 |
| 0303040165 TRATAMENTO DE CRISES EPILETICAS NAO CONTROLADAS | 1 | 108 | 109 |
| 0303040203 TRATAMENTO DE DOENCAS NEURODEGENERATIVAS | - | 4 | 4 |
| 0303040211 TRATAMENTO DE ENCEFALOPATIA HIPERTENSIVA | - | 4 | 4 |
| 0303040238 TRATAMENTO DE FRATURA DA COLUNA VERTEBRAL C/ LESAO DA MEDULA ESPINHAL | - | 14 | 14 |
| 0303040246 TRATAMENTO DE INTERCORRENCIAS DE DOENCAS NEUROMUSCULARES | - | 3 | 3 |
| 0303040262 TRATAMENTO DE POLINEUROPATIAS | - | 7 | 7 |
| 0303040270 TRATAMENTO DE POLIRRADICULONEURITE DESMIELINIZANTE AGUDA | - | 1 | 1 |
| 0303060018 TRATAMENTO DE ANEURISMA DA AORTA | - | 5 | 5 |
| 0303060026 TRATAMENTO DE ARRITMIAS | - | 11 | 11 |
| 0303060050 TRATAMENTO DE CHOQUE ANAFILATICO | - | 2 | 2 |
| 0303060069 TRATAMENTO DE CHOQUE CARDIOGENICO | - | 9 | 9 |
| 0303060077 TRATAMENTO DE CHOQUE HIPOVOLEMICO | - | 7 | 7 |
| 0303060107 TRATAMENTO DE CRISE HIPERTENSIVA | - | 31 | 31 |
| 0303060131 TRATAMENTO DE EDEMA AGUDO DE PULMAO | - | 24 | 24 |
| 0303060166 TRATAMENTO DE ENDOCARDITE INFECCIOSA EM VALVULA NATIVA | - | 1 | 1 |
| 0303060190 TRATAMENTO DE INFARTO AGUDO DO MIOCARDIO | - | 72 | 72 |
| 0303060204 TRATAMENTO DE INSUFICIENCIA ARTERIAL C/ ISQUEMIA CRITICA | - | 9 | 9 |
| 0303060212 TRATAMENTO DE INSUFICIENCIA CARDIACA | - | 207 | 207 |

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0303060247 TRATAMENTO DE OUTRAS VASCULOPATIAS | - | 6 | 6 |
| 0303060255 TRATAMENTO DE PARADA CARDIACA C/ RESSUSCITACAO | - | 1 | 1 |
| 0303060263 TRATAMENTO DE PE DIABETICO COMPLICADO | - | 179 | 179 |
| 0303060271 TRATAMENTO DE PERICARDITE | - | 2 | 2 |
| 0303060280 TRATAMENTO DE SINDROME CORONARIANA AGUDA | - | 73 | 73 |
| 0303060298 TRATAMENTO DE TROMBOSE VENOSA PROFUNDA | - | 27 | 27 |
| 0303070064 TRATAMENTO DE DOENCAS DO ESOFAGO ESTOMAGO E DUODENO | - | 7 | 7 |
| 0303070072 TRATAMENTO DE DOENCAS DO FIGADO | - | 27 | 27 |
| 0303070080 TRATAMENTO DE DOENCAS DO PERITONIO | - | 25 | 25 |
| 0303070099 TRATAMENTO DE ENTERITES E COLITES NAO INFECCIOSAS | - | 3 | 3 |
| 0303070102 TRATAMENTO DE OUTRAS DOENCAS DO APARELHO DIGESTIVO | - | 356 | 356 |
| 0303070110 TRATAMENTO DE OUTRAS DOENCAS DO INTESTINO | - | 2 | 2 |
| 0303070129 TRATAMENTO DE TRANSTORNOS DAS VIAS BILIARES E PANCREAS | - | 69 | 69 |
| 0303080043 TRATAMENTO DE AFECCOES BOLHOSAS | - | 2 | 2 |
| 0303080051 TRATAMENTO DE DERMATITES E ECZEMAS | - | 1 | 1 |
| 0303080060 TRATAMENTO DE ESTAFILOCOCCIAS | - | 118 | 118 |
| 0303080086 TRATAMENTO DE FARMACODERMIAS | - | 1 | 1 |
| 0303080094 TRATAMENTO DE OUTRAS AFECCOES DA PELE E DO TECIDO SUBCUTANEO | - | 3 | 3 |
| 0303090138 TRATAMENTO CONSERVADOR DE FRATURA / LESAO LIGAMENTAR / ARRANCAMENTO OSSEO AO NIVEL DA PELVE | - | 20 | 20 |
| 0303090235 TRATAMENTO CONSERVADOR DE LESAO DA COLUNA TORACO-LOMBO-SACRA C/ ORTESE | - | 4 | 4 |
| 0303090316 TRATAMENTO DAS POLIARTROPATIAS INFLAMATORIAS | - | 17 | 17 |
| 0303140046 TRATAMENTO DAS DOENCAS CRONICAS DAS VIAS AEREAS INFERIORES | - | 36 | 36 |
| 0303140070 TRATAMENTO DE DOENCA DO OUVIDO EXTERNO MEDIO E DA MASTOIDE | - | 1 | 1 |
| 0303140097 TRATAMENTO DE HEMORRAGIAS DAS VIAS RESPIRATORIAS | - | 2 | 2 |

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**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0303140100 TRATAMENTO DE INFECCOES AGUDAS DAS VIAS AEREAS SUPERIORES | - | 3 | 3 |
| 0303140119 TRATAMENTO DE OUTRAS DOENCAS DA PLEURA | - | 1 | 1 |
| 0303140135 TRATAMENTO DE OUTRAS DOENCAS DO APARELHO RESPIRATORIO | - | 217 | 217 |
| 0303140143 TRATAMENTO DE OUTRAS INFECCOES AGUDAS DAS VIAS AEREAS INFERIORES | - | 1 | 1 |
| 0303140151 TRATAMENTO DE PNEUMONIAS OU INFLUENZA (GRIPE) | - | 186 | 186 |
| 0303150017 TRATAMENTO DE DOENCAS DOS ORGAOS GENITAIS MASCULINOS | - | 13 | 13 |
| 0303150033 TRATAMENTO DE DOENCAS INFLAMATORIAS DOS ORGAOS PELVICOS FEMININOS | - | 2 | 2 |
| 0303150050 TRATAMENTO DE OUTRAS DOENCAS DO APARELHO URINARIO | - | 83 | 83 |
| 0303150068 TRATAMENTO DE OUTROS TRANSTORNOS DO RIM E DO URETER | - | 39 | 39 |
| 0305020013 TRATAMENTO DA PIELONEFRITE | - | 5 | 5 |
| 0305020021 TRATAMENTO DE CALCULOSE RENAL | - | 35 | 35 |
| 0305020048 TRATAMENTO DE INSUFICIENCIA RENAL AGUDA | - | 124 | 124 |
| 0308010019 TRATAMENTO CLINICO/CONSERVADOR DE TRAUMATISMOS DE QUALQUER LOCALIZACAO | - | 98 | 98 |
| 0308010027 TRATAMENTO DE EFEITOS DE ASFIXIA / OUTROS RISCOS A RESPIRACAO | - | 2 | 2 |
| 0308010035 TRATAMENTO DE TRAUMATISMOS C/ LESAO DE ORGAO INTRA-TORACICO E INTRA-ABDOMINAL | - | 9 | 9 |
| 0308010043 TRATAMENTO DE TRAUMATISMOS ENVOLVENDO MULTIPLAS REGIOES DO CORPO | - | 41 | 41 |
| 0308020022 TRATAMENTO DE EFEITOS DO CONTATO C/ ANIMAIS E PLANTAS VENENOSOS | - | 5 | 5 |
| 0308020030 TRATAMENTO DE INTOXICACAO OU ENVENENAMENTO POR EXPOSICAO A MEDICAMENTO E SUBSTANCIAS DE USO NAO MEDI | - | 16 | 16 |
| 0308030010 TRATAMENTO DE EFEITOS DA PENETRACAO DE CORPO ESTRANHO EM ORIFICIO NATURAL | - | 9 | 9 |
| 0308030028 TRATAMENTO DE EFEITOS DE OUTRAS CAUSAS EXTERNAS | - | 9 | 9 |
| 0308030036 TRATAMENTO DE QUEIMADURAS CORROSOES E GELADURAS | - | 6 | 6 |

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0308040015 TRATAMENTO DE COMPLICACOES DE PROCEDIMENTOS CIRURGICOS OU CLINICOS | - | 3 | 3 |
| 0401020100 EXTIRPACAOE SUPRESSAO DE LESAO DE PELE E DE TECIDO CELULAR SUBCUTANEO | - | 9 | 9 |
| 0401020126 TRATAMENTO CIRURGICO DE ESCALPO PARCIAL | - | 2 | 2 |
| 0403010020 CRANIOTOMIA DESCOMPRESSIVA | - | 19 | 19 |
| 0403010098 DERIVACAO VENTRICULAR EXTERNAR-SUBGALEAL EXTERNA | - | 5 | 5 |
| 0403010101 DERIVACAO VENTRICULAR PARA PERITONEO / ATRIO / PLEURA / RAQUE | - | 2 | 2 |
| 0403010268 TRATAMENTO CIRURGICO DE FRATURA DO CRANIO COM AFUNDAMENTO | - | 4 | 4 |
| 0403010276 TRATAMENTO CIRURGICO DE HEMATOMA EXTRADURAL | - | 27 | 27 |
| 0403010284 TRATAMENTO CIRURGICO DE HEMATOMA INTRACEREBRAL | - | 19 | 19 |
| 0403010306 TRATAMENTO CIRURGICO DE HEMATOMA SUBDURAL AGUDO | - | 39 | 39 |
| 0404010318 RETIRADA DE CORPO ESTRANHO DE OUVIDO / FARINGE / LARINGE / NARIZ | - | 2 | 2 |
| 0404010377 TRAQUEOSTOMIA | - | 46 | 46 |
| 0406020124 EMBOLECTOMIA ARTERIAL | - | 2 | 2 |
| 0406020167 FASCIOTOMIA P/ DESCOMPRESSAO | - | 37 | 37 |
| 0406020493 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DA REGIAO CERVICAL | - | 17 | 17 |
| 0406020507 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO INFERIOR BILATERAL | - | 6 | 6 |
| 0406020515 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO INFERIOR UNILATERAL | - | 5 | 5 |
| 0406020523 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO SUPERIOR BILATERAL | - | 3 | 3 |
| 0406020531 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO SUPERIOR UNILATERAL | - | 9 | 9 |
| 0406020540 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DO ABDOMEN | - | 4 | 4 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.
2. A partir do processamento de junho de 2012, houve mudança na classificação da natureza e esfera dos estabelecimentos. Com isso, temos que:
   - Até maio de 2012 estas informações estão disponíveis como "Natureza" e "Esfera Administrativa".
   - De junho de 2012 a outubro de 2015, estão disponíveis tanto como "Natureza" e "Esfera Administrativa", como "Natureza Jurídica" e "Esfera Jurídica".
   - A partir de novembro de 2015, estão disponíveis como "Natureza Jurídica" e "Esfera Jurídica".

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**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0406020590 TROMBECTOMIA DO SISTEMA VENOSO | - | 1 | 1 |
| 0406020620 RETIRADA DE CATETER DE LONGA PERMANENCIA SEMI OU TOTALMENTE IMPLANTAVEL | - | 1 | 1 |
| 0407010106 ESOFAGORRAFIA TORACICA | - | 1 | 1 |
| 0407010114 ESOFAGOSTOMIA | - | 1 | 1 |
| 0407010165 GASTROENTEROANASTOMOSE | - | 1 | 1 |
| 0407010190 GASTRORRAFIA | - | 20 | 20 |
| 0407010211 GASTROSTOMIA | - | 2 | 2 |
| 0407020039 APENDICECTOMIA | - | 295 | 295 |
| 0407020063 COLECTOMIA PARCIAL (HEMICOLECTOMIA) | - | 20 | 20 |
| 0407020098 COLORRAFIA POR VIA ABDOMINAL | - | 14 | 14 |
| 0407020101 COLOSTOMIA | - | 7 | 7 |
| 0407020144 DRENAGEM DE ABSCESSO ISQUIORRETAL | - | 2 | 2 |
| 0407020179 ENTERECTOMIA | - | 31 | 31 |
| 0407020187 ENTEROANASTOMOSE (QUALQUER SEGMENTO) | - | 7 | 7 |
| 0407020209 ENTEROTOMIA E/OU ENTERORRAFIA C/ SUTURA / RESSECCAO (QUALQUER SEGMENTO) | - | 35 | 35 |
| 0407020276 FISTULECTOMIA / FISTULOTOMIA ANAL | - | 1 | 1 |
| 0407020284 HEMORROIDECTOMIA | - | 1 | 1 |
| 0407020306 JEJUNOSTOMIA / ILEOSTOMIA | - | 6 | 6 |
| 0407020322 PLASTICA ANAL EXTERNA / ESFINCTEROPLASTIA ANAL | - | 1 | 1 |
| 0407020357 PROCTOPLASTIA E PROCTORRAFIA POR VIA PERINEAL | - | 1 | 1 |
| 0407020381 REMOCAO CIRURGICA DE FECALOMA | - | 4 | 4 |
| 0407020403 RETOSSIGMOIDECTOMIA ABDOMINAL | - | 1 | 1 |
| 0407020470 TRATAMENTO CIRURGICO DE PROLAPSO ANAL | - | 1 | 1 |
| 0407030026 COLECISTECTOMIA | - | 12 | 12 |
| 0407030050 COLEDOCOPLASTIA | - | 1 | 1 |
| 0407030123 ESPLENECTOMIA | - | 11 | 11 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.
2. A partir do processamento de junho de 2012, houve mudança na classificação da natureza e esfera dos estabelecimentos. Com isso, temos que:
   - Até maio de 2012 estas informações estão disponíveis como "Natureza" e "Esfera Administrativa".
   - De junho de 2012 a outubro de 2015, estão disponíveis tanto como "Natureza" e "Esfera Administrativa", como "Natureza Jurídica" e "Esfera Jurídica".
   - A partir de novembro de 2015, estão disponíveis como "Natureza Jurídica" e "Esfera Jurídica".

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0407030140 HEPATORRAFIA | - | 23 | 23 |
| 0407030166 HEPATOTOMIA E DRENAGEM DE ABSCESSO / CISTO | - | 1 | 1 |
| 0407040013 DRENAGEM DE ABSCESSO PELVICO | - | 5 | 5 |
| 0407040021 DRENAGEM DE ABSCESSO SUBFRENICO | - | 57 | 57 |
| 0407040030 DRENAGEM DE HEMATOMA / ABSCESSO PRE-PERITONEAL | - | 11 | 11 |
| 0407040048 HERNIOPLASTIA DIAFRAGMATICA (VIA ABDOMINAL) | - | 1 | 1 |
| 0407040064 HERNIOPLASTIA EPIGASTRICA | - | 2 | 2 |
| 0407040080 HERNIOPLASTIA INCISIONAL | - | 2 | 2 |
| 0407040099 HERNIOPLASTIA INGUINAL (BILATERAL) | - | 2 | 2 |
| 0407040102 HERNIOPLASTIA INGUINAL / CRURAL (UNILATERAL) | - | 44 | 44 |
| 0407040129 HERNIOPLASTIA UMBILICAL | - | 8 | 8 |
| 0407040161 LAPAROTOMIA EXPLORADORA | - | 56 | 56 |
| 0407040188 LIBERACAO DE ADERENCIAS INTESTINAIS | - | 26 | 26 |
| 0407040200 PERITONIOSTOMIA COM TELA INORGANICA | - | 2 | 2 |
| 0407040242 RESSUTURA DE PAREDE ABDOMINAL (POR DEISCENCIA TOTAL / EVISCERACAO) | - | 92 | 92 |
| 0407040250 TRATAMENTO CIRURGICO DE PERITONITE | - | 9 | 9 |
| 0408020016 AMPUTACAO / DESARTICULACAO DE MAO E PUNHO | - | 1 | 1 |
| 0408020024 AMPUTACAO / DESARTICULACAO DE MEMBROS SUPERIORES | - | 2 | 2 |
| 0408020105 FASCIOTOMIA DE MEMBROS SUPERIORES | - | 8 | 8 |
| 0408020199 REDUCAO INCRUENTA DE FRATURA DA DIAFISE DO UMERO | - | 8 | 8 |
| 0408020202 REDUCAO INCRUENTA DE FRATURA DIAFISARIA DOS OSSOS DO ANTEBRACO | - | 101 | 101 |
| 0408020210 REDUCAO INCRUENTA DE FRATURA DOS METACARPIANOS | - | 8 | 8 |
| 0408020229 REDUCAO INCRUENTA DE LUXACAO / FRATURA-LUXACAO DO COTOVELO | - | 34 | 34 |
| 0408020245 REDUCAO INCRUENTA DE LUXACAO OU FRATURA / LUXACAO NO PUNHO | - | 80 | 80 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.
2. A partir do processamento de junho de 2012, houve mudança na classificação da natureza e esfera dos estabelecimentos. Com isso, temos que:
   - Até maio de 2012 estas informações estão disponíveis como "Natureza" e "Esfera Administrativa".
   - De junho de 2012 a outubro de 2015, estão disponíveis tanto como "Natureza" e "Esfera Administrativa", como "Natureza Jurídica" e "Esfera Jurídica".
   - A partir de novembro de 2015, estão disponíveis como "Natureza Jurídica" e "Esfera Jurídica".

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0408020326 TRATAMENTO CIRURGICO DE DEDO EM GATILHO | - | 1 | 1 |
| 0408020377 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA DOS METACARPIANOS | - | 24 | 24 |
| 0408020385 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA SUPRACONDILIANA DO UMERO | - | 92 | 92 |
| 0408020393 TRATAMENTO CIRUGICO DE FRATURA DA DIAFISE DO UMERO | - | 8 | 8 |
| 0408020407 TRATAMENTO CIRURGICO DE FRATURA DA EXTREMIDADE / METAFISE DISTAL DOS OSSOS DO ANTEBRACO | - | 20 | 20 |
| 0408020415 TRATAMENTO CIRURGICO DE FRATURA DE EXTREMIDADES / METAFISE PROXIMAL DOS OSSOS DO ANTEBRACO | - | 2 | 2 |
| 0408020423 TRATAMENTO CIRURGICO DE FRATURA DIAFISARIA DE AMBOS OS OSSOS DO ANTEBRACO (C/ SINTESE) | - | 40 | 40 |
| 0408020431 TRATAMENTO CIRURGICO DE FRATURA DIAFISARIA UNICA DO RADIO / DA ULNA | - | 2 | 2 |
| 0408030470 DRENAGEM CIRURGICA DO ILIOPSOAS | - | 4 | 4 |
| 0408050012 AMPUTACAO / DESARTICULACAO DE MEMBROS INFERIORES | - | 119 | 119 |
| 0408050020 AMPUTACAO / DESARTICULACAO DE PE E TARSO | - | 6 | 6 |
| 0408050080 FASCIOTOMIA DE MEMBROS INFERIORES | - | 11 | 11 |
| 0408050195 REDUCAO INCRUENTA DA LUXACAO / FRATURA-LUXACAO METATARSO-FALANGIANA / INTERFALANGIANA DO PE | - | 2 | 2 |
| 0408050217 REDUCAO INCRUENTA DE FRATURA / LUXACAO / FRATURA-LUXACAO DO TORNOZELO | - | 6 | 6 |
| 0408050225 REDUCAO INCRUENTA DE FRATURA DIAFISARIA / LESAO FISARIA DISTAL DA TIBIA C/ OU S/ FRATURA DA FIBULA | - | 19 | 19 |
| 0408050233 REDUCAO INCRUENTA DE FRATURA DIAFISARIA / LESAO FISARIA PROXIMAL DO FEMUR | - | 30 | 30 |
| 0408050330 REVISAO CIRURGICA DE COTO DE AMPUTACAO EM MEMBRO INFERIOR (EXCETO DEDOS DO PE) | - | 4 | 4 |
| 0408050454 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA DE OSSOS DO MEDIO-PE | - | 2 | 2 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0408050470 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA DOS PODODACTILOS | - | 5 | 5 |
| 0408050500 TRATAMENTO CIRURGICO DE FRATURA DA DIAFISE DA TIBIA | - | 10 | 10 |
| 0408050519 TRATAMENTO CIRURGICO DE FRATURA DA DIAFISE DO FEMUR | - | 13 | 13 |
| 0408050535 TRATAMENTO CIRURGICO DE FRATURA DO CALCANEO | - | 1 | 1 |
| 0408050551 TRATAMENTO CIRURGICO DE FRATURA DO PLANALTO TIBIAL | - | 1 | 1 |
| 0408050608 TRATAMENTO CIRURGICO DE FRATURA LESAO FISARIA DISTAL DE TIBIA | - | 3 | 3 |
| 0408050632 TRATAMENTO CIRURGICO DE FRATURA TRANSTROCANTERIANA | - | 1 | 1 |
| 0408050683 TRATAMENTO CIRURGICO DE LUXACAO / FRATURA-LUXACAO AO NIVEL DO JOELHO | - | 1 | 1 |
| 0408060042 AMPUTACAO / DESARTICULACAO DE DEDO | - | 102 | 102 |
| 0408060174 OSTECTOMIA DE OSSOS LONGOS EXCETO DA MAO E DO PE | - | 2 | 2 |
| 0408060190 OSTEOTOMIA DE OSSOS LONGOS EXCETO DA MAO E DO PE | - | 2 | 2 |
| 0408060328 RETIRADA DE CORPO ESTRANHO INTRA-ARTICULAR | - | 2 | 2 |
| 0408060336 RETIRADA DE CORPO ESTRANHO INTRA-OSSEO | - | 1 | 1 |
| 0408060352 RETIRADA DE FIO OU PINO INTRA-OSSEO | - | 25 | 25 |
| 0408060360 RETIRADA DE FIXADOR EXTERNO | - | 7 | 7 |
| 0408060379 RETIRADA DE PLACA E/OU PARAFUSOS | - | 1 | 1 |
| 0408060425 REVISAO CIRURGICA DE COTO DE AMPUTACAO DOS DEDOS | - | 4 | 4 |
| 0408060450 TENOMIORRAFIA | - | 3 | 3 |
| 0408060557 TRATAMENTO CIRURGICO DE ARTRITE INFECCIOSA (GRANDES E MEDIAS ARTICULACOES) | - | 21 | 21 |
| 0408060565 TRATAMENTO CIRURGICO DE ARTRITE INFECCIOSA DAS PEQUENAS ARTICULACOES | - | 1 | 1 |
| 0408060590 TRATAMENTO CIRURGICO DE FRATURA VICIOSAMENTE CONSOLIDADA DOS OSSOS LONGOS EXCETO DA MAO E DO PE | - | 3 | 3 |
| 0409010081 CISTORRAFIA | - | 3 | 3 |
| 0409010090 CISTOSTOMIA | - | 23 | 23 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0409010138 DRENAGEM DE ABSCESSO RENAL / PERI-RENAL | - | 1 | 1 |
| 0409010200 NEFRECTOMIA PARCIAL | - | 5 | 5 |
| 0409010219 NEFRECTOMIA TOTAL | - | 1 | 1 |
| 0409010260 NEFRORRAFIA | - | 4 | 4 |
| 0409010286 NEFROSTOMIA COM OU SEM DRENAGEM | - | 3 | 3 |
| 0409010294 NEFROSTOMIA PERCUTANEA | - | 1 | 1 |
| 0409010570 URETEROPLASTIA | - | 2 | 2 |
| 0409040010 DRENAGEM DE ABSCESSO DA BOLSA ESCROTAL | - | 4 | 4 |
| 0409040096 EXPLORACAO CIRURGICA DA BOLSA ESCROTAL | - | 4 | 4 |
| 0409040126 ORQUIDOPEXIA BILATERAL | - | 1 | 1 |
| 0409040134 ORQUIDOPEXIA UNILATERAL | - | 8 | 8 |
| 0409040169 ORQUIECTOMIA UNILATERAL | - | 4 | 4 |
| 0409040177 PLASTICA DA BOLSAESCROTAL | - | 1 | 1 |
| 0409050075 PLASTICA TOTAL DO PENIS | - | 4 | 4 |
| 0409050113 TRATAMENTO CIRURGICO DE PRIAPRISMO | - | 5 | 5 |
| 0409060119 HISTERECTOMIA C/ ANEXECTOMIA (UNI / BILATERAL) | - | 2 | 2 |
| 0409060127 HISTERECTOMIA SUBTOTAL | - | 1 | 1 |
| 0409060135 HISTERECTOMIA TOTAL | - | 1 | 1 |
| 0409060216 OOFORECTOMIA / OOFOROPLASTIA | - | 20 | 20 |
| 0409060232 SALPINGECTOMIA UNI / BILATERAL | - | 35 | 35 |
| 0409070092 COLPORRAFIA NAO OBSTETRICA | - | 2 | 2 |
| 0409070157 EXERESE DE GLANDULA DE BARTHOLIN / SKENE | - | 6 | 6 |
| 0409070220 TRATAMENTO CIRURGICO DE COAPTACAO DE NINFAS | - | 1 | 1 |
| 0410010014 DRENAGEM DE ABSCESSO DE MAMA | - | 5 | 5 |
| 0412030098 PLEUROSTOMIA | - | 2 | 2 |
| 0412040166 TORACOSTOMIA COM DRENAGEM PLEURAL FECHADA | - | 202 | 202 |
| 0412040174 TORACOTOMIA EXPLORADORA | - | 1 | 1 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

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## PROCEDIMENTOS HOSPITALARES DO SUS - POR LOCAL DE INTERNAÇÃO - MARANHÃO

**Internações por Ano atendimento segundo Procedimento**
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** Fev-Out/2013

| Procedimento | 2012 | 2013 | Total |
|---|---|---|---|
| 0412050080 PNEUMORRAFIA | - | 1 | 1 |
| 0413010066 TRATAMENTO DE GRANDE QUEIMADO | - | 13 | 13 |
| 0413010082 TRATAMENTO DE MEDIO QUEIMADO | - | 22 | 22 |
| 0413010090 TRATAMENTO DE PEQUENO QUEIMADO | - | 9 | 9 |
| 0413040178 TRATAMENTO CIRURGICO DE LESOES EXTENSAS C/ PERDA DE SUBSTANCIA CUTANEA | - | 125 | 125 |
| 0413040208 TRATAMENTO CIRURGICO DE RETRACAO CICATRICIAL DOS DEDOS DA MAO/PE S/ COMPROMETIMENTO TENDINOSO | - | 1 | 1 |
| 0414010272 TRATAMENTO CIRURGICO DE FISTULA CUTANEA DE ORIGEM DENTARIA | - | 1 | 1 |
| 0414010329 TRATAMENTO CIRURGICO DE CISTO DO COMPLEXO MAXILO-MANDIBULAR | - | 4 | 4 |
| 0415010012 TRATAMENTO C/ CIRURGIAS MULTIPLAS | 1 | 261 | 262 |
| 0415030013 TRATAMENTO CIRURGICO EM POLITRAUMATIZADO | - | 5 | 5 |
| 0415040027 DEBRIDAMENTO DE FASCEITE NECROTIZANTE | - | 31 | 31 |
| 0415040035 DEBRIDAMENTO DE ULCERA / DE TECIDOS DESVITALIZADOS | - | 354 | 354 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.
2. A partir do processamento de junho de 2012, houve mudança na classificação da natureza e esfera dos estabelecimentos. Com isso, temos que:
   - Até maio de 2012 estas informações estão disponíveis como "Natureza" e "Esfera Administrativa".
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   - A partir de novembro de 2015, estão disponíveis como "Natureza Jurídica" e "Esfera Jurídica".

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Legenda:

- - Dado numérico igual a 0 não resultante de arredondamento.
0; 0,0 - Dado numérico igual a 0 resultante de arredondamento de um dado originalmente positivo.

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| **TOTAL** | **15.459** | **190.560** | **192.911** | **398.930** |
| 0201010631 LUMBAR PUNCTURE | - | - | 1 | 1 |
| 0202010120 URIC ACID DOSAGE | 3 | 129 | 278 | 410 |
| 0202010180 AMYLASE DOSAGE | 75 | 1.345 | 1.925 | 3.345 |
| 0202010201 TOTAL BILIRUBIN AND FRACTIONS DOSAGE | 59 | 1.316 | 1.494 | 2.869 |
| 0202010210 CALCIUM DOSAGE | 211 | 2.196 | 2.880 | 5.287 |
| 0202010260 CHLORIDE DOSAGE | 94 | 789 | 1.587 | 2.470 |
| 0202010279 HDL CHOLESTEROL DOSAGE | 1 | 5 | 7 | 13 |
| 0202010295 TOTAL CHOLESTEROL DOSAGE | 2 | 113 | 201 | 316 |
| 0202010317 CREATININE DOSAGE | 617 | 7.987 | 8.443 | 17.047 |
| 0202010325 CREATINE PHOSPHOKINASE (CPK) DOSAGE | 37 | 732 | 1.152 | 1.921 |
| 0202010368 LACTIC DEHYDROGENASE DOSAGE | 1 | 10 | 3 | 14 |
| 0202010422 ALKALINE PHOSPHATASE DOSAGE | 21 | 777 | 1.392 | 2.190 |
| 0202010430 PHOSPHORUS DOSAGE | 2 | 104 | 561 | 667 |
| 0202010465 GAMMA-GLUTAMYL TRANSFERASE (GAMMA GT) DOSAGE | 32 | 1.049 | 1.425 | 2.506 |
| 0202010473 GLUCOSE DOSAGE | 326 | 5.406 | 4.004 | 9.736 |
| 0202010554 LIPASE DOSAGE | 59 | 801 | 1.357 | 2.217 |
| 0202010562 MAGNESIUM DOSAGE | 94 | 668 | 1.327 | 2.089 |
| 0202010600 POTASSIUM DOSAGE | 527 | 6.577 | 7.596 | 14.700 |
| 0202010619 TOTAL PROTEINS DOSAGE | 182 | 1.682 | 1.508 | 3.372 |
| 0202010627 TOTAL PROTEINS AND FRACTIONS DOSAGE | 19 | 792 | 780 | 1.591 |
| 0202010635 SODIUM DOSAGE | 527 | 6.499 | 7.553 | 14.579 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

1. Data referring to the last six months, subject to updates.

**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0202010643 ASPARTATE AMINOTRANSFERASE (AST) DOSAGE | 138 | 3.246 | 3.922 | 7.306 |
| 0202010651 ALANINE AMINOTRANSFERASE (ALT) DOSAGE | 132 | 2.856 | 3.455 | 6.443 |
| 0202010678 TRIGLYCERIDES DOSAGE | 5 | 151 | 194 | 350 |
| 0202010694 UREA DOSAGE | 586 | 8.064 | 8.118 | 16.768 |
| 0202010732 BLOOD GAS ANALYSIS (PH PCO2 PO2 BICARBONATE SBE (BASE EXCESS OR DEFICIT) | 388 | 4.090 | 3.816 | 8.294 |
| 0202020029 PLATELET COUNT | - | 4 | 1.128 | 1.132 |
| 0202020142 PROTHROMBIN TIME AND ACTIVITY DETERMINATION (PT) | 103 | 1.346 | 3.793 | 5.242 |
| 0202020150 ERYTHROCYTE SEDIMENTATION RATE DETERMINATION (ESR) | - | 2 | 1 | 3 |
| 0202020223 FACTOR VIII DOSAGE | - | 29 | - | 29 |
| 0202020380 COMPLETE BLOOD COUNT | 833 | 10.963 | 11.150 | 22.946 |
| 0202020452 PLASMODIUM SCREENING BY THICK BLOOD SMEAR AND THIN SMEAR | - | - | 1 | 1 |
| 0202020495 CLOT RETRACTION TEST | 78 | 675 | 32 | 785 |
| 0202020509 TOURNIQUET TEST | - | 7 | - | 7 |
| 0202030083 QUANTITATIVE C-REACTIVE PROTEIN DETERMINATION | 17 | 361 | 812 | 1.190 |
| 0202040127 SCREENING FOR PARASITE EGGS AND CYSTS | - | 2 | - | 2 |
| 0202050017 ANALYSIS OF PHYSICAL CHARACTERISTICS, ELEMENTS AND SEDIMENT OF URINE | 48 | 726 | 747 | 1.521 |
| 0202080072 BACTERIOSCOPY (GRAM) | - | 1 | - | 1 |
| 0202080080 BACTERIAL CULTURE FOR IDENTIFICATION | - | 85 | 3 | 88 |
| 0202080153 BLOOD CULTURE | - | 53 | 2 | 55 |
| 0202090191 MYELOGRAM | - | 1 | 1 | 2 |
| 0202120023 DIRECT AND REVERSE ABO GROUP DETERMINATION | - | 10 | 4 | 14 |
| 0204010080 SKULL X-RAY (PA + LATERAL) | 4 | 115 | 35 | 154 |
| 0204010128 FACIAL BONES X-RAY (MN + LATERAL + HIRTZ) | 2 | 18 | 32 | 52 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

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**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0204010144 FACIAL SINUSES X-RAY (FN + MN + LATERAL + HIRTZ) | 3 | 12 | 4 | 19 |
| 0204020042 CERVICAL SPINE X-RAY (AP + LATERAL + TO / FLEXION) | 16 | 196 | 164 | 376 |
| 0204020069 LUMBOSACRAL SPINE X-RAY | 3 | 19 | 18 | 40 |
| 0204030064 HEART AND GREAT VESSELS X-RAY (PA + LATERAL) | - | - | 1 | 1 |
| 0204030153 CHEST X-RAY (PA AND LATERAL) | 1 | 69 | 50 | 120 |
| 0204030170 CHEST X-RAY (PA) | 208 | 3.324 | 2.836 | 6.368 |
| 0204040019 FOREARM X-RAY | 6 | 141 | 261 | 408 |
| 0204040051 ARM X-RAY | 5 | 31 | 43 | 79 |
| 0204040060 CLAVICLE X-RAY | 1 | 37 | 16 | 54 |
| 0204040078 ELBOW X-RAY | 12 | 142 | 256 | 410 |
| 0204040086 FINGER X-RAY | 3 | 36 | 80 | 119 |
| 0204040108 HAND AND WRIST X-RAY (FOR BONE AGE DETERMINATION) | 2 | 75 | 61 | 138 |
| 0204040116 SCAPULA/SHOULDER X-RAY (THREE POSITIONS) | - | 9 | 30 | 39 |
| 0204040124 WRIST X-RAY (AP + LATERAL + OBLIQUE) | - | 8 | 65 | 73 |
| 0204050138 PLAIN ABDOMINAL X-RAY (AP) | 39 | 435 | 357 | 831 |
| 0204060060 HIP JOINT X-RAY | 2 | 43 | 43 | 88 |
| 0204060095 PELVIS X-RAY | 16 | 239 | 226 | 481 |
| 0204060109 CALCANEUS X-RAY | 1 | 26 | 43 | 70 |
| 0204060117 THIGH X-RAY | 3 | 48 | 115 | 166 |
| 0204060125 KNEE X-RAY (AP + LATERAL) | 7 | 56 | 52 | 115 |
| 0204060150 FOOT / TOES X-RAY | 9 | 208 | 213 | 430 |
| 0204060168 LEG X-RAY | 3 | 64 | 122 | 189 |
| 0205020038 UPPER ABDOMINAL ULTRASOUND | 1 | 13 | 8 | 22 |
| 0205020046 FULL ABDOMINAL ULTRASOUND | 141 | 1.673 | 1.335 | 3.149 |

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0205020054 URINARY SYSTEM ULTRASOUND | 10 | 124 | 114 | 248 |
| 0205020070 SCROTAL SAC ULTRASOUND | 2 | 21 | 40 | 63 |
| 0205020119 PROSTATE ULTRASOUND (TRANSRECTAL) | - | 15 | 9 | 24 |
| 0205020135 THORACIC ULTRASOUND (EXTRACARDIAC) | 3 | 2 | 5 | 10 |
| 0205020143 OBSTETRIC ULTRASOUND | - | - | 2 | 2 |
| 0205020160 PELVIC ULTRASOUND (GYNECOLOGICAL) | - | 14 | 17 | 31 |
| 0205020178 TRANSFONTANELLE ULTRASOUND | 1 | - | - | 1 |
| 0206010010 CERVICAL SPINE CT SCAN WITH OR WITHOUT CONTRAST | 7 | 57 | 90 | 154 |
| 0206010028 LUMBOSACRAL SPINE CT SCAN WITH OR WITHOUT CONTRAST | 1 | 20 | 31 | 52 |
| 0206010044 CT SCAN OF FACE / FACIAL SINUSES / TEMPOROMANDIBULAR JOINTS | 7 | 81 | 142 | 230 |
| 0206010052 NECK CT SCAN | - | 6 | 6 | 12 |
| 0206010060 SELLA TURCICA CT SCAN | - | 11 | 11 | 22 |
| 0206010079 SKULL CT SCAN | 99 | 1.140 | 1.732 | 2.971 |
| 0206020015 UPPER LIMB JOINTS CT SCAN | - | 1 | 9 | 10 |
| 0206020031 CHEST CT SCAN | 7 | 261 | 459 | 727 |
| 0206030010 UPPER ABDOMINAL CT SCAN | 16 | 430 | 1.146 | 1.592 |
| 0206030029 LOWER LIMB JOINTS CT SCAN | - | 4 | 20 | 24 |
| 0206030037 PELVIS / LOWER ABDOMEN CT SCAN | - | 55 | 96 | 151 |
| 0209010037 ESOPHAGOGASTRODUODENOSCOPY | 15 | 165 | 167 | 347 |
| 0211020036 ELECTROCARDIOGRAM | 48 | 1.149 | 1.217 | 2.414 |

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0212010026 PRE-TRANSFUSION TESTS I | 313 | 3.200 | 3.325 | 6.838 |
| 0212010034 PRE-TRANSFUSION TESTS II | 154 | 1.708 | 2.003 | 3.865 |
| 0214010058 RAPID TEST FOR DETECTION OF ANTI-HIV ANTIBODIES FOR THE GENERAL POPULATION (EXCEPT PREGNANT WOMEN, PARTNER | 8 | 95 | 244 | 347 |
| 0301060070 DIAGNOSIS AND/OR EMERGENCY CARE IN SURGICAL CLINIC | - | 4 | 1 | 5 |
| 0301100047 INTERMITTENT URINARY CATHETERIZATION | - | 2 | - | 2 |
| 0301100055 INDWELLING URINARY CATHETERIZATION | 26 | 331 | 435 | 792 |
| 0301100098 ENEMA | - | 72 | 161 | 233 |
| 0301100101 INHALATION / NEBULIZATION | 2.388 | 25.120 | 19.827 | 47.335 |
| 0301100144 OXYGEN THERAPY PER DAY | - | 518 | 853 | 1.371 |
| 0301100179 GASTRIC INTUBATION | - | 2 | 1 | 3 |
| 0302040021 PHYSICAL THERAPY CARE FOR PATIENTS WITH RESPIRATORY DISORDERS WITHOUT SYSTEMIC COMPLICATIONS | 510 | 4.029 | 544 | 5.083 |
| 0303010010 TREATMENT OF CLASSIC DENGUE | - | - | 3 | 3 |
| 0303010037 TREATMENT OF OTHER BACTERIAL DISEASES | 3 | 35 | 11 | 49 |
| 0303010045 TREATMENT OF ZOONOTIC BACTERIAL DISEASES | 1 | - | - | 1 |
| 0303010053 TREATMENT OF OTHER DISEASES DUE TO PROTOZOA (B55 TO B64) | - | - | 1 | 1 |
| 0303010061 TREATMENT OF INTESTINAL INFECTIOUS DISEASES | 10 | 290 | 37 | 337 |
| 0303010134 TREATMENT OF VIRAL INFECTIONS CHARACTERIZED BY SKIN AND MUCOUS MEMBRANE LESIONS (B00 TO B09) | - | - | 1 | 1 |
| 0303010142 TREATMENT OF VIRAL INFECTIONS OF THE CENTRAL NERVOUS SYSTEM | - | - | 1 | 1 |
| 0303010193 TREATMENT OF OTHER DISEASES CAUSED BY VIRUSES (B25 TO B34) | - | - | 1 | 1 |
| 0303020032 TREATMENT OF APLASTIC ANEMIA AND OTHER ANEMIAS | 12 | 398 | 270 | 680 |
| 0303020040 TREATMENT OF HEMOLYTIC ANEMIA | - | - | 1 | 1 |

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

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**City:** 211130 SAO LUIS
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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303020067 TREATMENT OF COAGULATION DEFECTS, PURPURA AND OTHER HEMORRHAGIC CONDITIONS | - | - | 2 | 2 |
| 0303020075 TREATMENT OF HEMOPHILIAS | - | - | 2 | 2 |
| 0303020083 TREATMENT OF OTHER DISEASES OF THE BLOOD AND HEMATOPOIETIC ORGANS | - | - | 5 | 5 |
| 0303030020 TREATMENT OF MALNUTRITION | - | - | 2 | 2 |
| 0303030038 TREATMENT OF DIABETES MELLITUS | 3 | 73 | 44 | 120 |
| 0303030046 TREATMENT OF METABOLIC DISORDERS | - | - | 43 | 43 |
| 0303040033 TREATMENT OF COMPLICATED MIGRAINE | - | - | 12 | 12 |
| 0303040041 CLINICAL TREATMENT OF CEREBRAL ABSCESS | 1 | 26 | 24 | 51 |
| 0303040050 CLINICAL TREATMENT OF ACUTE CHOREA | - | 1 | - | 1 |
| 0303040076 CONSERVATIVE TREATMENT OF CEREBRAL HEMORRHAGE | 4 | 32 | 30 | 66 |
| 0303040084 CONSERVATIVE TREATMENT OF TRAUMATIC BRAIN INJURY (MILD GRADE) | 13 | 81 | 64 | 158 |
| 0303040092 CONSERVATIVE TREATMENT OF TRAUMATIC BRAIN INJURY (MODERATE GRADE) | 24 | 381 | 345 | 750 |
| 0303040149 TREATMENT OF STROKE - CVA (ACUTE ISCHEMIC OR HEMORRHAGIC) | 22 | 362 | 444 | 828 |
| 0303040157 TREATMENT OF HYDROCEPHALUS COMPLICATIONS | - | 4 | 3 | 7 |
| 0303040165 TREATMENT OF UNCONTROLLED EPILEPTIC SEIZURES | 1 | 106 | 128 | 235 |
| 0303040203 TREATMENT OF NEURODEGENERATIVE DISEASES | - | - | 5 | 5 |
| 0303040211 TREATMENT OF HYPERTENSIVE ENCEPHALOPATHY | - | 1 | 5 | 6 |
| 0303040238 TREATMENT OF VERTEBRAL COLUMN FRACTURE WITH SPINAL CORD INJURY | 1 | 27 | 21 | 49 |
| 0303040246 TREATMENT OF COMPLICATIONS OF NEUROMUSCULAR DISEASES | - | - | 3 | 3 |
| 0303040262 TREATMENT OF POLYNEUROPATHIES | - | - | 9 | 9 |

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303040270 TREATMENT OF ACUTE DEMYELINATING POLYRADICULONEURITIS | - | 1 | 1 | 2 |
| 0303040297 TREATMENT OF TOXIC-INFECTIOUS PROCESS OF THE BRAIN OR SPINAL CORD | 1 | - | - | 1 |
| 0303060018 TREATMENT OF AORTIC ANEURYSM | - | 4 | 6 | 10 |
| 0303060026 TREATMENT OF ARRHYTHMIAS | - | - | 14 | 14 |
| 0303060050 TREATMENT OF ANAPHYLACTIC SHOCK | - | - | 2 | 2 |
| 0303060069 TREATMENT OF CARDIOGENIC SHOCK | 1 | 3 | 15 | 19 |
| 0303060077 TREATMENT OF HYPOVOLEMIC SHOCK | - | 6 | 12 | 18 |
| 0303060107 TREATMENT OF HYPERTENSIVE CRISIS | 3 | 78 | 41 | 122 |
| 0303060131 TREATMENT OF ACUTE PULMONARY EDEMA | 3 | 37 | 30 | 70 |
| 0303060140 TREATMENT OF PULMONARY EMBOLISM | - | 1 | - | 1 |
| 0303060166 TREATMENT OF INFECTIOUS ENDOCARDITIS IN NATIVE VALVE | - | - | 1 | 1 |
| 0303060190 TREATMENT OF ACUTE MYOCARDIAL INFARCTION | 5 | 94 | 95 | 194 |
| 0303060204 TREATMENT OF ARTERIAL INSUFFICIENCY WITH CRITICAL ISCHEMIA | 3 | 33 | 15 | 51 |
| 0303060212 TREATMENT OF HEART FAILURE | 11 | 233 | 275 | 519 |
| 0303060247 TREATMENT OF OTHER VASCULOPATHIES | - | 6 | 11 | 17 |
| 0303060255 TREATMENT OF CARDIAC ARREST WITH RESUSCITATION | - | - | 1 | 1 |
| 0303060263 TREATMENT OF COMPLICATED DIABETIC FOOT | 17 | 256 | 226 | 499 |
| 0303060271 TREATMENT OF PERICARDITIS | - | - | 2 | 2 |
| 0303060280 TREATMENT OF ACUTE CORONARY SYNDROME | 5 | 92 | 88 | 185 |
| 0303060298 TREATMENT OF DEEP VEIN THROMBOSIS | 2 | 21 | 30 | 53 |
| 0303070064 TREATMENT OF DISEASES OF THE ESOPHAGUS, STOMACH AND DUODENUM | - | 1 | 7 | 8 |

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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303070072 TREATMENT OF LIVER DISEASES | 2 | 14 | 33 | 49 |
| 0303070080 TREATMENT OF PERITONEAL DISEASES | 1 | 5 | 26 | 32 |
| 0303070099 TREATMENT OF NON-INFECTIOUS ENTERITIS AND COLITIS | - | - | 4 | 4 |
| 0303070102 TREATMENT OF OTHER DISEASES OF THE DIGESTIVE SYSTEM | 36 | 475 | 490 | 1.001 |
| 0303070110 TREATMENT OF OTHER DISEASES OF THE INTESTINE | - | - | 3 | 3 |
| 0303070129 TREATMENT OF DISORDERS OF THE BILIARY TRACT AND PANCREAS | - | 24 | 89 | 113 |
| 0303080043 TREATMENT OF BULLOUS CONDITIONS | - | - | 2 | 2 |
| 0303080051 TREATMENT OF DERMATITIS AND ECZEMAS | - | - | 2 | 2 |
| 0303080060 TREATMENT OF STAPHYLOCOCCAL INFECTIONS | 9 | 89 | 153 | 251 |
| 0303080078 TREATMENT OF STREPTOCOCCAL INFECTIONS | - | - | 1 | 1 |
| 0303080086 TREATMENT OF DRUG-INDUCED SKIN REACTIONS | - | - | 1 | 1 |
| 0303080094 TREATMENT OF OTHER CONDITIONS OF THE SKIN AND SUBCUTANEOUS TISSUE | - | 3 | 3 | 6 |
| 0303090138 CONSERVATIVE TREATMENT OF FRACTURE / LIGAMENT INJURY / BONE AVULSION AT THE PELVIC LEVEL | 1 | 22 | 31 | 54 |
| 0303090235 CONSERVATIVE TREATMENT OF THORACO-LUMBO-SACRAL SPINAL INJURY WITH ORTHOSIS | - | 4 | 8 | 12 |
| 0303090316 TREATMENT OF INFLAMMATORY POLYARTHROPATHIES | 1 | 11 | 23 | 35 |
| 0303140038 TREATMENT OF NECROTIC AND SUPPURATIVE CONDITIONS OF THE LOWER AIRWAYS | - | 1 | - | 1 |
| 0303140046 TREATMENT OF CHRONIC DISEASES OF THE LOWER AIRWAYS | 3 | 80 | 44 | 127 |
| 0303140070 TREATMENT OF DISEASES OF THE EXTERNAL AND MIDDLE EAR AND MASTOID | - | 1 | 6 | 7 |
| 0303140097 TREATMENT OF RESPIRATORY TRACT HEMORRHAGES | - | 1 | 3 | 4 |
| 0303140100 TREATMENT OF ACUTE INFECTIONS OF THE UPPER RESPIRATORY TRACT | - | 1 | 3 | 4 |

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| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303140119 TREATMENT OF OTHER DISEASES OF THE PLEURA | - | 3 | 2 | 5 |
| 0303140135 TREATMENT OF OTHER DISEASES OF THE RESPIRATORY SYSTEM | 12 | 302 | 271 | 585 |
| 0303140143 TREATMENT OF OTHER ACUTE INFECTIONS OF THE LOWER RESPIRATORY TRACT | - | - | 1 | 1 |
| 0303140151 TREATMENT OF PNEUMONIA OR INFLUENZA (FLU) | 4 | 152 | 237 | 393 |
| 0303150017 TREATMENT OF DISEASES OF THE MALE GENITAL ORGANS | - | 5 | 17 | 22 |
| 0303150025 TREATMENT OF GLOMERULAR DISEASES | - | - | 1 | 1 |
| 0303150033 TREATMENT OF INFLAMMATORY DISEASES OF THE FEMALE PELVIC ORGANS | - | - | 5 | 5 |
| 0303150041 TREATMENT OF TUBULO-INTERSTITIAL RENAL DISEASES | - | 1 | - | 1 |
| 0303150050 TREATMENT OF OTHER DISEASES OF THE URINARY SYSTEM | 3 | 89 | 115 | 207 |
| 0303150068 TREATMENT OF OTHER DISORDERS OF THE KIDNEY AND URETER | 1 | 26 | 44 | 71 |
| 0305010131 HEMODIALYSIS FOR ACUTE / ACUTELY DECOMPENSATED CHRONIC RENAL PATIENTS WITHOUT INITIATED DIALYSIS TREATMENT | 129 | 518 | 241 | 888 |
| 0305020013 TREATMENT OF PYELONEPHRITIS | - | - | 6 | 6 |
| 0305020021 TREATMENT OF RENAL CALCULI | 1 | 56 | 47 | 104 |
| 0305020048 TREATMENT OF ACUTE RENAL FAILURE | 10 | 188 | 164 | 362 |
| 0306020068 TRANSFUSION OF RED BLOOD CELL CONCENTRATE | 154 | 1.708 | 2.002 | 3.864 |
| 0306020076 TRANSFUSION OF PLATELET CONCENTRATE | 19 | 104 | 127 | 250 |
| 0306020106 TRANSFUSION OF FRESH PLASMA | 140 | 1.388 | 1.195 | 2.723 |
| 0306020149 TRANSFUSION OF WHOLE BLOOD UNIT | - | - | 1 | 1 |
| 0308010019 CLINICAL/CONSERVATIVE TREATMENT OF TRAUMA OF ANY LOCATION | 6 | 71 | 122 | 199 |

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|---|---|---|---|---|
| 0308010027 TREATMENT OF EFFECTS OF ASPHYXIA / OTHER THREATS TO BREATHING | - | 1 | 2 | 3 |
| 0308010035 TREATMENT OF TRAUMA WITH INJURY TO INTRATHORACIC AND INTRA-ABDOMINAL ORGANS | 4 | 25 | 18 | 47 |
| 0308010043 TREATMENT OF TRAUMA INVOLVING MULTIPLE BODY REGIONS | 6 | 66 | 51 | 123 |
| 0308020022 TREATMENT OF EFFECTS OF CONTACT WITH VENOMOUS ANIMALS AND PLANTS | - | 5 | 5 | 10 |
| 0308020030 TREATMENT OF POISONING OR INTOXICATION DUE TO EXPOSURE TO MEDICATIONS AND SUBSTANCES NOT FOR MEDICAL USE | 1 | 20 | 21 | 42 |
| 0308030010 TREATMENT OF EFFECTS OF FOREIGN BODY PENETRATION INTO A NATURAL ORIFICE | - | 1 | 12 | 13 |
| 0308030028 TREATMENT OF EFFECTS OF OTHER EXTERNAL CAUSES | 1 | 6 | 12 | 19 |
| 0308030036 TREATMENT OF BURNS, CORROSIONS AND FROSTBITE | - | 1 | 7 | 8 |
| 0308040015 TREATMENT OF COMPLICATIONS OF SURGICAL OR CLINICAL PROCEDURES | - | 4 | 5 | 9 |
| 0309010047 ENTERAL NUTRITION IN ADULTS | 457 | 3.549 | 4.228 | 8.234 |
| 0309010063 ENTERAL NUTRITION IN PEDIATRICS | - | 31 | 37 | 68 |
| 0309010071 PARENTERAL NUTRITION IN ADULTS | 28 | 968 | 647 | 1.643 |
| 0309010098 PARENTERAL NUTRITION IN PEDIATRICS | 14 | 13 | 38 | 65 |
| 0401010015 GRADE II WOUND DRESSING WITH OR WITHOUT DEBRIDEMENT | - | 638 | 112 | 750 |
| 0401010023 GRADE I WOUND DRESSING WITH OR WITHOUT DEBRIDEMENT | - | - | 26 | 26 |
| 0401020037 FREE FULL-THICKNESS SKIN GRAFT | 1 | - | - | 1 |
| 0401020100 EXCISION AND REMOVAL OF SKIN AND SUBCUTANEOUS TISSUE LESION | 1 | 9 | 16 | 26 |
| 0401020126 SURGICAL TREATMENT OF PARTIAL SCALP | - | - | 2 | 2 |
| 0403010020 DECOMPRESSIVE CRANIOTOMY | 2 | 23 | 23 | 48 |
| 0403010039 DECOMPRESSIVE CRANIOTOMY OF THE POSTERIOR FOSSA | - | - | 1 | 1 |

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| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0403010063 CRANIOTOMY FOR REMOVAL OF INTRACRANIAL FOREIGN BODY | - | 2 | 1 | 3 |
| 0403010080 SPINAL-PERITONEAL SHUNT | - | 1 | - | 1 |
| 0403010098 EXTERNAL VENTRICULAR DRAIN - EXTERNAL SUBGALEAL SHUNT | 1 | 3 | 5 | 9 |
| 0403010101 VENTRICULAR SHUNT TO PERITONEUM / ATRIUM / PLEURA / SPINE | - | 7 | 3 | 10 |
| 0403010187 REVISION OF VENTRICULAR SHUNT TO PERITONEUM / ATRIUM / PLEURA / SPINE | - | 2 | - | 2 |
| 0403010268 SURGICAL TREATMENT OF DEPRESSED SKULL FRACTURE | 1 | 7 | 7 | 15 |
| 0403010276 SURGICAL TREATMENT OF EXTRADURAL HEMATOMA | 6 | 27 | 39 | 72 |
| 0403010284 SURGICAL TREATMENT OF INTRACEREBRAL HEMATOMA | 2 | 23 | 27 | 52 |
| 0403010306 SURGICAL TREATMENT OF ACUTE SUBDURAL HEMATOMA | 3 | 54 | 52 | 109 |
| 0403010314 SURGICAL TREATMENT OF CHRONIC SUBDURAL HEMATOMA | - | 1 | - | 1 |
| 0404010202 LARYNGORRHAPHY | 1 | - | - | 1 |
| 0404010318 REMOVAL OF FOREIGN BODY FROM EAR / PHARYNX / LARYNX / NOSE | - | 2 | 2 | 4 |
| 0404010377 TRACHEOSTOMY | 2 | 52 | 64 | 118 |
| 0404020070 RESECTION OF SALIVARY GLAND | - | 1 | - | 1 |
| 0404020143 PARTIAL GLOSSECTOMY | - | 1 | - | 1 |
| 0404020313 REMOVAL OF FOREIGN BODY FROM FACIAL BONES | - | 1 | - | 1 |
| 0406010102 CARDIORRHAPHY | - | 4 | 2 | 6 |
| 0406010773 PERICARDIOCENTESIS | - | 1 | 2 | 3 |
| 0406020124 ARTERIAL EMBOLECTOMY | - | 4 | 4 | 8 |
| 0406020167 FASCIOTOMY FOR DECOMPRESSION | - | 80 | 56 | 136 |
| 0406020264 UNILATERAL RADICAL INGUINAL LYMPHADENECTOMY | - | 1 | - | 1 |
| 0406020493 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE CERVICAL REGION | 2 | 25 | 32 | 59 |

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Notes:

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0406020507 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE BILATERAL LOWER LIMB | - | 6 | 10 | 16 |
| 0406020515 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE UNILATERAL LOWER LIMB | - | 4 | 9 | 13 |
| 0406020523 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE BILATERAL UPPER LIMB | - | 5 | 4 | 9 |
| 0406020531 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE UNILATERAL UPPER LIMB | - | 9 | 10 | 19 |
| 0406020540 SURGICAL TREATMENT OF TRAUMATIC VASCULAR INJURIES OF THE ABDOMEN | 2 | 14 | 17 | 33 |
| 0406020590 VENOUS SYSTEM THROMBECTOMY | - | 1 | 3 | 4 |
| 0406020620 REMOVAL OF LONG-TERM SEMI OR TOTALLY IMPLANTABLE CATHETER | - | - | 1 | 1 |
| 0407010106 THORACIC ESOPHAGOGRAPHY | - | - | 1 | 1 |
| 0407010114 ESOPHAGOSTOMY | - | - | 1 | 1 |
| 0407010130 PARTIAL GASTRECTOMY WITH OR WITHOUT VAGOTOMY | - | 1 | 1 | 2 |
| 0407010165 GASTROENTEROANASTOMOSIS | 1 | 1 | 3 | 5 |
| 0407010190 GASTROGRAPHIC | 6 | 79 | 75 | 160 |
| 0407010211 GASTROSTOMY | - | 9 | 7 | 16 |
| 0407010238 PYLOROPLASTY | 2 | 2 | 1 | 5 |
| 0407020039 APPENDECTOMY | 32 | 468 | 432 | 932 |
| 0407020063 PARTIAL COLECTOMY (HEMICOLECTOMY) | 2 | 66 | 44 | 112 |
| 0407020071 TOTAL COLECTOMY | - | 2 | 1 | 3 |
| 0407020098 ABDOMINAL COLPORRHAPHY | 4 | 32 | 37 | 73 |
| 0407020101 COLOSTOMY | 4 | 41 | 22 | 67 |
| 0407020136 DRAINAGE OF ANORECTAL ABSCESS | - | - | 3 | 3 |
| 0407020144 DRAINAGE OF ISCHIORECTAL ABSCESS | - | - | 3 | 3 |
| 0407020152 DRAINAGE OF RETRO-RECTAL HEMATOMA / ABSCESS | - | 3 | - | 3 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0407020179 ENTERECTOMY | 3 | 73 | 87 | 163 |
| 0407020187 ENTEROANASTOMOSIS (ANY SEGMENT) | - | 18 | 10 | 28 |
| 0407020209 ENTEROTOMY AND/OR ENTERORRHAPHY WITH SUTURE / RESECTION (ANY SEGMENT) | 6 | 76 | 82 | 164 |
| 0407020225 EXCISION OF ANORECTAL LESION / TUMOR | 1 | - | - | 1 |
| 0407020276 FISTULECTOMY / ANAL FISTULOTOMY | 1 | - | 1 | 2 |
| 0407020284 HEMORRHOIDECTOMY | - | - | 2 | 2 |
| 0407020292 HERNIORRHAPHY WITH INTESTINAL RESECTION (STRANGULATED HERNIA) | - | 1 | - | 1 |
| 0407020306 JEJUNOSTOMY / ILEOSTOMY | - | 9 | 14 | 23 |
| 0407020322 EXTERNAL ANAL PLASTY / ANAL SPHINCTEROPLASTY | - | 3 | 1 | 4 |
| 0407020357 PROCTOPLASTY AND PROCTORRHAPHY BY PERINEAL APPROACH | 1 | 1 | 2 | 4 |
| 0407020381 SURGICAL REMOVAL OF FECALOMA | 1 | 4 | 5 | 10 |
| 0407020403 ABDOMINAL RETOSIGMOIDECTOMY | - | 7 | 4 | 11 |
| 0407020470 SURGICAL TREATMENT OF ANAL PROLAPSE | - | 1 | 1 | 2 |
| 0407030018 BILIODIGESTIVE ANASTOMOSIS | - | 1 | - | 1 |
| 0407030026 CHOLECYSTECTOMY | 2 | 14 | 19 | 35 |
| 0407030050 CHOLEDOCHOPLASTY | - | - | 1 | 1 |
| 0407030069 CHOLEDOCHOTOMY WITH OR WITHOUT CHOLECYSTECTOMY | - | 1 | - | 1 |
| 0407030123 SPLENECTOMY | 9 | 26 | 34 | 69 |
| 0407030131 PARTIAL HEPATECTOMY | - | 1 | - | 1 |
| 0407030140 HEPATORRHAPHY | 2 | 78 | 87 | 167 |
| 0407030166 HEPATOTOMY AND DRAINAGE OF ABSCESS / CYST | - | 2 | 1 | 3 |
| 0407030174 MARSUPIALIZATION OF ABSCESS / CYST | - | 1 | - | 1 |
| 0407030182 PARTIAL PANCREATECTOMY | 1 | 5 | - | 6 |
| 0407030204 PANCREATICODUODENECTOMY | - | - | 1 | 1 |
| 0407040013 DRAINAGE OF PELVIC ABSCESS | 7 | 19 | 24 | 50 |
| 0407040021 DRAINAGE OF SUBPHRENIC ABSCESS | 8 | 112 | 83 | 203 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

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**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0407040030 DRAINAGE OF PRE-PERITONEAL HEMATOMA / ABSCESS | - | 12 | 14 | 26 |
| 0407040048 DIAPHRAGMATIC HERNIOPLASTY (ABDOMINAL APPROACH) | - | 5 | 24 | 29 |
| 0407040056 DIAPHRAGMATIC HERNIOPLASTY (THORACIC APPROACH) | - | 9 | 13 | 22 |
| 0407040064 EPIGASTRIC HERNIOPLASTY | - | 8 | 4 | 12 |
| 0407040080 INCISIONAL HERNIOPLASTY | - | 3 | 4 | 7 |
| 0407040099 INGUINAL HERNIOPLASTY (BILATERAL) | - | 4 | 2 | 6 |
| 0407040102 INGUINAL / FEMORAL HERNIOPLASTY (UNILATERAL) | 3 | 47 | 63 | 113 |
| 0407040129 UMBILICAL HERNIOPLASTY | 1 | 3 | 11 | 15 |
| 0407040145 HERNIORRHAPHY WITHOUT INTESTINAL RESECTION (STRANGULATED HERNIA) | - | 1 | 1 | 2 |
| 0407040161 EXPLORATORY LAPAROTOMY | 8 | 84 | 70 | 162 |
| 0407040188 RELEASE OF INTESTINAL ADHESIONS | 4 | 31 | 70 | 105 |
| 0407040200 PERITONEAL CAVITY RECONSTRUCTION WITH SYNTHETIC MESH | 2 | 8 | 13 | 23 |
| 0407040242 RESUTURE OF ABDOMINAL WALL (FOR TOTAL DEHISCENCE / EVISCERATION) | 4 | 140 | 135 | 279 |
| 0407040250 SURGICAL TREATMENT OF PERITONITIS | - | 12 | 9 | 21 |
| 0408010150 SURGICAL TREATMENT OF CLAVICLE FRACTURE | - | 1 | - | 1 |
| 0408020016 AMPUTATION / DISARTICULATION OF HAND AND WRIST | - | 1 | 1 | 2 |
| 0408020024 AMPUTATION / DISARTICULATION OF UPPER LIMBS | - | 1 | 2 | 3 |
| 0408020105 FASCIOTOMY OF UPPER LIMBS | - | 2 | 9 | 11 |
| 0408020199 CLOSED REDUCTION OF HUMERAL SHAFT FRACTURE | - | 14 | 9 | 23 |
| 0408020202 CLOSED REDUCTION OF DIAPHYSEAL FRACTURE OF FOREARM BONES | - | 91 | 130 | 221 |
| 0408020210 CLOSED REDUCTION OF METACARPAL FRACTURES | - | 1 | 11 | 12 |
| 0408020229 CLOSED REDUCTION OF ELBOW DISLOCATION / FRACTURE-DISLOCATION | 3 | 52 | 42 | 97 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0408020245 CLOSED REDUCTION OF DISLOCATION OR FRACTURE / DISLOCATION OF THE WRIST | 2 | 55 | 97 | 154 |
| 0408020326 SURGICAL TREATMENT OF TRIGGER FINGER | - | - | 1 | 1 |
| 0408020377 SURGICAL TREATMENT OF FRACTURE / PHYSEAL INJURY OF THE METACARPALS | - | 21 | 31 | 52 |
| 0408020385 SURGICAL TREATMENT OF SUPRACONDYLAR FRACTURE / PHYSEAL INJURY OF THE HUMERUS | 11 | 175 | 132 | 318 |
| 0408020393 SURGICAL TREATMENT OF HUMERAL SHAFT FRACTURE | - | 4 | 8 | 12 |
| 0408020407 SURGICAL TREATMENT OF FRACTURE OF THE DISTAL EXTREMITY / METAPHYSIS OF THE FOREARM BONES | 2 | 26 | 27 | 55 |
| 0408020415 SURGICAL TREATMENT OF FRACTURE OF THE PROXIMAL EXTREMITY / METAPHYSIS OF THE FOREARM BONES | - | 1 | 3 | 4 |
| 0408020423 SURGICAL TREATMENT OF DIAPHYSEAL FRACTURE OF BOTH FOREARM BONES (WITH FIXATION) | 6 | 73 | 60 | 139 |
| 0408020431 SURGICAL TREATMENT OF SINGLE DIAPHYSEAL FRACTURE OF THE RADIUS / ULN | - | 4 | 3 | 7 |
| 0408020482 SURGICAL TREATMENT OF ACUTE CAPSULOLIGAMENTOUS INJURY OF THE UPPER LIMB: ELBOW / WRIST | - | 1 | - | 1 |
| 0408020547 SURGICAL TREATMENT OF ELBOW DISLOCATION OR FRACTURE-DISLOCATION | - | 7 | - | 7 |
| 0408030470 SURGICAL DRAINAGE OF THE ILIOPSOAS | 1 | 11 | 6 | 18 |
| 0408040190 CLOSED REDUCTION OF TRAUMATIC / POST-ARTHROPLASTY COXOFEMORAL DISLOCATION | - | 4 | - | 4 |
| 0408050012 AMPUTATION / DISARTICULATION OF LOWER LIMBS | 8 | 186 | 154 | 348 |
| 0408050020 AMPUTATION / DISARTICULATION OF FOOT AND TARSUS | - | 1 | 15 | 16 |
| 0408050080 FASCIOTOMY OF LOWER LIMBS | - | 8 | 27 | 35 |
| 0408050195 CLOSED REDUCTION OF METATARSOPHALANGEAL / INTERPHALANGEAL DISLOCATION / FRACTURE-DISLOCATION OF THE FOOT | - | 1 | 2 | 3 |

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Notes:

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**City:** 211130 SAO LUIS
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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0408050217 CLOSED REDUCTION OF FRACTURE / DISLOCATION / FRACTURE-DISLOCATION OF THE ANKLE | 1 | 2 | 7 | 10 |
| 0408050225 CLOSED REDUCTION OF DIAPHYSEAL FRACTURE / DISTAL PHYSEAL INJURY OF THE TIBIA WITH OR WITHOUT FIBULA FRACTURE | 1 | 15 | 25 | 41 |
| 0408050233 CLOSED REDUCTION OF DIAPHYSEAL FRACTURE / PROXIMAL PHYSEAL INJURY OF THE FEMUR | 3 | 46 | 43 | 92 |
| 0408050268 CLOSED REDUCTION OF KNEE DISLOCATION / FRACTURE-DISLOCATION | - | 1 | 1 | 2 |
| 0408050330 SURGICAL REVISION OF AMPUTATION STUMP OF THE LOWER LIMB (EXCEPT TOE) | - | 1 | 10 | 11 |
| 0408050357 SURGICAL SYNDACTYLY OF THE TOES (KELIKIAN-TYPE PROCEDURE) | - | 1 | - | 1 |
| 0408050454 SURGICAL TREATMENT OF FRACTURE / PHYSEAL INJURY OF MIDFOOT BONES | - | 4 | 3 | 7 |
| 0408050470 SURGICAL TREATMENT OF FRACTURE / PHYSEAL INJURY OF THE TOES | - | 6 | 8 | 14 |
| 0408050500 SURGICAL TREATMENT OF TIBIAL SHAFT FRACTURE | 1 | 13 | 15 | 29 |
| 0408050519 SURGICAL TREATMENT OF FEMORAL SHAFT FRACTURE | 1 | 45 | 21 | 67 |
| 0408050527 SURGICAL TREATMENT OF PATELLAR FRACTURE BY INTERNAL FIXATION | - | 1 | - | 1 |
| 0408050535 SURGICAL TREATMENT OF CALCANEAL FRACTURE | - | - | 1 | 1 |
| 0408050551 SURGICAL TREATMENT OF TIBIAL PLATEAU FRACTURE | - | - | 3 | 3 |
| 0408050608 SURGICAL TREATMENT OF DISTAL TIBIAL FRACTURE / PHYSEAL INJURY | - | 4 | 5 | 9 |
| 0408050632 SURGICAL TREATMENT OF INTERTROCHANTERIC FRACTURE | - | 1 | 1 | 2 |
| 0408050683 SURGICAL TREATMENT OF DISLOCATION / FRACTURE-DISLOCATION AT THE KNEE LEVEL | - | - | 1 | 1 |
| 0408060042 AMPUTATION / DISARTICULATION OF FINGER / TOE | 7 | 137 | 144 | 288 |
| 0408060050 ARTHRODESIS OF SMALL JOINTS | - | 1 | - | 1 |

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**Approved Amount by Year of Service by Healthcare Facility**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0408060123 JOINT EXPLORATION WITH OR WITHOUT SYNOVECTOMY OF MEDIUM / LARGE JOINTS | - | 1 | - | 1 |
| 0408060140 FASCIECTOMY | 1 | 1 | 4 | 6 |
| 0408060174 OSTECTOMY OF LONG BONES EXCEPT HAND AND FOOT | - | - | 2 | 2 |
| 0408060190 OSTEOTOMY OF LONG BONES EXCEPT HAND AND FOOT | - | 1 | 2 | 3 |
| 0408060328 REMOVAL OF INTRA-ARTICULAR FOREIGN BODY | - | 1 | 2 | 3 |
| 0408060336 REMOVAL OF INTRA-OSSEOUS FOREIGN BODY | - | 2 | 1 | 3 |
| 0408060352 REMOVAL OF INTRA-OSSEOUS WIRE OR PIN | - | 9 | 30 | 39 |
| 0408060360 REMOVAL OF EXTERNAL FIXATOR | - | 4 | 7 | 11 |
| 0408060379 REMOVAL OF PLATE AND/OR SCREWS | - | - | 1 | 1 |
| 0408060425 SURGICAL REVISION OF AMPUTATION STUMP OF THE FINGERS / TOES | 1 | 7 | 4 | 12 |
| 0408060450 TENOMYORRHAPHY | - | 7 | 7 | 14 |
| 0408060484 SINGLE TENORRHAPHY IN OSTEOFIBROTIC TUNNEL | - | 10 | 3 | 13 |
| 0408060557 SURGICAL TREATMENT OF INFECTIOUS ARTHRITIS (LARGE AND MEDIUM JOINTS) | - | 16 | 24 | 40 |
| 0408060565 SURGICAL TREATMENT OF INFECTIOUS ARTHRITIS OF SMALL JOINTS | 1 | 3 | 1 | 5 |
| 0408060590 SURGICAL TREATMENT OF MALUNITED FRACTURE OF LONG BONES EXCEPT HAND AND FOOT | - | 4 | 3 | 7 |
| 0409010081 CYSTORRHAPHY | - | 16 | 9 | 25 |
| 0409010090 CYSTOSTOMY | 5 | 52 | 33 | 90 |
| 0409010138 DRAINAGE OF RENAL / PERI-RENAL ABSCESS | 1 | 2 | 1 | 4 |
| 0409010200 PARTIAL NEPHRECTOMY | - | 9 | 11 | 20 |
| 0409010219 TOTAL NEPHRECTOMY | 1 | 2 | 6 | 9 |
| 0409010260 NEPHRORRHAPHY | 2 | 22 | 10 | 34 |
| 0409010286 NEPHROSTOMY WITH OR WITHOUT DRAINAGE | 1 | 6 | 6 | 13 |
| 0409010294 PERCUTANEOUS NEPHROSTOMY | - | - | 1 | 1 |

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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0409010316 PYELOLITHOTOMY | 1 | - | - | 1 |
| 0409010332 PYELOSTOMY | - | 1 | - | 1 |
| 0409010359 BLADDER PUNCTURE/ASPIRATION | - | 2 | - | 2 |
| 0409010561 URETEROLITHOTOMY | - | 1 | - | 1 |
| 0409010570 URETEROPLASTY | - | 2 | 4 | 6 |
| 0409010588 CUTANEOUS URETEROSTOMY | - | 1 | - | 1 |
| 0409020150 URETHRORRHAPHY | 1 | 1 | 2 | 4 |
| 0409040010 DRAINAGE OF SCROTAL SAC ABSCESS | - | 2 | 7 | 9 |
| 0409040037 EPIDIDYMECTOMY | 1 | - | - | 1 |
| 0409040096 SURGICAL EXPLORATION OF THE SCROTAL SAC | 2 | 8 | 8 | 18 |
| 0409040126 BILATERAL ORCHIDOPEXY | - | - | 2 | 2 |
| 0409040134 UNILATERAL ORCHIDOPEXY | - | 1 | 10 | 11 |
| 0409040142 BILATERAL SUBCAPSULAR ORCHIECTOMY | - | 1 | - | 1 |
| 0409040169 UNILATERAL ORCHIECTOMY | - | 2 | 12 | 14 |
| 0409040177 SCROTAL SAC PLASTY | - | - | 2 | 2 |
| 0409040215 SURGICAL TREATMENT OF HYDROCELE | - | - | 1 | 1 |
| 0409040223 SURGICAL TREATMENT OF TESTICULAR / SPERMATIC CORD TORSION | - | 2 | - | 2 |
| 0409050016 PENILE AMPUTATION | - | 1 | - | 1 |
| 0409050075 TOTAL PENILE PLASTY | - | 2 | 9 | 11 |
| 0409050083 POSTECTOMY | - | - | 2 | 2 |
| 0409050113 SURGICAL TREATMENT OF PRIAPISM | - | 8 | 7 | 15 |
| 0409060119 HYSTERECTOMY WITH ADNEXECTOMY (UNI / BILATERAL) | - | 5 | 5 | 10 |
| 0409060127 SUBTOTAL HYSTERECTOMY | - | 2 | 1 | 3 |
| 0409060135 TOTAL HYSTERECTOMY | - | 5 | 3 | 8 |
| 0409060160 HYSTERORRHAPHY | - | - | 2 | 2 |
| 0409060194 MYOMECTOMY | - | 1 | - | 1 |
| 0409060216 OOPHORECTOMY / OOPHOROPLASTY | 4 | 33 | 34 | 71 |
| 0409060232 UNILATERAL / BILATERAL SALPINGECTOMY | 4 | 57 | 42 | 103 |

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**City:** 211130 SAO LUIS
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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0409060240 VIDEOLAPAROSCOPIC SALPINGECTOMY | - | 1 | - | 1 |
| 0409070050 ANTERIOR AND POSTERIOR COLPOPERINEOPLASTY | - | 1 | - | 1 |
| 0409070092 NON-OBSTETRIC COLPORRHAPHY | - | - | 3 | 3 |
| 0409070149 EXCISION OF VAGINAL CYST | - | 2 | - | 2 |
| 0409070157 EXCISION OF BARTHOLIN / SKENE GLAND | - | 3 | 6 | 9 |
| 0409070211 VAGINAL RECONSTRUCTION | - | 2 | - | 2 |
| 0409070220 SURGICAL TREATMENT OF LABIAL ADHESION | - | - | 1 | 1 |
| 0409070246 SURGICAL TREATMENT OF URETHROVAGINAL FISTULA | - | 1 | - | 1 |
| 0410010014 DRAINAGE OF BREAST ABSCESS | - | 11 | 8 | 19 |
| 0412030012 PULMONARY DECORTICATION | - | 2 | - | 2 |
| 0412030098 PLEUROSTOMY | - | 2 | 3 | 5 |
| 0412040018 COSTECTOMY | - | 2 | - | 2 |
| 0412040115 REMOVAL OF FOREIGN BODY FROM THE CHEST WALL | - | 1 | - | 1 |
| 0412040166 THORACOSTOMY WITH CLOSED PLEURAL DRAINAGE | 22 | 413 | 362 | 797 |
| 0412040174 EXPLORATORY THORACOTOMY | 1 | - | 1 | 2 |
| 0412040212 SURGICAL TREATMENT OF THE CHEST WALL | - | 1 | - | 1 |
| 0412050080 PNEUMORRHAPHY | - | 10 | 8 | 18 |
| 0413010066 TREATMENT OF MAJOR BURNS | - | 37 | 22 | 59 |
| 0413010082 TREATMENT OF MODERATE BURNS | - | 18 | 26 | 44 |
| 0413010090 TREATMENT OF MINOR BURNS | - | 2 | 14 | 16 |
| 0413040046 NON-AESTHETIC ABDOMINAL DERMOLIPECTOMY (ABDOMINOPLASTY) | - | 1 | - | 1 |
| 0413040178 SURGICAL TREATMENT OF EXTENSIVE LESIONS WITH LOSS OF SKIN SUBSTANCE | 16 | 183 | 179 | 378 |
| 0413040208 SURGICAL TREATMENT OF CICATRICIAL RETRACTION OF FINGERS OF THE HAND/FOOT WITHOUT TENDON INVOLVEMENT | - | - | 1 | 1 |

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**Period:** 2012-2013

| Procedure | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0414010272 SURGICAL TREATMENT OF CUTANEOUS FISTULA OF DENTAL ORIGIN | - | 2 | 1 | 3 |
| 0414010329 SURGICAL TREATMENT OF CYST OF THE MAXILLOMANDIBULAR COMPLEX | - | - | 5 | 5 |
| 0415040027 DEBRIDEMENT OF NECROTIZING FASCIITIS | - | 4 | 35 | 39 |
| 0415040035 DEBRIDEMENT OF ULCER / DEVITALIZED TISSUES | 41 | 544 | 475 | 1.060 |
| 0603070019 HUMAN ALBUMIN 20 PERCENT (50 ML VIAL) | 6 | 339 | 431 | 776 |
| 0802010016 DAILY RATE FOR ADULT COMPANION (WITH OVERNIGHT STAY) | 1.943 | 23.006 | 21.115 | 46.064 |
| 0802010024 DAILY RATE FOR CHILD/ADOLESCENT COMPANION WITH OVERNIGHT STAY | 512 | 6.968 | 7.768 | 15.248 |
| 0802010040 DAILY RATE FOR ELDERLY COMPANION WITH OVERNIGHT STAY | 962 | 12.916 | 12.393 | 26.271 |
| 0802010083 ADULT INTENSIVE CARE UNIT DAILY RATE (ICU II) | 289 | 3.888 | 3.550 | 7.727 |
| 0802010199 EXTENDED STAY DAILY RATE | 946 | 8.298 | 8.251 | 17.495 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS) Notes:

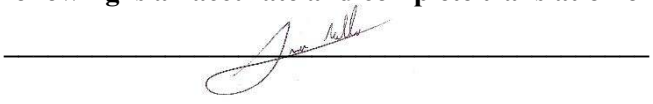
1. Data referring to the last six months, subject to updates.

Key:

- - Numerical value equal to 0 not resulting from rounding.
0; 0,0 - Numerical value equal to 0 resulting from rounding of an originally positive value.

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**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 12, 2026.**

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| **TOTAL** | **15.459** | **190.560** | **192.911** | **398.930** |
| 0201010631 PUNCAO LOMBAR | - | - | 1 | 1 |
| 0202010120 DOSAGEM DE ACIDO URICO | 3 | 129 | 278 | 410 |
| 0202010180 DOSAGEM DE AMILASE | 75 | 1.345 | 1.925 | 3.345 |
| 0202010201 DOSAGEM DE BILIRRUBINA TOTAL E FRACOES | 59 | 1.316 | 1.494 | 2.869 |
| 0202010210 DOSAGEM DE CALCIO | 211 | 2.196 | 2.880 | 5.287 |
| 0202010260 DOSAGEM DE CLORETO | 94 | 789 | 1.587 | 2.470 |
| 0202010279 DOSAGEM DE COLESTEROL HDL | 1 | 5 | 7 | 13 |
| 0202010295 DOSAGEM DE COLESTEROL TOTAL | 2 | 113 | 201 | 316 |
| 0202010317 DOSAGEM DE CREATININA | 617 | 7.987 | 8.443 | 17.047 |
| 0202010325 DOSAGEM DE CREATINOFOSFOQUINASE (CPK) | 37 | 732 | 1.152 | 1.921 |
| 0202010368 DOSAGEM DE DESIDROGENASE LATICA | 1 | 10 | 3 | 14 |
| 0202010422 DOSAGEM DE FOSFATASE ALCALINA | 21 | 777 | 1.392 | 2.190 |
| 0202010430 DOSAGEM DE FOSFORO | 2 | 104 | 561 | 667 |
| 0202010465 DOSAGEM DE GAMA-GLUTAMIL-TRANSFERASE (GAMA GT) | 32 | 1.049 | 1.425 | 2.506 |
| 0202010473 DOSAGEM DE GLICOSE | 326 | 5.406 | 4.004 | 9.736 |
| 0202010554 DOSAGEM DE LIPASE | 59 | 801 | 1.357 | 2.217 |
| 0202010562 DOSAGEM DE MAGNESIO | 94 | 668 | 1.327 | 2.089 |
| 0202010600 DOSAGEM DE POTASSIO | 527 | 6.577 | 7.596 | 14.700 |
| 0202010619 DOSAGEM DE PROTEINAS TOTAIS | 182 | 1.682 | 1.508 | 3.372 |
| 0202010627 DOSAGEM DE PROTEINAS TOTAIS E FRACOES | 19 | 792 | 780 | 1.591 |
| 0202010635 DOSAGEM DE SODIO | 527 | 6.499 | 7.553 | 14.579 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0202010643 DOSAGEM DE TRANSAMINASE GLUTAMICO-OXALACETICA (TGO) | 138 | 3.246 | 3.922 | 7.306 |
| 0202010651 DOSAGEM DE TRANSAMINASE GLUTAMICO-PIRUVICA (TGP) | 132 | 2.856 | 3.455 | 6.443 |
| 0202010678 DOSAGEM DE TRIGLICERIDEOS | 5 | 151 | 194 | 350 |
| 0202010694 DOSAGEM DE UREIA | 586 | 8.064 | 8.118 | 16.768 |
| 0202010732 GASOMETRIA (PH PCO2 PO2 BICARBONATO AS2 (EXCESSO OU DEFICIT BASE ) | 388 | 4.090 | 3.816 | 8.294 |
| 0202020029 CONTAGEM DE PLAQUETAS | - | 4 | 1.128 | 1.132 |
| 0202020142 DETERMINACAO DE TEMPO E ATIVIDADE DA PROTROMBINA (TAP) | 103 | 1.346 | 3.793 | 5.242 |
| 0202020150 DETERMINACAO DE VELOCIDADE DE HEMOSSEDIMENTACAO (VHS) | - | 2 | 1 | 3 |
| 0202020223 DOSAGEM DE FATOR VIII | - | 29 | - | 29 |
| 0202020380 HEMOGRAMA COMPLETO | 833 | 10.963 | 11.150 | 22.946 |
| 0202020452 PESQUISA DE PLASMODIOS POR GOTA ESPESSA E ESFREGACO | - | - | 1 | 1 |
| 0202020495 PROVA DE RETRACAO DO COAGULO | 78 | 675 | 32 | 785 |
| 0202020509 PROVA DO LACO | - | 7 | - | 7 |
| 0202030083 DETERMINACAO QUANTITATIVA DE PROTEINA C REATIVA | 17 | 361 | 812 | 1.190 |
| 0202040127 PESQUISA DE OVOS E CISTOS DE PARASITAS | - | 2 | - | 2 |
| 0202050017 ANALISE DE CARACTERES FISICOS, ELEMENTOS E SEDIMENTO DA URINA | 48 | 726 | 747 | 1.521 |
| 0202080072 BACTERIOSCOPIA (GRAM) | - | 1 | - | 1 |
| 0202080080 CULTURA DE BACTERIAS P/ IDENTIFICACAO | - | 85 | 3 | 88 |
| 0202080153 HEMOCULTURA | - | 53 | 2 | 55 |
| 0202090191 MIELOGRAMA | - | 1 | 1 | 2 |
| 0202120023 DETERMINACAO DIRETA E REVERSA DE GRUPO ABO | - | 10 | 4 | 14 |
| 0204010080 RADIOGRAFIA DE CRANIO (PA + LATERAL) | 4 | 115 | 35 | 154 |
| 0204010128 RADIOGRAFIA DE OSSOS DA FACE (MN + LATERAL + HIRTZ) | 2 | 18 | 32 | 52 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0204010144 RADIOGRAFIA DE SEIOS DA FACE (FN + MN + LATERAL + HIRTZ) | 3 | 12 | 4 | 19 |
| 0204020042 RADIOGRAFIA DE COLUNA CERVICAL (AP + LATERAL + TO / FLEXAO) | 16 | 196 | 164 | 376 |
| 0204020069 RADIOGRAFIA DE COLUNA LOMBO-SACRA | 3 | 19 | 18 | 40 |
| 0204030064 RADIOGRAFIA DE CORACAO E VASOS DA BASE (PA + LATERAL) | - | - | 1 | 1 |
| 0204030153 RADIOGRAFIA DE TORAX (PA E PERFIL) | 1 | 69 | 50 | 120 |
| 0204030170 RADIOGRAFIA DE TORAX (PA) | 208 | 3.324 | 2.836 | 6.368 |
| 0204040019 RADIOGRAFIA DE ANTEBRACO | 6 | 141 | 261 | 408 |
| 0204040051 RADIOGRAFIA DE BRACO | 5 | 31 | 43 | 79 |
| 0204040060 RADIOGRAFIA DE CLAVICULA | 1 | 37 | 16 | 54 |
| 0204040078 RADIOGRAFIA DE COTOVELO | 12 | 142 | 256 | 410 |
| 0204040086 RADIOGRAFIA DE DEDOS DA MAO | 3 | 36 | 80 | 119 |
| 0204040108 RADIOGRAFIA DE MAO E PUNHO (P/ DETERMINACAO DE IDADE OSSEA) | 2 | 75 | 61 | 138 |
| 0204040116 RADIOGRAFIA DE ESCAPULA/OMBRO (TRES POSICOES) | - | 9 | 30 | 39 |
| 0204040124 RADIOGRAFIA DE PUNHO (AP + LATERAL + OBLIQUA) | - | 8 | 65 | 73 |
| 0204050138 RADIOGRAFIA DE ABDOMEN SIMPLES (AP) | 39 | 435 | 357 | 831 |
| 0204060060 RADIOGRAFIA DE ARTICULACAO COXO-FEMORAL | 2 | 43 | 43 | 88 |
| 0204060095 RADIOGRAFIA DE BACIA | 16 | 239 | 226 | 481 |
| 0204060109 RADIOGRAFIA DE CALCANEO | 1 | 26 | 43 | 70 |
| 0204060117 RADIOGRAFIA DE COXA | 3 | 48 | 115 | 166 |
| 0204060125 RADIOGRAFIA DE JOELHO (AP + LATERAL) | 7 | 56 | 52 | 115 |
| 0204060150 RADIOGRAFIA DE PE / DEDOS DO PE | 9 | 208 | 213 | 430 |
| 0204060168 RADIOGRAFIA DE PERNA | 3 | 64 | 122 | 189 |
| 0205020038 ULTRASSONOGRAFIA DE ABDOMEN SUPERIOR | 1 | 13 | 8 | 22 |
| 0205020046 ULTRASSONOGRAFIA DE ABDOMEN TOTAL | 141 | 1.673 | 1.335 | 3.149 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

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## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0205020054 ULTRASSONOGRAFIA DE APARELHO URINARIO | 10 | 124 | 114 | 248 |
| 0205020070 ULTRASSONOGRAFIA DE BOLSA ESCROTAL | 2 | 21 | 40 | 63 |
| 0205020119 ULTRASSONOGRAFIA DE PROSTATA (VIA TRANSRETAL) | - | 15 | 9 | 24 |
| 0205020135 ULTRASSONOGRAFIA DE TORAX (EXTRACARDIACA) | 3 | 2 | 5 | 10 |
| 0205020143 ULTRASSONOGRAFIA OBSTETRICA | - | - | 2 | 2 |
| 0205020160 ULTRASSONOGRAFIA PELVICA (GINECOLOGICA) | - | 14 | 17 | 31 |
| 0205020178 ULTRASSONOGRAFIA TRANSFONTANELA | 1 | - | - | 1 |
| 0206010010 TOMOGRAFIA COMPUTADORIZADA DE COLUNA CERVICAL C/ OU S/ CONTRASTE | 7 | 57 | 90 | 154 |
| 0206010028 TOMOGRAFIA COMPUTADORIZADA DE COLUNA LOMBO-SACRA C/ OU S/ CONTRASTE | 1 | 20 | 31 | 52 |
| 0206010044 TOMOGRAFIA COMPUTADORIZADA DE FACE / SEIOS DA FACE / ARTICULACOES TEMPORO-MANDIBULARES | 7 | 81 | 142 | 230 |
| 0206010052 TOMOGRAFIA COMPUTADORIZADA DO PESCOCO | - | 6 | 6 | 12 |
| 0206010060 TOMOGRAFIA COMPUTADORIZADA DE SELA TURCICA | - | 11 | 11 | 22 |
| 0206010079 TOMOGRAFIA COMPUTADORIZADA DO CRANIO | 99 | 1.140 | 1.732 | 2.971 |
| 0206020015 TOMOGRAFIA COMPUTADORIZADA DE ARTICULACOES DE MEMBRO SUPERIOR | - | 1 | 9 | 10 |
| 0206020031 TOMOGRAFIA COMPUTADORIZADA DE TORAX | 7 | 261 | 459 | 727 |
| 0206030010 TOMOGRAFIA COMPUTADORIZADA DE ABDOMEN SUPERIOR | 16 | 430 | 1.146 | 1.592 |
| 0206030029 TOMOGRAFIA COMPUTADORIZADA DE ARTICULACOES DE MEMBRO INFERIOR | - | 4 | 20 | 24 |
| 0206030037 TOMOGRAFIA COMPUTADORIZADA DE PELVE / BACIA / ABDOMEN INFERIOR | - | 55 | 96 | 151 |
| 0209010037 ESOFAGOGASTRODUODENOSCOPIA | 15 | 165 | 167 | 347 |
| 0211020036 ELETROCARDIOGRAMA | 48 | 1.149 | 1.217 | 2.414 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0212010026 EXAMES PRE-TRANSFUSIONAIS I | 313 | 3.200 | 3.325 | 6.838 |
| 0212010034 EXAMES PRE-TRANSFUSIONAIS II | 154 | 1.708 | 2.003 | 3.865 |
| 0214010058 TESTE RAPIDO PARA DETECCAO DE ANTICORPOS ANTI-HIV PARAPOPULACAO GERAL (EXCETO GESTANTE, PARCEIRO | 8 | 95 | 244 | 347 |
| 0301060070 DIAGNOSTICO E/OU ATENDIMENTO DE URGENCIA EM CLINICA CIRURGICA | - | 4 | 1 | 5 |
| 0301100047 CATETERISMO VESICAL DE ALIVIO | - | 2 | - | 2 |
| 0301100055 CATETERISMO VESICAL DE DEMORA | 26 | 331 | 435 | 792 |
| 0301100098 ENEMA | - | 72 | 161 | 233 |
| 0301100101 INALACAO / NEBULIZACAO | 2.388 | 25.120 | 19.827 | 47.335 |
| 0301100144 OXIGENOTERAPIA POR DIA | - | 518 | 853 | 1.371 |
| 0301100179 SONDAGEM GASTRICA | - | 2 | 1 | 3 |
| 0302040021 ATENDIMENTO FISIOTERAPEUTICO EM PACIENTE COM TRANSTORNO RESPIRATORIO SEM COMPLICACOES SISTEMICAS | 510 | 4.029 | 544 | 5.083 |
| 0303010010 TRATAMENTO DE DENGUE CLASSICA | - | - | 3 | 3 |
| 0303010037 TRATAMENTO DE OUTRAS DOENCAS BACTERIANAS | 3 | 35 | 11 | 49 |
| 0303010045 TRATAMENTO DE DOENCAS BACTERIANAS ZOONOTICAS | 1 | - | - | 1 |
| 0303010053 TRATAMENTO DE OUTRAS DOENCAS DEVIDAS A PROTOZOARIOS (B55 A B64) | - | - | 1 | 1 |
| 0303010061 TRATAMENTO DE DOENCAS INFECCIOSAS INTESTINAIS | 10 | 290 | 37 | 337 |
| 0303010134 TRATAMENTO DE INFECCOES VIRAIS CARACTERIZADAS POR LESOES DE PELE E MUCOSAS (B00 A B09) | - | - | 1 | 1 |
| 0303010142 TRATAMENTO DE INFECCOES VIRAIS DO SISTEMA NERVOSO CENTRAL | - | - | 1 | 1 |
| 0303010193 TRATAMENTO DE OUTRAS DOENCAS CAUSADAS POR VIRUS (B25 A B34) | - | - | 1 | 1 |
| 0303020032 TRATAMENTO DE ANEMIA APLASTICA E OUTRAS ANEMIAS | 12 | 398 | 270 | 680 |
| 0303020040 TRATAMENTO DE ANEMIA HEMOLITICA | - | - | 1 | 1 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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**Município:** 211130 SAO LUIS
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**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303020067 TRATAMENTO DE DEFEITOS DA COAGULACAO PURPURA E OUTRAS AFECCOES HEMORRAGICAS | - | - | 2 | 2 |
| 0303020075 TRATAMENTO DE HEMOFILIAS | - | - | 2 | 2 |
| 0303020083 TRATAMENTO DE OUTRAS DOENCAS DO SANGUE E DOS ORGAOS HEMATOPOIETICOS | - | - | 5 | 5 |
| 0303030020 TRATAMENTO DE DESNUTRICAO | - | - | 2 | 2 |
| 0303030038 TRATAMENTO DE DIABETES MELLITUS | 3 | 73 | 44 | 120 |
| 0303030046 TRATAMENTO DE DISTURBIOS METABOLICOS | - | - | 43 | 43 |
| 0303040033 TRATAMENTO DA MIGRANEA COMPLICADA | - | - | 12 | 12 |
| 0303040041 TRATAMENTO CLINICO DE ABSCESSO CEREBRAL | 1 | 26 | 24 | 51 |
| 0303040050 TRATAMENTO CLINICO DE COREIA AGUDA | - | 1 | - | 1 |
| 0303040076 TRATAMENTO CONSERVADOR DA HEMORRAGIA CEREBRAL | 4 | 32 | 30 | 66 |
| 0303040084 TRATAMENTO CONSERVADOR DE TRAUMATISMO CRANIOENCEFALICO (GRAU LEVE) | 13 | 81 | 64 | 158 |
| 0303040092 TRATAMENTO CONSERVADOR DE TRAUMATISMO CRANIOENCEFALICO (GRAU MEDIO) | 24 | 381 | 345 | 750 |
| 0303040149 TRATAMENTO DE ACIDENTE VASCULAR CEREBRAL - AVC (ISQUEMICO OU HEMORRAGICO AGUDO) | 22 | 362 | 444 | 828 |
| 0303040157 TRATAMENTO DE COMPLICACOES DA HIDROCEFALIA | - | 4 | 3 | 7 |
| 0303040165 TRATAMENTO DE CRISES EPILETICAS NAO CONTROLADAS | 1 | 106 | 128 | 235 |
| 0303040203 TRATAMENTO DE DOENCAS NEURODEGENERATIVAS | - | - | 5 | 5 |
| 0303040211 TRATAMENTO DE ENCEFALOPATIA HIPERTENSIVA | - | 1 | 5 | 6 |
| 0303040238 TRATAMENTO DE FRATURA DA COLUNA VERTEBRAL C/ LESAO DA MEDULA ESPINHAL | 1 | 27 | 21 | 49 |
| 0303040246 TRATAMENTO DE INTERCORRENCIAS DE DOENCAS NEUROMUSCULARES | - | - | 3 | 3 |
| 0303040262 TRATAMENTO DE POLINEUROPATIAS | - | - | 9 | 9 |

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303040270 TRATAMENTO DE POLIRRADICULONEURITE DESMIELINIZANTE AGUDA | - | 1 | 1 | 2 |
| 0303040297 TRATAMENTO DE PROCESSO TOXI-INFECCIOSO DO CEREBRO OU DA MEDULA ESPINHAL | 1 | - | - | 1 |
| 0303060018 TRATAMENTO DE ANEURISMA DA AORTA | - | 4 | 6 | 10 |
| 0303060026 TRATAMENTO DE ARRITMIAS | - | - | 14 | 14 |
| 0303060050 TRATAMENTO DE CHOQUE ANAFILATICO | - | - | 2 | 2 |
| 0303060069 TRATAMENTO DE CHOQUE CARDIOGENICO | 1 | 3 | 15 | 19 |
| 0303060077 TRATAMENTO DE CHOQUE HIPOVOLEMICO | - | 6 | 12 | 18 |
| 0303060107 TRATAMENTO DE CRISE HIPERTENSIVA | 3 | 78 | 41 | 122 |
| 0303060131 TRATAMENTO DE EDEMA AGUDO DE PULMAO | 3 | 37 | 30 | 70 |
| 0303060140 TRATAMENTO DE EMBOLIA PULMONAR | - | 1 | - | 1 |
| 0303060166 TRATAMENTO DE ENDOCARDITE INFECCIOSA EM VALVULA NATIVA | - | - | 1 | 1 |
| 0303060190 TRATAMENTO DE INFARTO AGUDO DO MIOCARDIO | 5 | 94 | 95 | 194 |
| 0303060204 TRATAMENTO DE INSUFICIENCIA ARTERIAL C/ ISQUEMIA CRITICA | 3 | 33 | 15 | 51 |
| 0303060212 TRATAMENTO DE INSUFICIENCIA CARDIACA | 11 | 233 | 275 | 519 |
| 0303060247 TRATAMENTO DE OUTRAS VASCULOPATIAS | - | 6 | 11 | 17 |
| 0303060255 TRATAMENTO DE PARADA CARDIACA C/ RESSUSCITACAO | - | - | 1 | 1 |
| 0303060263 TRATAMENTO DE PE DIABETICO COMPLICADO | 17 | 256 | 226 | 499 |
| 0303060271 TRATAMENTO DE PERICARDITE | - | - | 2 | 2 |
| 0303060280 TRATAMENTO DE SINDROME CORONARIANA AGUDA | 5 | 92 | 88 | 185 |
| 0303060298 TRATAMENTO DE TROMBOSE VENOSA PROFUNDA | 2 | 21 | 30 | 53 |
| 0303070064 TRATAMENTO DE DOENCAS DO ESOFAGO ESTOMAGO E DUODENO | - | 1 | 7 | 8 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303070072 TRATAMENTO DE DOENCAS DO FIGADO | 2 | 14 | 33 | 49 |
| 0303070080 TRATAMENTO DE DOENCAS DO PERITONIO | 1 | 5 | 26 | 32 |
| 0303070099 TRATAMENTO DE ENTERITES E COLITES NAO INFECCIOSAS | - | - | 4 | 4 |
| 0303070102 TRATAMENTO DE OUTRAS DOENCAS DO APARELHO DIGESTIVO | 36 | 475 | 490 | 1.001 |
| 0303070110 TRATAMENTO DE OUTRAS DOENCAS DO INTESTINO | - | - | 3 | 3 |
| 0303070129 TRATAMENTO DE TRANSTORNOS DAS VIAS BILIARES E PANCREAS | - | 24 | 89 | 113 |
| 0303080043 TRATAMENTO DE AFECCOES BOLHOSAS | - | - | 2 | 2 |
| 0303080051 TRATAMENTO DE DERMATITES E ECZEMAS | - | - | 2 | 2 |
| 0303080060 TRATAMENTO DE ESTAFILOCOCCIAS | 9 | 89 | 153 | 251 |
| 0303080078 TRATAMENTO DE ESTREPTOCOCCIAS | - | - | 1 | 1 |
| 0303080086 TRATAMENTO DE FARMACODERMIAS | - | - | 1 | 1 |
| 0303080094 TRATAMENTO DE OUTRAS AFECCOES DA PELE E DO TECIDO SUBCUTANEO | - | 3 | 3 | 6 |
| 0303090138 TRATAMENTO CONSERVADOR DE FRATURA / LESAO LIGAMENTAR / ARRANCAMENTO OSSEO AO NIVEL DA PELVE | 1 | 22 | 31 | 54 |
| 0303090235 TRATAMENTO CONSERVADOR DE LESAO DA COLUNA TORACO-LOMBO-SACRA C/ ORTESE | - | 4 | 8 | 12 |
| 0303090316 TRATAMENTO DAS POLIARTROPATIAS INFLAMATORIAS | 1 | 11 | 23 | 35 |
| 0303140038 TRATAMENTO DAS AFECCOES NECROTICAS E SUPURATIVAS DAS VIAS AEREAS INFERIORES | - | 1 | - | 1 |
| 0303140046 TRATAMENTO DAS DOENCAS CRONICAS DAS VIAS AEREAS INFERIORES | 3 | 80 | 44 | 127 |
| 0303140070 TRATAMENTO DE DOENCA DO OUVIDO EXTERNO MEDIO E DA MASTOIDE | - | 1 | 6 | 7 |
| 0303140097 TRATAMENTO DE HEMORRAGIAS DAS VIAS RESPIRATORIAS | - | 1 | 3 | 4 |
| 0303140100 TRATAMENTO DE INFECCOES AGUDAS DAS VIAS AEREAS SUPERIORES | - | 1 | 3 | 4 |

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0303140119 TRATAMENTO DE OUTRAS DOENCAS DA PLEURA | - | 3 | 2 | 5 |
| 0303140135 TRATAMENTO DE OUTRAS DOENCAS DO APARELHO RESPIRATORIO | 12 | 302 | 271 | 585 |
| 0303140143 TRATAMENTO DE OUTRAS INFECCOES AGUDAS DAS VIAS AEREAS INFERIORES | - | - | 1 | 1 |
| 0303140151 TRATAMENTO DE PNEUMONIAS OU INFLUENZA (GRIPE) | 4 | 152 | 237 | 393 |
| 0303150017 TRATAMENTO DE DOENCAS DOS ORGAOS GENITAIS MASCULINOS | - | 5 | 17 | 22 |
| 0303150025 TRATAMENTO DE DOENCAS GLOMERULARES | - | - | 1 | 1 |
| 0303150033 TRATAMENTO DE DOENCAS INFLAMATORIAS DOS ORGAOS PELVICOS FEMININOS | - | - | 5 | 5 |
| 0303150041 TRATAMENTO DE DOENCAS RENAIS TUBULO-INTERSTICIAIS | - | 1 | - | 1 |
| 0303150050 TRATAMENTO DE OUTRAS DOENCAS DO APARELHO URINARIO | 3 | 89 | 115 | 207 |
| 0303150068 TRATAMENTO DE OUTROS TRANSTORNOS DO RIM E DO URETER | 1 | 26 | 44 | 71 |
| 0305010131 HEMODIALISE P/ PACIENTES RENAIS AGUDOS / CRONICOS AGUDIZADOS S/ TRATATAMENTO DIALITICO INICIADO | 129 | 518 | 241 | 888 |
| 0305020013 TRATAMENTO DA PIELONEFRITE | - | - | 6 | 6 |
| 0305020021 TRATAMENTO DE CALCULOSE RENAL | 1 | 56 | 47 | 104 |
| 0305020048 TRATAMENTO DE INSUFICIENCIA RENAL AGUDA | 10 | 188 | 164 | 362 |
| 0306020068 TRANSFUSAO DE CONCENTRADO DE HEMACIAS | 154 | 1.708 | 2.002 | 3.864 |
| 0306020076 TRANSFUSAO DE CONCENTRADO DE PLAQUETAS | 19 | 104 | 127 | 250 |
| 0306020106 TRANSFUSAO DE PLASMA FRESCO | 140 | 1.388 | 1.195 | 2.723 |
| 0306020149 TRANSFUSAO DE UNIDADE DE SANGUE TOTAL | - | - | 1 | 1 |
| 0308010019 TRATAMENTO CLINICO/CONSERVADOR DE TRAUMATISMOS DE QUALQUER LOCALIZACAO | 6 | 71 | 122 | 199 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0308010027 TRATAMENTO DE EFEITOS DE ASFIXIA / OUTROS RISCOS A RESPIRACAO | - | 1 | 2 | 3 |
| 0308010035 TRATAMENTO DE TRAUMATISMOS C/ LESAO DE ORGAO INTRA-TORACICO E INTRA-ABDOMINAL | 4 | 25 | 18 | 47 |
| 0308010043 TRATAMENTO DE TRAUMATISMOS ENVOLVENDO MULTIPLAS REGIOES DO CORPO | 6 | 66 | 51 | 123 |
| 0308020022 TRATAMENTO DE EFEITOS DO CONTATO C/ ANIMAIS E PLANTAS VENENOSOS | - | 5 | 5 | 10 |
| 0308020030 TRATAMENTO DE INTOXICACAO OU ENVENENAMENTO POR EXPOSICAO A MEDICAMENTO E SUBSTANCIAS DE USO NAO MEDI | 1 | 20 | 21 | 42 |
| 0308030010 TRATAMENTO DE EFEITOS DA PENETRACAO DE CORPO ESTRANHO EM ORIFICIO NATURAL | - | 1 | 12 | 13 |
| 0308030028 TRATAMENTO DE EFEITOS DE OUTRAS CAUSAS EXTERNAS | 1 | 6 | 12 | 19 |
| 0308030036 TRATAMENTO DE QUEIMADURAS CORROSOES E GELADURAS | - | 1 | 7 | 8 |
| 0308040015 TRATAMENTO DE COMPLICACOES DE PROCEDIMENTOS CIRURGICOS OU CLINICOS | - | 4 | 5 | 9 |
| 0309010047 NUTRICAO ENTERAL EM ADULTO | 457 | 3.549 | 4.228 | 8.234 |
| 0309010063 NUTRICAO ENTERAL EM PEDIATRIA | - | 31 | 37 | 68 |
| 0309010071 NUTRICAO PARENTERAL EM ADULTO | 28 | 968 | 647 | 1.643 |
| 0309010098 NUTRICAO PARENTERAL EM PEDIATRIA | 14 | 13 | 38 | 65 |
| 0401010015 CURATIVO GRAU II C/ OU S/ DEBRIDAMENTO | - | 638 | 112 | 750 |
| 0401010023 CURATIVO GRAU I COM OU SEM DEBRIDAMENTO | - | - | 26 | 26 |
| 0401020037 ENXERTO LIVRE DE PELE TOTAL | 1 | - | - | 1 |
| 0401020100 EXTIRPACAOE SUPRESSAO DE LESAO DE PELE E DE TECIDO CELULAR SUBCUTANEO | 1 | 9 | 16 | 26 |
| 0401020126 TRATAMENTO CIRURGICO DE ESCALPO PARCIAL | - | - | 2 | 2 |
| 0403010020 CRANIOTOMIA DESCOMPRESSIVA | 2 | 23 | 23 | 48 |
| 0403010039 CRANIOTOMIA DESCOMPRESSIVA DA FOSSA POSTERIOR | - | - | 1 | 1 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

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**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
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**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0403010063 CRANIOTOMIA PARA RETIRADA DE CORPO ESTRANHO INTRACRANIANO | - | 2 | 1 | 3 |
| 0403010080 DERIVACAO RAQUE-PERITONEAL | - | 1 | - | 1 |
| 0403010098 DERIVACAO VENTRICULAR EXTERNAR-SUBGALEAL EXTERNA | 1 | 3 | 5 | 9 |
| 0403010101 DERIVACAO VENTRICULAR PARA PERITONEO / ATRIO / PLEURA / RAQUE | - | 7 | 3 | 10 |
| 0403010187 REVISAO DE DERIVACAO VENTRICULAR PARA PERITONEO / ATRIO / PLEURA / RAQUE | - | 2 | - | 2 |
| 0403010268 TRATAMENTO CIRURGICO DE FRATURA DO CRANIO COM AFUNDAMENTO | 1 | 7 | 7 | 15 |
| 0403010276 TRATAMENTO CIRURGICO DE HEMATOMA EXTRADURAL | 6 | 27 | 39 | 72 |
| 0403010284 TRATAMENTO CIRURGICO DE HEMATOMA INTRACEREBRAL | 2 | 23 | 27 | 52 |
| 0403010306 TRATAMENTO CIRURGICO DE HEMATOMA SUBDURAL AGUDO | 3 | 54 | 52 | 109 |
| 0403010314 TRATAMENTO CIRURGICO DE HEMATOMA SUBDURAL CRONICO | - | 1 | - | 1 |
| 0404010202 LARINGORRAFIA | 1 | - | - | 1 |
| 0404010318 RETIRADA DE CORPO ESTRANHO DE OUVIDO / FARINGE / LARINGE / NARIZ | - | 2 | 2 | 4 |
| 0404010377 TRAQUEOSTOMIA | 2 | 52 | 64 | 118 |
| 0404020070 RESSECCAO DE GLANDULA SALIVAR | - | 1 | - | 1 |
| 0404020143 GLOSSECTOMIA PARCIAL | - | 1 | - | 1 |
| 0404020313 RETIRADA DE CORPO ESTRANHO DOS OSSOS DA FACE | - | 1 | - | 1 |
| 0406010102 CARDIORRAFIA | - | 4 | 2 | 6 |
| 0406010773 PERICARDIOCENTESE | - | 1 | 2 | 3 |
| 0406020124 EMBOLECTOMIA ARTERIAL | - | 4 | 4 | 8 |
| 0406020167 FASCIOTOMIA P/ DESCOMPRESSAO | - | 80 | 56 | 136 |
| 0406020264 LINFADENECTOMIA RADICAL INGUINAL UNILATERAL | - | 1 | - | 1 |
| 0406020493 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DA REGIAO CERVICAL | 2 | 25 | 32 | 59 |

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0406020507 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO INFERIOR BILATERAL | - | 6 | 10 | 16 |
| 0406020515 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO INFERIOR UNILATERAL | - | 4 | 9 | 13 |
| 0406020523 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO SUPERIOR BILATERAL | - | 5 | 4 | 9 |
| 0406020531 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DE MEMBRO SUPERIOR UNILATERAL | - | 9 | 10 | 19 |
| 0406020540 TRATAMENTO CIRURGICO DE LESOES VASCULARES TRAUMATICAS DO ABDOMEN | 2 | 14 | 17 | 33 |
| 0406020590 TROMBECTOMIA DO SISTEMA VENOSO | - | 1 | 3 | 4 |
| 0406020620 RETIRADA DE CATETER DE LONGA PERMANENCIA SEMI OU TOTALMENTE IMPLANTAVEL | - | - | 1 | 1 |
| 0407010106 ESOFAGORRAFIA TORACICA | - | - | 1 | 1 |
| 0407010114 ESOFAGOSTOMIA | - | - | 1 | 1 |
| 0407010130 GASTRECTOMIA PARCIAL COM OU SEM VAGOTOMIA | - | 1 | 1 | 2 |
| 0407010165 GASTROENTEROANASTOMOSE | 1 | 1 | 3 | 5 |
| 0407010190 GASTRORRAFIA | 6 | 79 | 75 | 160 |
| 0407010211 GASTROSTOMIA | - | 9 | 7 | 16 |
| 0407010238 PILOROPLASTIA | 2 | 2 | 1 | 5 |
| 0407020039 APENDICECTOMIA | 32 | 468 | 432 | 932 |
| 0407020063 COLECTOMIA PARCIAL (HEMICOLECTOMIA) | 2 | 66 | 44 | 112 |
| 0407020071 COLECTOMIA TOTAL | - | 2 | 1 | 3 |
| 0407020098 COLORRAFIA POR VIA ABDOMINAL | 4 | 32 | 37 | 73 |
| 0407020101 COLOSTOMIA | 4 | 41 | 22 | 67 |
| 0407020136 DRENAGEM DE ABSCESSO ANU-RETAL | - | - | 3 | 3 |
| 0407020144 DRENAGEM DE ABSCESSO ISQUIORRETAL | - | - | 3 | 3 |
| 0407020152 DRENAGEM DE HEMATOMA / ABSCESSO RETRO-RETAL | - | 3 | - | 3 |

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0407020179 ENTERECTOMIA | 3 | 73 | 87 | 163 |
| 0407020187 ENTEROANASTOMOSE (QUALQUER SEGMENTO) | - | 18 | 10 | 28 |
| 0407020209 ENTEROTOMIA E/OU ENTERORRAFIA C/ SUTURA / RESSECCAO (QUALQUER SEGMENTO) | 6 | 76 | 82 | 164 |
| 0407020225 EXCISAO DE LESAO / TUMOR ANU-RETAL | 1 | - | - | 1 |
| 0407020276 FISTULECTOMIA / FISTULOTOMIA ANAL | 1 | - | 1 | 2 |
| 0407020284 HEMORROIDECTOMIA | - | - | 2 | 2 |
| 0407020292 HERNIORRAFIA COM RESSECCAO INTESTINAL (HERNIA ESTRANGULADA) | - | 1 | - | 1 |
| 0407020306 JEJUNOSTOMIA / ILEOSTOMIA | - | 9 | 14 | 23 |
| 0407020322 PLASTICA ANAL EXTERNA / ESFINCTEROPLASTIA ANAL | - | 3 | 1 | 4 |
| 0407020357 PROCTOPLASTIA E PROCTORRAFIA POR VIA PERINEAL | 1 | 1 | 2 | 4 |
| 0407020381 REMOCAO CIRURGICA DE FECALOMA | 1 | 4 | 5 | 10 |
| 0407020403 RETOSSIGMOIDECTOMIA ABDOMINAL | - | 7 | 4 | 11 |
| 0407020470 TRATAMENTO CIRURGICO DE PROLAPSO ANAL | - | 1 | 1 | 2 |
| 0407030018 ANASTOMOSE BILEO-DIGESTIVA | - | 1 | - | 1 |
| 0407030026 COLECISTECTOMIA | 2 | 14 | 19 | 35 |
| 0407030050 COLEDOCOPLASTIA | - | - | 1 | 1 |
| 0407030069 COLEDOCOTOMIA COM OU SEM COLECISTECTOMIA | - | 1 | - | 1 |
| 0407030123 ESPLENECTOMIA | 9 | 26 | 34 | 69 |
| 0407030131 HEPATECTOMIA PARCIAL | - | 1 | - | 1 |
| 0407030140 HEPATORRAFIA | 2 | 78 | 87 | 167 |
| 0407030166 HEPATOTOMIA E DRENAGEM DE ABSCESSO / CISTO | - | 2 | 1 | 3 |
| 0407030174 MARSUPIALIZACAO DE ABSCESSO / CISTO | - | 1 | - | 1 |
| 0407030182 PANCREATECTOMIA PARCIAL | 1 | 5 | - | 6 |
| 0407030204 PANCREATO-DUODENECTOMIA | - | - | 1 | 1 |
| 0407040013 DRENAGEM DE ABSCESSO PELVICO | 7 | 19 | 24 | 50 |
| 0407040021 DRENAGEM DE ABSCESSO SUBFRENICO | 8 | 112 | 83 | 203 |

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**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0407040030 DRENAGEM DE HEMATOMA / ABSCESSO PRE-PERITONEAL | - | 12 | 14 | 26 |
| 0407040048 HERNIOPLASTIA DIAFRAGMATICA (VIA ABDOMINAL) | - | 5 | 24 | 29 |
| 0407040056 HERNIOPLASTIA DIAFRAGMATICA (VIA TORACICA) | - | 9 | 13 | 22 |
| 0407040064 HERNIOPLASTIA EPIGASTRICA | - | 8 | 4 | 12 |
| 0407040080 HERNIOPLASTIA INCISIONAL | - | 3 | 4 | 7 |
| 0407040099 HERNIOPLASTIA INGUINAL (BILATERAL) | - | 4 | 2 | 6 |
| 0407040102 HERNIOPLASTIA INGUINAL / CRURAL (UNILATERAL) | 3 | 47 | 63 | 113 |
| 0407040129 HERNIOPLASTIA UMBILICAL | 1 | 3 | 11 | 15 |
| 0407040145 HERNIORRAFIA SEM RESSECCAO INTESTINAL (HERNIA ESTRANGULADA ) | - | 1 | 1 | 2 |
| 0407040161 LAPAROTOMIA EXPLORADORA | 8 | 84 | 70 | 162 |
| 0407040188 LIBERACAO DE ADERENCIAS INTESTINAIS | 4 | 31 | 70 | 105 |
| 0407040200 PERITONIOSTOMIA COM TELA INORGANICA | 2 | 8 | 13 | 23 |
| 0407040242 RESSUTURA DE PAREDE ABDOMINAL (POR DEISCENCIA TOTAL / EVISCERACAO) | 4 | 140 | 135 | 279 |
| 0407040250 TRATAMENTO CIRURGICO DE PERITONITE | - | 12 | 9 | 21 |
| 0408010150 TRATAMENTO CIRURGICO DE FRATURA DA CLAVICULA | - | 1 | - | 1 |
| 0408020016 AMPUTACAO / DESARTICULACAO DE MAO E PUNHO | - | 1 | 1 | 2 |
| 0408020024 AMPUTACAO / DESARTICULACAO DE MEMBROS SUPERIORES | - | 1 | 2 | 3 |
| 0408020105 FASCIOTOMIA DE MEMBROS SUPERIORES | - | 2 | 9 | 11 |
| 0408020199 REDUCAO INCRUENTA DE FRATURA DA DIAFISE DO UMERO | - | 14 | 9 | 23 |
| 0408020202 REDUCAO INCRUENTA DE FRATURA DIAFISARIA DOS OSSOS DO ANTEBRACO | - | 91 | 130 | 221 |
| 0408020210 REDUCAO INCRUENTA DE FRATURA DOS METACARPIANOS | - | 1 | 11 | 12 |
| 0408020229 REDUCAO INCRUENTA DE LUXACAO / FRATURA-LUXACAO DO COTOVELO | 3 | 52 | 42 | 97 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

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## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
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**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0408020245 REDUCAO INCRUENTA DE LUXACAO OU FRATURA / LUXACAO NO PUNHO | 2 | 55 | 97 | 154 |
| 0408020326 TRATAMENTO CIRURGICO DE DEDO EM GATILHO | - | - | 1 | 1 |
| 0408020377 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA DOS METACARPIANOS | - | 21 | 31 | 52 |
| 0408020385 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA SUPRACONDILIANA DO UMERO | 11 | 175 | 132 | 318 |
| 0408020393 TRATAMENTO CIRUGICO DE FRATURA DA DIAFISE DO UMERO | - | 4 | 8 | 12 |
| 0408020407 TRATAMENTO CIRURGICO DE FRATURA DA EXTREMIDADE / METAFISE DISTAL DOS OSSOS DO ANTEBRACO | 2 | 26 | 27 | 55 |
| 0408020415 TRATAMENTO CIRURGICO DE FRATURA DE EXTREMIDADES / METAFISE PROXIMAL DOS OSSOS DO ANTEBRACO | - | 1 | 3 | 4 |
| 0408020423 TRATAMENTO CIRURGICO DE FRATURA DIAFISARIA DE AMBOS OS OSSOS DO ANTEBRACO (C/ SINTESE) | 6 | 73 | 60 | 139 |
| 0408020431 TRATAMENTO CIRURGICO DE FRATURA DIAFISARIA UNICA DO RADIO / DA ULNA | - | 4 | 3 | 7 |
| 0408020482 TRATAMENTO CIRURGICO DE LESAO AGUDA CAPSULO-LIGAMENTAR DO MEMBRO SUPERIOR: COTOVELO / PUNHO | - | 1 | - | 1 |
| 0408020547 TRATAMENTO CIRURGICO DE LUXACAO OU FRATURA-LUXACAO DO COTOVELO | - | 7 | - | 7 |
| 0408030470 DRENAGEM CIRURGICA DO ILIOPSOAS | 1 | 11 | 6 | 18 |
| 0408040190 REDUCAO INCRUENTA DE LUXACAO COXOFEMORAL TRAUMATICA / POS-ARTROPLASTIA | - | 4 | - | 4 |
| 0408050012 AMPUTACAO / DESARTICULACAO DE MEMBROS INFERIORES | 8 | 186 | 154 | 348 |
| 0408050020 AMPUTACAO / DESARTICULACAO DE PE E TARSO | - | 1 | 15 | 16 |
| 0408050080 FASCIOTOMIA DE MEMBROS INFERIORES | - | 8 | 27 | 35 |
| 0408050195 REDUCAO INCRUENTA DA LUXACAO / FRATURA-LUXACAO METATARSO-FALANGIANA / INTERFALANGIANA DO PE | - | 1 | 2 | 3 |

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| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0408050217 REDUCAO INCRUENTA DE FRATURA / LUXACAO / FRATURA-LUXACAO DO TORNOZELO | 1 | 2 | 7 | 10 |
| 0408050225 REDUCAO INCRUENTA DE FRATURA DIAFISARIA / LESAO FISARIA DISTAL DA TIBIA C/ OU S/ FRATURA DA FIBULA | 1 | 15 | 25 | 41 |
| 0408050233 REDUCAO INCRUENTA DE FRATURA DIAFISARIA / LESAO FISARIA PROXIMAL DO FEMUR | 3 | 46 | 43 | 92 |
| 0408050268 REDUCAO INCRUENTA DE LUXACAO / FRATURA-LUXACAO DO JOELHO | - | 1 | 1 | 2 |
| 0408050330 REVISAO CIRURGICA DE COTO DE AMPUTACAO EM MEMBRO INFERIOR (EXCETO DEDOS DO PE) | - | 1 | 10 | 11 |
| 0408050357 SINDACTILIA CIRURGICA DOS DEDOS DO PE (PROCEDIMENTO TIPO KELIKIAN) | - | 1 | - | 1 |
| 0408050454 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA DE OSSOS DO MEDIO-PE | - | 4 | 3 | 7 |
| 0408050470 TRATAMENTO CIRURGICO DE FRATURA / LESAO FISARIA DOS PODODACTILOS | - | 6 | 8 | 14 |
| 0408050500 TRATAMENTO CIRURGICO DE FRATURA DA DIAFISE DA TIBIA | 1 | 13 | 15 | 29 |
| 0408050519 TRATAMENTO CIRURGICO DE FRATURA DA DIAFISE DO FEMUR | 1 | 45 | 21 | 67 |
| 0408050527 TRATAMENTO CIRURGICO DE FRATURA DA PATELA POR FIXACAO INTERNA | - | 1 | - | 1 |
| 0408050535 TRATAMENTO CIRURGICO DE FRATURA DO CALCANEO | - | - | 1 | 1 |
| 0408050551 TRATAMENTO CIRURGICO DE FRATURA DO PLANALTO TIBIAL | - | - | 3 | 3 |
| 0408050608 TRATAMENTO CIRURGICO DE FRATURA LESAO FISARIA DISTAL DE TIBIA | - | 4 | 5 | 9 |
| 0408050632 TRATAMENTO CIRURGICO DE FRATURA TRANSTROCANTERIANA | - | 1 | 1 | 2 |
| 0408050683 TRATAMENTO CIRURGICO DE LUXACAO / FRATURA-LUXACAO AO NIVEL DO JOELHO | - | - | 1 | 1 |
| 0408060042 AMPUTACAO / DESARTICULACAO DE DEDO | 7 | 137 | 144 | 288 |
| 0408060050 ARTRODESE DE PEQUENAS ARTICULACOES | - | 1 | - | 1 |

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|---|---|---|---|---|
| 0408060123 EXPLORACAO ARTICULAR C/ OU S/ SINOVECTOMIA DE MEDIAS / GRANDES ARTICULACOES | - | 1 | - | 1 |
| 0408060140 FASCIECTOMIA | 1 | 1 | 4 | 6 |
| 0408060174 OSTECTOMIA DE OSSOS LONGOS EXCETO DA MAO E DO PE | - | - | 2 | 2 |
| 0408060190 OSTEOTOMIA DE OSSOS LONGOS EXCETO DA MAO E DO PE | - | 1 | 2 | 3 |
| 0408060328 RETIRADA DE CORPO ESTRANHO INTRA-ARTICULAR | - | 1 | 2 | 3 |
| 0408060336 RETIRADA DE CORPO ESTRANHO INTRA-OSSEO | - | 2 | 1 | 3 |
| 0408060352 RETIRADA DE FIO OU PINO INTRA-OSSEO | - | 9 | 30 | 39 |
| 0408060360 RETIRADA DE FIXADOR EXTERNO | - | 4 | 7 | 11 |
| 0408060379 RETIRADA DE PLACA E/OU PARAFUSOS | - | - | 1 | 1 |
| 0408060425 REVISAO CIRURGICA DE COTO DE AMPUTACAO DOS DEDOS | 1 | 7 | 4 | 12 |
| 0408060450 TENOMIORRAFIA | - | 7 | 7 | 14 |
| 0408060484 TENORRAFIA UNICA EM TUNEL OSTEO-FIBROSO | - | 10 | 3 | 13 |
| 0408060557 TRATAMENTO CIRURGICO DE ARTRITE INFECCIOSA (GRANDES E MEDIAS ARTICULACOES) | - | 16 | 24 | 40 |
| 0408060565 TRATAMENTO CIRURGICO DE ARTRITE INFECCIOSA DAS PEQUENAS ARTICULACOES | 1 | 3 | 1 | 5 |
| 0408060590 TRATAMENTO CIRURGICO DE FRATURA VICIOSAMENTE CONSOLIDADA DOS OSSOS LONGOS EXCETO DA MAO E DO PE | - | 4 | 3 | 7 |
| 0409010081 CISTORRAFIA | - | 16 | 9 | 25 |
| 0409010090 CISTOSTOMIA | 5 | 52 | 33 | 90 |
| 0409010138 DRENAGEM DE ABSCESSO RENAL / PERI-RENAL | 1 | 2 | 1 | 4 |
| 0409010200 NEFRECTOMIA PARCIAL | - | 9 | 11 | 20 |
| 0409010219 NEFRECTOMIA TOTAL | 1 | 2 | 6 | 9 |
| 0409010260 NEFRORRAFIA | 2 | 22 | 10 | 34 |
| 0409010286 NEFROSTOMIA COM OU SEM DRENAGEM | 1 | 6 | 6 | 13 |
| 0409010294 NEFROSTOMIA PERCUTANEA | - | - | 1 | 1 |

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|---|---|---|---|---|
| 0409010316 PIELOLITOTOMIA | 1 | - | - | 1 |
| 0409010332 PIELOSTOMIA | - | 1 | - | 1 |
| 0409010359 PUNCAO/ASPIRACAO DA BEXIGA | - | 2 | - | 2 |
| 0409010561 URETEROLITOTOMIA | - | 1 | - | 1 |
| 0409010570 URETEROPLASTIA | - | 2 | 4 | 6 |
| 0409010588 URETEROSTOMIA CUTANEA | - | 1 | - | 1 |
| 0409020150 URETRORRAFIA | 1 | 1 | 2 | 4 |
| 0409040010 DRENAGEM DE ABSCESSO DA BOLSA ESCROTAL | - | 2 | 7 | 9 |
| 0409040037 EPIDIDIMECTOMIA | 1 | - | - | 1 |
| 0409040096 EXPLORACAO CIRURGICA DA BOLSA ESCROTAL | 2 | 8 | 8 | 18 |
| 0409040126 ORQUIDOPEXIA BILATERAL | - | - | 2 | 2 |
| 0409040134 ORQUIDOPEXIA UNILATERAL | - | 1 | 10 | 11 |
| 0409040142 ORQUIECTOMIA SUBCAPSULAR BILATERAL | - | 1 | - | 1 |
| 0409040169 ORQUIECTOMIA UNILATERAL | - | 2 | 12 | 14 |
| 0409040177 PLASTICA DA BOLSAESCROTAL | - | - | 2 | 2 |
| 0409040215 TRATAMENTO CIRURGICO DE HIDROCELE | - | - | 1 | 1 |
| 0409040223 TRATAMENTO CIRURGICO DE TORCAO DO TESTICULO DO CORDAO ESPERMATICO | - | 2 | - | 2 |
| 0409050016 AMPUTACAO DE PENIS | - | 1 | - | 1 |
| 0409050075 PLASTICA TOTAL DO PENIS | - | 2 | 9 | 11 |
| 0409050083 POSTECTOMIA | - | - | 2 | 2 |
| 0409050113 TRATAMENTO CIRURGICO DE PRIAPRISMO | - | 8 | 7 | 15 |
| 0409060119 HISTERECTOMIA C/ ANEXECTOMIA (UNI / BILATERAL) | - | 5 | 5 | 10 |
| 0409060127 HISTERECTOMIA SUBTOTAL | - | 2 | 1 | 3 |
| 0409060135 HISTERECTOMIA TOTAL | - | 5 | 3 | 8 |
| 0409060160 HISTERORRAFIA | - | - | 2 | 2 |
| 0409060194 MIOMECTOMIA | - | 1 | - | 1 |
| 0409060216 OOFORECTOMIA / OOFOROPLASTIA | 4 | 33 | 34 | 71 |
| 0409060232 SALPINGECTOMIA UNI / BILATERAL | 4 | 57 | 42 | 103 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0409060240 SALPINGECTOMIA VIDEOLAPAROSCOPICA | - | 1 | - | 1 |
| 0409070050 COLPOPERINEOPLASTIA ANTERIOR E POSTERIOR | - | 1 | - | 1 |
| 0409070092 COLPORRAFIA NAO OBSTETRICA | - | - | 3 | 3 |
| 0409070149 EXERESE DE CISTO VAGINAL | - | 2 | - | 2 |
| 0409070157 EXERESE DE GLANDULA DE BARTHOLIN / SKENE | - | 3 | 6 | 9 |
| 0409070211 RECONSTRUCAO DA VAGINA | - | 2 | - | 2 |
| 0409070220 TRATAMENTO CIRURGICO DE COAPTACAO DE NINFAS | - | - | 1 | 1 |
| 0409070246 TRATAMENTO CIRURGICO DE FISTULA URETRO-VAGINAL | - | 1 | - | 1 |
| 0410010014 DRENAGEM DE ABSCESSO DE MAMA | - | 11 | 8 | 19 |
| 0412030012 DESCORTICACAO PULMONAR | - | 2 | - | 2 |
| 0412030098 PLEUROSTOMIA | - | 2 | 3 | 5 |
| 0412040018 COSTECTOMIA | - | 2 | - | 2 |
| 0412040115 RETIRADA DE CORPO ESTRANHO DA PAREDE TORACICA | - | 1 | - | 1 |
| 0412040166 TORACOSTOMIA COM DRENAGEM PLEURAL FECHADA | 22 | 413 | 362 | 797 |
| 0412040174 TORACOTOMIA EXPLORADORA | 1 | - | 1 | 2 |
| 0412040212 TRATAMENTO CIRURGICO DE PAREDE TORACICA | - | 1 | - | 1 |
| 0412050080 PNEUMORRAFIA | - | 10 | 8 | 18 |
| 0413010066 TRATAMENTO DE GRANDE QUEIMADO | - | 37 | 22 | 59 |
| 0413010082 TRATAMENTO DE MEDIO QUEIMADO | - | 18 | 26 | 44 |
| 0413010090 TRATAMENTO DE PEQUENO QUEIMADO | - | 2 | 14 | 16 |
| 0413040046 DERMOLIPECTOMIA ABDOMINAL NAO ESTETICA (PLASTICA ABDOMINAL) | - | 1 | - | 1 |
| 0413040178 TRATAMENTO CIRURGICO DE LESOES EXTENSAS C/ PERDA DE SUBSTANCIA CUTANEA | 16 | 183 | 179 | 378 |
| 0413040208 TRATAMENTO CIRURGICO DE RETRACAO CICATRICIAL DOS DEDOS DA MAO/PE S/ COMPROMETIMENTO TENDINOSO | - | - | 1 | 1 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Procedimento**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Procedimento | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0414010272 TRATAMENTO CIRURGICO DE FISTULA CUTANEA DE ORIGEM DENTARIA | - | 2 | 1 | 3 |
| 0414010329 TRATAMENTO CIRURGICO DE CISTO DO COMPLEXO MAXILO-MANDIBULAR | - | - | 5 | 5 |
| 0415040027 DEBRIDAMENTO DE FASCEITE NECROTIZANTE | - | 4 | 35 | 39 |
| 0415040035 DEBRIDAMENTO DE ULCERA / DE TECIDOS DESVITALIZADOS | 41 | 544 | 475 | 1.060 |
| 0603070019 ALBUMINA HUMANA 20 POR CENTO (FRASCO-AMPOLA DE 50 ML) | 6 | 339 | 431 | 776 |
| 0802010016 DIARIA DE ACOMPANHANTE ADULTO (COM PERNOITE) | 1.943 | 23.006 | 21.115 | 46.064 |
| 0802010024 DIARIA DE ACOMPANHANTE CRIANCA/ADOLESCENTE C/PERNOITE | 512 | 6.968 | 7.768 | 15.248 |
| 0802010040 DIARIA DE ACOMPANHANTE DE IDOSOS C/ PERNOITE | 962 | 12.916 | 12.393 | 26.271 |
| 0802010083 DIARIA DE UNIDADE DE TERAPIA INTENSIVA ADULTO (UTI II) | 289 | 3.888 | 3.550 | 7.727 |
| 0802010199 DIARIA DE PERMANENCIA A MAIOR | 946 | 8.298 | 8.251 | 17.495 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

Legenda:

- - Dado numérico igual a 0 não resultante de arredondamento.
0; 0,0 - Dado numérico igual a 0 resultante de arredondamento de um dado originalmente positivo.

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## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Quantity by Year of Service by Procedure Subgroup**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure Subgroup | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| **TOTAL** | **15.459** | **190.560** | **192.911** | **398.930** |
| 0201 Material Collection | - | - | 1 | 1 |
| 0202 Clinical Laboratory Diagnosis | 5.217 | 71.649 | 82.652 | 159.518 |
| 0204 Diagnosis by Radiology | 346 | 5.351 | 5.123 | 10.820 |
| 0205 Diagnosis by Ultrasonography | 158 | 1.862 | 1.530 | 3.550 |
| 0206 Diagnosis by Tomography | 137 | 2.066 | 3.742 | 5.945 |
| 0209 Diagnosis by Endoscopy | 15 | 165 | 167 | 347 |
| 0211 Diagnostic Methods in Specialties | 48 | 1.149 | 1.217 | 2.414 |
| 0212 Diagnosis and Special Procedures in Hemotherapy | 467 | 4.908 | 5.328 | 10.703 |
| 0214 Diagnosis by Rapid Test | 8 | 95 | 244 | 347 |
| 0301 Consultations / Visits / Follow-ups | 2.414 | 26.049 | 21.278 | 49.741 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

1. Data referring to the last six months, subject to updates.

## DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Quantity by Year of Service by Procedure Subgroup**
**City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure Subgroup | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0302 Physical Therapy | 510 | 4.029 | 544 | 5.083 |
| 0303 Clinical Treatments (Other Specialties) | 219 | 3.992 | 4.007 | 8.218 |
| 0305 Treatment in Nephrology | 140 | 762 | 458 | 1.360 |
| 0306 Hemotherapy | 313 | 3.200 | 3.325 | 6.838 |
| 0308 Treatment of Injuries, Poisonings and Others Resulting from External Causes | 18 | 200 | 255 | 473 |
| 0309 Specialized Therapies | 499 | 4.561 | 4.950 | 10.010 |
| 0401 Minor Surgeries and Surgeries of the Skin, Subcutaneous Tissue and Mucosa | 2 | 647 | 156 | 805 |
| 0403 Surgery of the Central and Peripheral Nervous System | 15 | 150 | 158 | 323 |
| 0404 Surgery of the Upper Airways, Face, Head and Neck | 3 | 57 | 66 | 126 |
| 0406 Surgery of the Circulatory System | 4 | 154 | 150 | 308 |
| 0407 Surgery of the Digestive System, Accessory Organs and Abdominal Wall | 115 | 1.524 | 1.523 | 3.162 |
| 0408 Surgery of the Musculoskeletal System | 50 | 1.085 | 1.149 | 2.284 |
| 0409 Surgery of the Genitourinary System | 23 | 257 | 240 | 520 |
| 0410 Breast Surgery | - | 11 | 8 | 19 |
| 0412 Thoracic Surgery | 23 | 431 | 374 | 828 |
| 0413 Reconstructive Surgery | 16 | 241 | 242 | 499 |
| 0414 Oral and Maxillofacial Surgery | - | 2 | 6 | 8 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

1. Data referring to the last six months, subject to updates.

DETAILED DATA ON AIH (HOSPITAL ADMISSION AUTHORIZATION) - BY PLACE OF ADMISSION - MARANHÃO

**Approved Quantity by Year of Service by Procedure Subgroup**
**]City:** 211130 SAO LUIS
**Healthcare Facility:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Period:** 2012-2013

| Procedure Subgroup | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0415 Other Surgeries | 41 | 548 | 510 | 1.099 |
| 0603 Hospital and Emergency Medications | 6 | 339 | 431 | 776 |
| 0802 Actions Related to Patient Care | 4.652 | 55.076 | 53.077 | 112.805 |

Source: Ministry of Health - Hospital Information System of SUS (SIH/SUS)

Notes:

1. Data referring to the last six months, subject to updates.

Key:

- - Numerical value equal to 0 not resulting from rounding.
0; 0,0 - Numerical value equal to 0 resulting from rounding of an originally positive value.

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**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

_____ **Date: August 12, 2026.**

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Subgrupo proced.**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Subgrupo proced. | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| **TOTAL** | **15.459** | **190.560** | **192.911** | **398.930** |
| 0201 Coleta de material | - | - | 1 | 1 |
| 0202 Diagnostico em laboratorio clinico | 5.217 | 71.649 | 82.652 | 159.518 |
| 0204 Diagnostico por radiologia | 346 | 5.351 | 5.123 | 10.820 |
| 0205 Diagnostico por ultrasonografia | 158 | 1.862 | 1.530 | 3.550 |
| 0206 Diagnostico por tomografia | 137 | 2.066 | 3.742 | 5.945 |
| 0209 Diagnostico por endoscopia | 15 | 165 | 167 | 347 |
| 0211 Metodos diagnosticos em especialidades | 48 | 1.149 | 1.217 | 2.414 |
| 0212 Diagnostico e procedimentos especiais em hemoterapia | 467 | 4.908 | 5.328 | 10.703 |
| 0214 Diagnostico por teste rapido | 8 | 95 | 244 | 347 |
| 0301 Consultas / Atendimentos / Acompanhamentos | 2.414 | 26.049 | 21.278 | 49.741 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Subgrupo proced.**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Subgrupo proced. | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0302 Fisioterapia | 510 | 4.029 | 544 | 5.083 |
| 0303 Tratamentos clinicos (outras especialidades) | 219 | 3.992 | 4.007 | 8.218 |
| 0305 Tratamento em nefrologia | 140 | 762 | 458 | 1.360 |
| 0306 Hemoterapia | 313 | 3.200 | 3.325 | 6.838 |
| 0308 Tratamento de lesoes, envenenamentos e outros, decorrentes de causas externas | 18 | 200 | 255 | 473 |
| 0309 Terapias especializadas | 499 | 4.561 | 4.950 | 10.010 |
| 0401 Pequenas cirurgias e cirurgias de pele, tecido subcutaneo e mucosa | 2 | 647 | 156 | 805 |
| 0403 Cirurgia do sistema nervoso central e periferico | 15 | 150 | 158 | 323 |
| 0404 Cirurgia das vias aereas superiores, da face, da cabeca e do pescoco | 3 | 57 | 66 | 126 |
| 0406 Cirurgia do aparelho circulatorio | 4 | 154 | 150 | 308 |
| 0407 Cirurgia do aparelho digestivo, orgaos anexos e parede abdominal | 115 | 1.524 | 1.523 | 3.162 |
| 0408 Cirurgia do sistema osteomuscular | 50 | 1.085 | 1.149 | 2.284 |
| 0409 Cirurgia do aparelho geniturinario | 23 | 257 | 240 | 520 |
| 0410 Cirurgia de mama | - | 11 | 8 | 19 |
| 0412 Cirurgia toracica | 23 | 431 | 374 | 828 |
| 0413 Cirurgia reparadora | 16 | 241 | 242 | 499 |
| 0414 Bucomaxilofacial | - | 2 | 6 | 8 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

1. Dados referentes aos últimos seis meses, sujeitos a atualização.

## DADOS DETALHADOS DAS AIH - POR LOCAL INTERNAÇÃO - MARANHÃO

**Quantidade aprovada por Ano atendimento segundo Subgrupo proced.**
**Município:** 211130 SAO LUIS
**Estabelecimento:** 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I
**Período:** 2012-2013

| Subgrupo proced. | 2011 | 2012 | 2013 | Total |
|---|---|---|---|---|
| 0415 Outras cirurgias | 41 | 548 | 510 | 1.099 |
| 0603 Medicamentos de ambito hospitalar e urgencia | 6 | 339 | 431 | 776 |
| 0802 Acoes relacionadas ao atendimento | 4.652 | 55.076 | 53.077 | 112.805 |

Fonte: Ministério da Saúde - Sistema de Informações Hospitalares do SUS (SIH/SUS)

Notas:

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Legenda:

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0; 0,0 - Dado numérico igual a 0 resultante de arredondamento de um dado originalmente positivo.

COPIA COMO .CSV COPIA PARA TABWIN

## SUS TABLE OUTPATIENT PRODUCTION – SOCORRÃO 1

## 2012 2013 - CONSOLIDATED

| Title | Outpatient Production of Unified Table Procedures | Subtitle | Frequency by Year |
|---|---|---|---|

| CNES -Maranhão Health Facilities | 2012 | 2013 |
|---|---|---|
| Total | 703.600 | 800.335 |
| 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I | 703.600 | 800.335 |

## SUS TABLE OUTPATIENT PRODUCTION – SOCORRÃO 1

## 2012 and 2013 (MONTH/YEAR)

**Outpatient Production of Unified Table Procedures**
**Frequency by Processing Month according to Processing Year**
**CNES - MA Health Facilities: 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I**

| Processing Year | January | February | March | April | May | June | July | August | September | October | November | December | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2012 | 56.172 | 62.375 | 57.663 | 65.015 | 60.118 | 58.859 | 55.329 | 60.246 | 57.420 | 63.392 | 53.057 | 53.954 | 703.600 |
| 2013 | 60.990 | 55.235 | 64.593 | 72.180 | 72.614 | 71.866 | 67.595 | 68.588 | 68.322 | 65.503 | 67.461 | 65.388 | 800.335 |

Source: Tabwin/SIASUS/DATASUS/MS
On: 07/16/2026

CNES - National Registry of Health Facilities

http://siab.datasus.gov.br/DATASUS/index.php?area=060805

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

**Date: August 12, 2026.**

## PRODUÇÃO AMBULATORIAL TABELA SUS – SOCORRÃO 1

## 2012 2013 - CONSOLIDADO

| Título | Produção Ambulatorial_de Procedimentos da Tabela Unificada | Subtítulo | Freqüência por Ano |
|---|---|---|---|

| Estabelecimentos CNES-MA | 2012 | 2013 |
|---|---|---|
| Total | 703.600 | 800.335 |
| 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I | 703.600 | 800.335 |

## PRODUÇÃO AMBULATORIAL TABELA SUS – SOCORRÃO 1

## 2012 e 2013 (MÊS/ANO)

Produção Ambulatorial_de Procedimentos da Tabela Unificada
Freqüência por Mês de Processamento segundo Ano de Processamento
Estabelecimentos CNES-MA: 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I

| Ano de Processamento | Janeiro | Fevereiro | Março | Abril | Maio | Junho | Julho | Agosto | Setembro | Outubro | Novembro | Dezembro | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2012 | 56.172 | 62.375 | 57.663 | 65.015 | 60.118 | 58.859 | 55.329 | 60.246 | 57.420 | 63.392 | 53.057 | 53.954 | 703.600 |
| 2013 | 60.990 | 55.235 | 64.593 | 72.180 | 72.614 | 71.866 | 67.595 | 68.588 | 68.322 | 65.503 | 67.461 | 65.388 | 800.335 |

Fonte: Tabwin/SIASUS/DATASUS/MS
Em: 16/07/2026

http://siab.datasus.gov.br/DATASUS/index.php?area=060805

## SUS TABLE OUTPATIENT PRODUCTION – SOCORRÃO 1

## 2012 2013 2014 – CONSOLIDATED ( month / year)

**Outpatient Production of Unified Table Procedures**
**CNES (National Registry of Health Facilities )-Maranhão Health Facilities: 2308762 DJALMA MARQUES MUNICIPAL HOSPITAL SOCORRÃO I**
**Financing: ALL**
**Complexity: ALL**

**Frequency (Approved Quantity) by Processing Month according to Processing Year**

| Processing Year | January | February | March | April | May | June | July | August | September | October | November | December | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2012 | 56.172 | 62.375 | 57.663 | 65.015 | 60.118 | 58.859 | 55.329 | 60.246 | 57.420 | 63.392 | 53.057 | 53.954 | 703.600 |
| 2013 | 60.990 | 55.235 | 64.593 | 72.180 | 72.614 | 71.866 | 67.595 | 68.588 | 68.322 | 65.503 | 67.461 | 65.388 | 800.335 |
| 2014 | 64.387 | 52.869 | 52.417 | 52.118 | 43.840 | 56.018 | 56.970 | 58.639 | 55.567 | 54.396 | 52.810 | 52.486 | 652.517 |

**Approved Amount by Processing Month according to Processing Year**

| Processing Year | January | February | March | April | May | June | July | August | September | October | November | December | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2012 | 389.407,34 | 390.052,56 | 361.472,30 | 378.135,28 | 431.002,31 | 467.125,47 | 492.364,04 | 507.545,23 | 499.781,12 | 532.802,40 | 508.402,40 | 443.515,09 | 5.401.605,54 |
| 2013 | 478.984,37 | 500.379,95 | 561.375,62 | 583.472,73 | 577.570,94 | 528.113,76 | 506.001,18 | 524.836,96 | 518.224,01 | 512.355,17 | 521.188,80 | 472.138,70 | 6.284.642,19 |
| 2014 | 489.920,09 | 453.178,28 | 491.646,27 | 409.446,60 | 397.646,11 | 431.308,51 | 450.888,75 | 432.040,01 | 402.082,95 | 417.696,79 | 393.342,14 | 394.538,33 | 5.163.734,83 |

Source: Tabwin/SIASUS/DATASUS/MS
On: 07/21/2026

http://siab.datasus.gov.br/DATASUS/index.php?area=060805

**I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**



**Date: August 13, 2026.**

## PRODUÇÃO AMBULATORIAL TABELA SUS – SOCORRÃO 1

## 2012 2013 2014 – CONSOLIDADO ( mês / ano)

**Produção Ambulatorial_de Procedimentos da Tabela Unificada**
**Estabelecimentos CNES-MA: 2308762 HOSPITAL MUNICIPAL DJALMA MARQUES SOCORRAO I**
**Financiamento: TODOS**
**Complexidade: TODAS**

**Freqüência (Quantidade Aprovada) por Mês de Processamento segundo Ano de Processamento**

| Ano de Processamento | Janeiro | Fevereiro | Março | Abril | Maio | Junho | Julho | Agosto | Setembro | Outubro | Novembro | Dezembro | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2012 | 56.172 | 62.375 | 57.663 | 65.015 | 60.118 | 58.859 | 55.329 | 60.246 | 57.420 | 63.392 | 53.057 | 53.954 | 703.600 |
| 2013 | 60.990 | 55.235 | 64.593 | 72.180 | 72.614 | 71.866 | 67.595 | 68.588 | 68.322 | 65.503 | 67.461 | 65.388 | 800.335 |
| 2014 | 64.387 | 52.869 | 52.417 | 52.118 | 43.840 | 56.018 | 56.970 | 58.639 | 55.567 | 54.396 | 52.810 | 52.486 | 652.517 |

**Valor Aprovado por Mês de Processamento segundo Ano de Processamento**

| Ano de Processamento | Janeiro | Fevereiro | Março | Abril | Maio | Junho | Julho | Agosto | Setembro | Outubro | Novembro | Dezembro | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 2012 | 389.407,34 | 390.052,56 | 361.472,30 | 378.135,28 | 431.002,31 | 467.125,47 | 492.364,04 | 507.545,23 | 499.781,12 | 532.802,40 | 508.402,40 | 443.515,09 | 5.401.605,54 |
| 2013 | 478.984,37 | 500.379,95 | 561.375,62 | 583.472,73 | 577.570,94 | 528.113,76 | 506.001,18 | 524.836,96 | 518.224,01 | 512.355,17 | 521.188,80 | 472.138,70 | 6.284.642,19 |
| 2014 | 489.920,09 | 453.178,28 | 491.646,27 | 409.446,60 | 397.646,11 | 431.308,51 | 450.888,75 | 432.040,01 | 402.082,95 | 417.696,79 | 393.342,14 | 394.538,33 | 5.163.734,83 |

Fonte: Tabwin/SIASUS/DATASUS/MS
Em: 21/07/2026

http://siab.datasus.gov.br/DATASUS/index.php?area=060805

FEDERAL UNIVERSITY OF MARANHÃO
Avenida dos Portugueses, 1966, - Vila Bacanga District, São Luís/MA, ZIP Code 65080-805
Phone: (98) 3272-8000 - https://www.ufma.br

Declaration No. 1424264/2025/ FUMA/OEA/CCBS/UFMA/DA/CCBS/DEMOR/CCBS

Process No. 23115.022329/2023-34

Interested Party: DEPARTMENT OF MORPHOLOGY/CCBS

I hereby declare, for all due purposes, that **Professor Dr. YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA, SIAPE registration number 1814622**, performed his duties with diligence and dedication as a Professor of Higher Education at the Department of Morphology of the Center for Biological and Health Sciences at the Federal University of Maranhão, during the period from 09/09/2010, to 08/03/2015.

Sincerely,

Electronically signed by **DIOGO SOUZA FERREIRA RUBIM DE ASSIS**, **Head**, on 04/11/2025, at 07:51 AM (official Brasília time), pursuant to Law No. 14,063, of September 23, 2020.

The authenticity of this document can be verified at https://sei.ufmg.br/sei/controlador_externo.php? acao=documento_conferir&id_orgao_acesso_externo=0, by entering the verification code **1424264** and CRC code **558E2BD0**.

**Reference:** Process No. 23115.022329/2023-34 SEI No. 1424264

FUMA - Foundation of the Federal University of Maranhão
OEA - Executing Body of Activities
CCBS - Center for Biological and Health Sciences
UFMA - Federal University of Maranhão
DA - Administrative Directorate
DEMOR - Department of Morphology
SIAPE - Integrated Personnel Administration System
SEI - Electronic Information System

I, Carolina Favero da Silva, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: May 22, 2025.

UNIVERSIDADE FEDERAL DO MARANHÃO
Av. dos Portugueses, 1966, - Bairro Vila Bacanga, São Luís/MA, CEP 65080-805
Telefone: (98) 3272-8000 - https://www.ufma.br

Declaração nº 1424264/2025/FUMA/OEA/CCBS/UFMA/DA/CCBS/DEMOR/CCBS

Processo nº 23115.022329/2023-34

Interessado: DEPARTAMENTO DE MORFOLOGIA/CCBS

Declaro, para os devidos fins, que **o Professor Dr. YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA, matrícula SIAPE 1814622,** exerceu a função com zelo e dedicação de Professor do Magistério Superior no Departamento de Morfologia do Centro de Ciências Biológicas e da Saúde da Universidade Federal do Maranhão, no período de 09.09.2010 a 03.08.2015.

Atenciosamente,

Documento assinado eletronicamente por **DIOGO SOUZA FERREIRA RUBIM DE ASSIS**, **Chefe**, em 11/04/2025, às 07:51, conforme horário oficial de Brasília, com fundamento na Lei nº14.063, de 23 de setembro de 2020.

A autenticidade deste documento pode ser conferida no site https://sei.ufma.br/sei/controlador_externo.php?acao=documento_conferir&id_orgao_acesso_externo=0, informando o código verificador **1424264** e o código CRC **558E2BD0**.

**Referência:** Processo nº 23115.022329/2023-34 SEI nº 1424264

# NBME® SELF-ASSESSMENTS

## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA)
## EXAMINEE PERFORMANCE REPORT

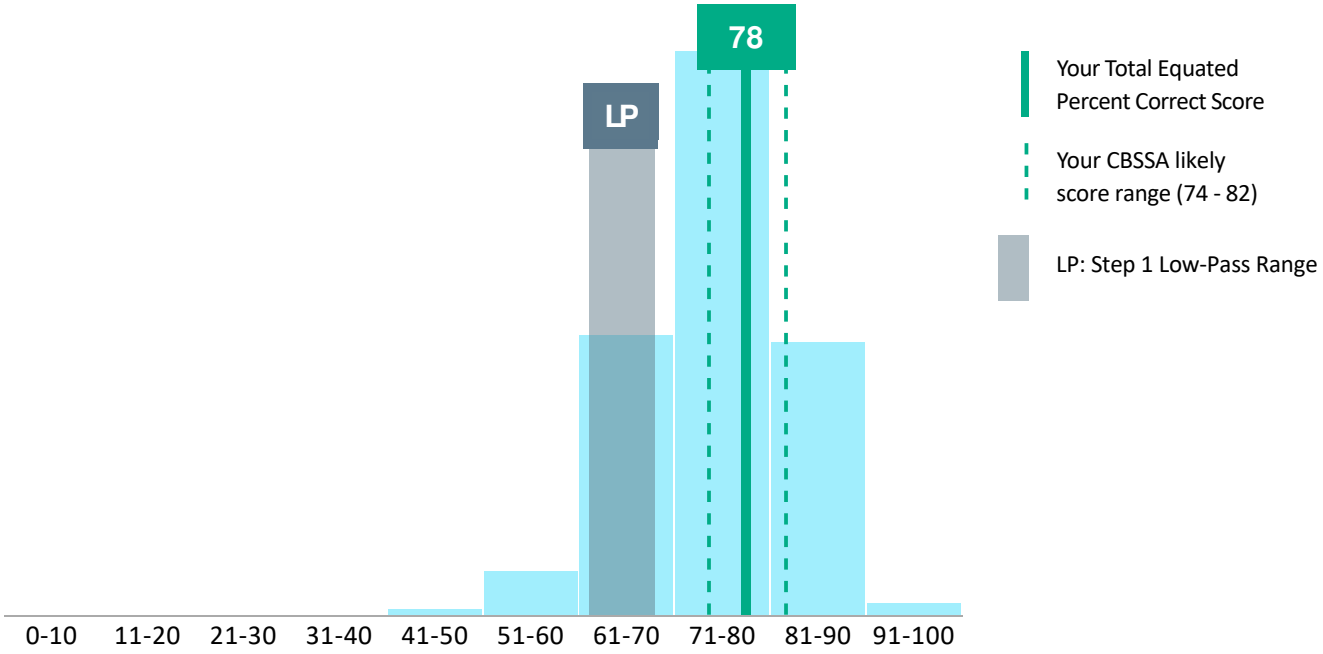
Name: Souza, Yglesio

Test Date: 4/27/2026

# Total Equated Percent Correct Score: 78%

The chart below represents the performance of a 2024 national cohort of students from LCME-accredited medical schools. Your total equated percent correct (EPC) score on this CBSSA exam is shown along with a range that corresponds to low passing performance (above but near the minimum passing standard) on the United States Medical Licensing Examination® (USMLE®) Step 1.

**Based on your performance on this CBSSA, your estimated probability of passing Step 1 if you test within a week is 99%.**




## Interpreting Your Overall Results:

- **Readiness for Step 1:** Since CBSSA and Step 1 cover very similar content, CBSSA performance can be used in conjunction with other information to assess readiness for Step 1. However, if you take CBSSA under conditions that differ from the conditions under which you will be taking Step 1 (e.g., you used self-paced timing on CBSSA or consulted resources while testing), or if the CBSSA that you have taken contains the same questions that were on a CBSSA that you took previously, the information in this report will not be as reliable in helping you evaluate your readiness to take Step 1.
- **Your CBSSA equated percent correct score** represents the percentage of the content that you have mastered. It has been statistically adjusted to account for slight variations in exam form difficulty and may be slightly lower or higher than the actual percentage of questions you answered correctly on this specific form.
- **Your estimated probability of passing Step 1** can range from 1 to 99% and is calculated using a statistical model, updated annually, based on examinees who tested within one week of taking Step 1 for the first time (last updated on August 28, 2025). If you tested more than a week before you are scheduled to take Step 1, your estimated probability may be different.
- **Your estimated probability is not a guarantee of your future Step 1 performance.** Many factors (e.g., changing levels of knowledge) may impact your performance on Step 1.
- **Your likely score range** indicates how much your score could change if you took CBSSA again without learning or forgetting any information. Under those conditions, your subsequent CBSSA score would fall within 4 points of your current score two-thirds of the time.
- **A PDF version of your report** is typically available within 4 hours. To review your score before then, log in to MyNBME® Examinee Portal, click on the registration ID associated with this assessment, then click Review Your Results Interactively.

# NBME® SELF-ASSESSMENTS

## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA)
## EXAMINEE PERFORMANCE REPORT

Name: Souza, Yglesio Test Date: 4/27/2026

### Interpreting Your Content Area Results:

- **Your equated percent correct (EPC) scores** indicate the percentage of the content that you have mastered. EPC scores may be slighty lower or higher than the actual percentage of questions you answered correctly on this specific exam form because they are statistically adjusted to account for slight variations in exam form difficulty.
- **The comparison group average EPC score** represents the estimated performance of the 2024 cohort of Step 1 first-takers from LCME-accredited medical schools on CBSSA.
- **The green boxes** indicate whether your performance was statistically lower, about the same, or statistically higher than the performance of the comparison group after taking into account the precision of each content area score. Content area EPC scores are less precise than total test EPC scores, so small differences in content area scores should not be overinterpreted.
- **You may use this report to identify areas of strength and weakness**. Keep in mind that some content areas are more difficult than others, and some comprise larger portions of the exam.
- **The percentage of questions contributing to each content area** stays in the same range as shown in the column labeled % of Questions across CBSSA, CBSE (Comprehensive Basic Science Examination), and Step 1 exam forms. The percentages may not add up to 100%.

| | Your EPC Score | Comparison Group Average EPC Score | Score Comparison: Lower Same Higher | % of Questions |
|---|---|---|---|---|
| **Performance by Physician Task** | | | | |
| Medical Knowledge: Applying Foundational Science Concepts | **74** | 72 |  | 60-70% |
| Patient Care: Diagnosis | **89** | 78 |  | 20-25% |

# NBME® SELF-ASSESSMENTS

## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA)

## EXAMINEE PERFORMANCE REPORT

Name: Souza, Yglesio Test Date: 4/27/2026

| | Your EPC Score | Comparison Group Average EPC Score | Score Comparison: Lower Same Higher | % of Questions |
|---|---|---|---|---|
| **Performance by System** | | | | |
| Reproductive & Endocrine Systems | **87** | 75 | | 12-16% |
| Respiratory and Renal/Urinary Systems | **88** | 72 | | 11-15% |
| Behavioral Health & Nervous Systems/Special Senses | **63** | 74 | | 10-14% |
| Blood & Lymphoreticular/Immune Systems | **66** | 75 | | 9-13% |
| Multisystem Processes & Disorders | **71** | 75 | | 8-12% |
| Musculoskeletal, Skin & Subcutaneous Tissue | **89** | 76 | | 8-12% |
| Cardiovascular System | **84** | 73 | | 7-11% |
| Gastrointestinal System | **82** | 74 | | 6-10% |

# NBME® SELF-ASSESSMENTS

## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA)

## EXAMINEE PERFORMANCE REPORT

Name: Souza, Yglesio Test Date: 4/27/2026

| | Your EPC Score | Comparison Group Average EPC Score | Score Comparison: Lower Same Higher | % of Questions |
|---|---|---|---|---|
| **Performance by Discipline** | | | | |
| Pathology | **79** | 75 | | 45-55% |
| Physiology | **78** | 75 | | 30-40% |
| Microbiology & Immunology | **68** | 73 | | 15-35% |
| Gross Anatomy & Embryology | **79** | 70 | | 10-20% |
| Pharmacology | **82** | 76 | | 10-20% |
| Behavioral Sciences | **87** | 83 | | 10-15% |
| Biochemistry & Nutrition | **56** | 74 | | 5-15% |
| Histology & Cell Biology | **54** | 71 | | 5-15% |
| Genetics | **54** | 72 | | 5-10% |

# NBME® SELF-ASSESSMENTS

## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA) LONGITUDINAL REPORT

Name: Souza, Yglesio Test Date: 4/27/2026

This report summarizes your overall and content area longitudinal performance based on up to six previous Comprehensive Basic Science Self-Assessment (CBSSA) administrations purchased on or after August 28, 2025.

Please remember that estimated performance based on taking CBSSA is not a guarantee of future performance on Step 1. Many factors may impact performance on Step 1.

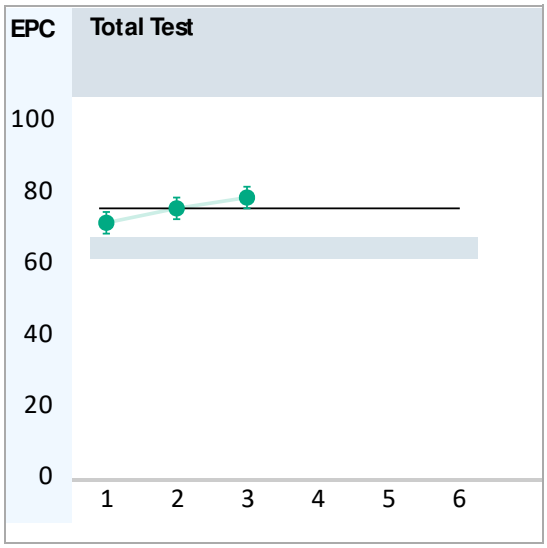
### Your Overall Performance History

You may use the information below as a reminder of which CBSSA form(s) you have already taken, when, and your total equated percent correct (EPC) score(s). EPC scores indicate the percentage of the content that you have mastered. They are statistically adjusted to account for slight variations in exam form difficultly and may be slightly lower or higher than the actual percentage of questions you answered correctly on each specific exam form.

| | Test Date | Form | Total EPC Score |
|---|---|---|---|
| 1 | 03/16/2026 | 26 | 71 |
| 2 | 04/19/2026 | 27 | 75 |
| 3 | 04/27/2026 | 28 | 78 |

### Your Overall Performance Longitudinal Graph

- The **green circles** represent your total EPC scores and the **green vertical lines** represent score precision, or how much your score could change if you tested again without learning or forgetting.
- The **black line** represents the average performance of Step 1 first-takers from LCME-accredited medical schools on CBSSA.
- The **shaded area** represents low passing performance (above but near the minimum passing score) on Step 1.
- When looking for patterns, consider the precision of scores. If the vertical lines for two scores overlap between administrations, your performance was not significantly different on those administrations.
- Please visit the CBSSA section of the NBME website for additional guidance.



# NBME® SELF-ASSESSMENTS

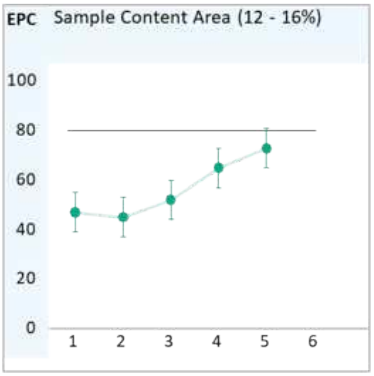
## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA) LONGITUDINAL REPORT

Name: Souza, Yglesio Test Date: 4/27/2026

## Interpreting Content Area Performance Longitudinal Graphs

The content area performance longitudinal graphs can be interpreted like the overall performance longitudinal graph.

- The **green circles** represent your content area EPC scores and the **green vertical lines** represent score precision. Content areas that comprise larger portions of the exam are more precise.
- The **percentage of questions** contributing to each content area is shown in parentheses.
- The **black line** represents the average estimated performance of Step 1 first-takers from LCME-accredited medical schools on CBSSA. There is no passing standard for individual content areas.
- When looking for patterns, consider the precision of scores. If the vertical lines for two scores overlap between administrations, your performance was not significantly different on those administrations.



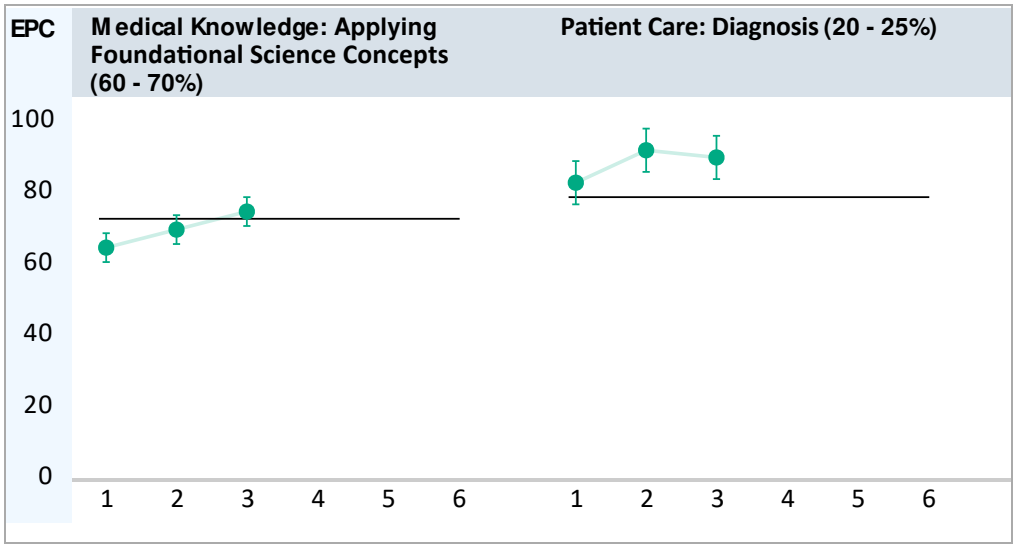

### Sample Graph Interpretation

In the sample longitudinal graph to the left, there is overlap among the scores for attempts 1, 2, and 3; 3 and 4; as well as 4 and 5. Performance within those clusters was similar.

In turn, performance on attempt 4 was significantly higher compared to attempts 1 and 2 (no overlap), and performance on attempt 5 was significantly higher compared to attempts 1, 2, and 3 (again, no overlap).

## Your Content Area Performance Longitudinal Graphs

### PHYSICIAN TASK



# NBME® SELF-ASSESSMENTS

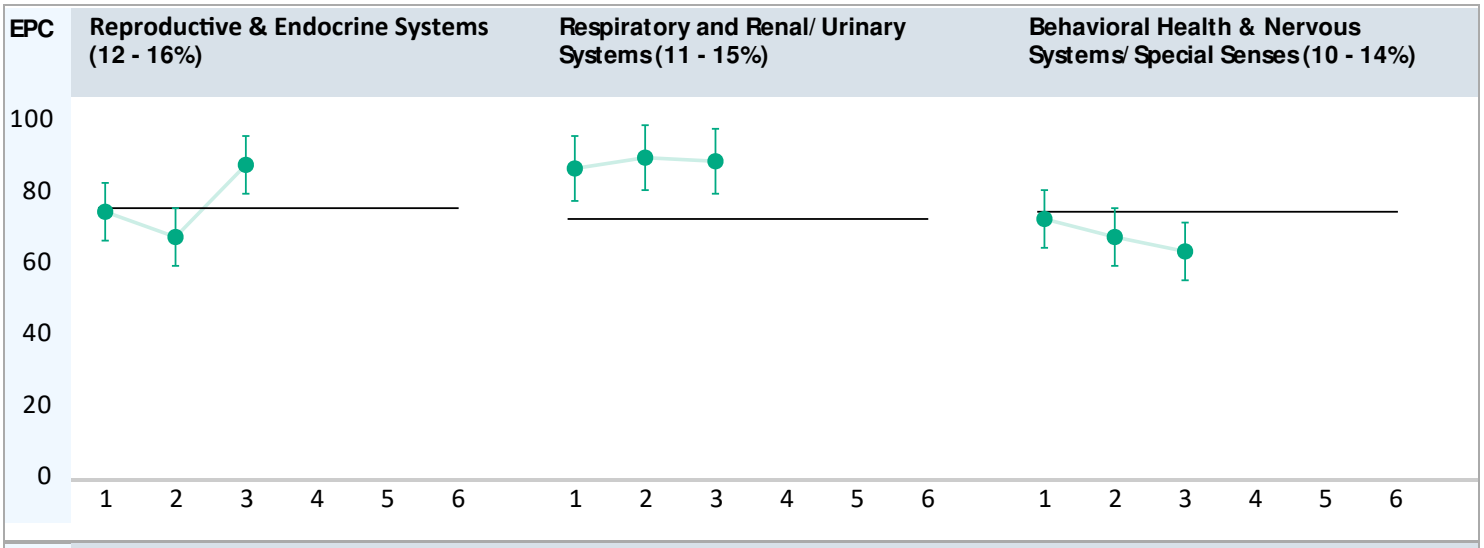
## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA) LONGITUDINAL REPORT

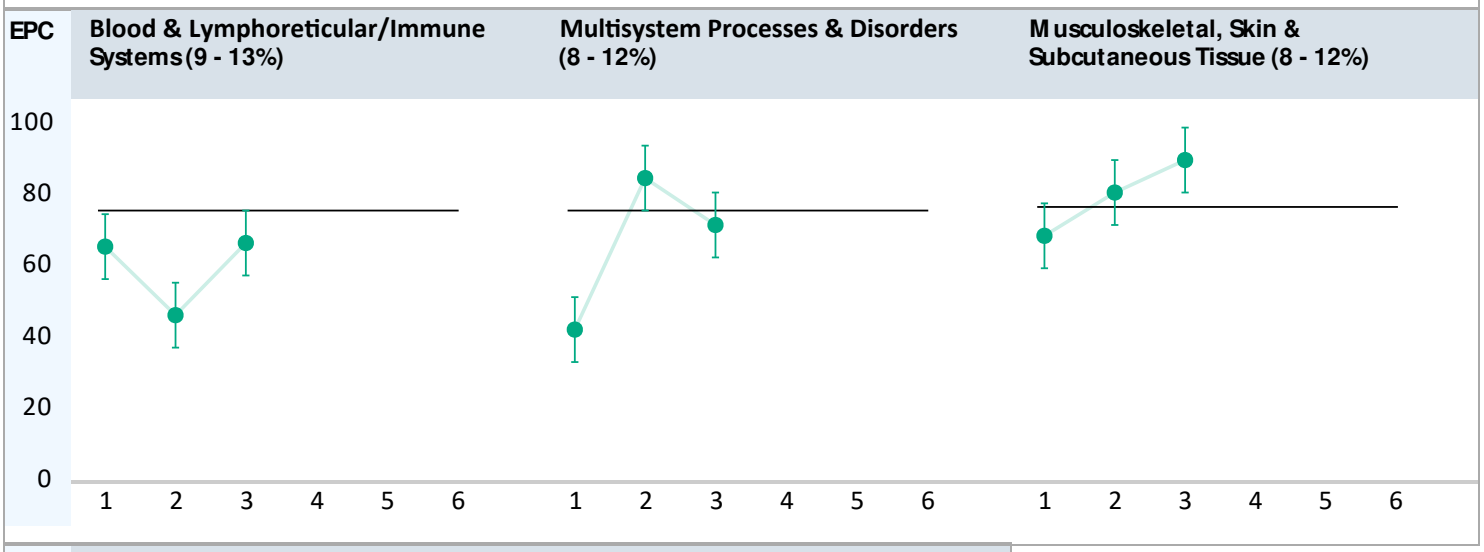
Name: Souza, Yglesio

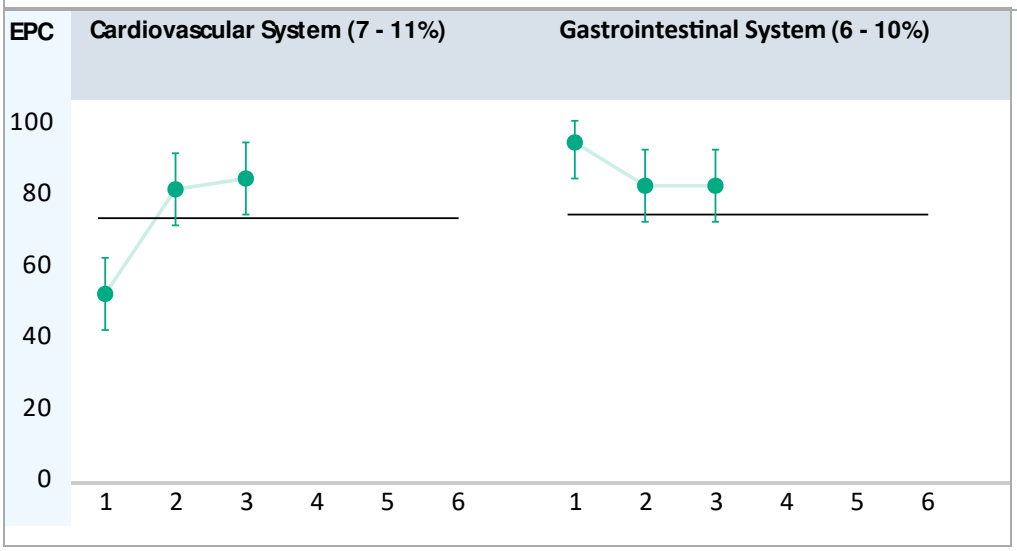
Test Date: 4/27/2026

### Your Content Area Performance Longitudinal Graphs

**SYSTEM**



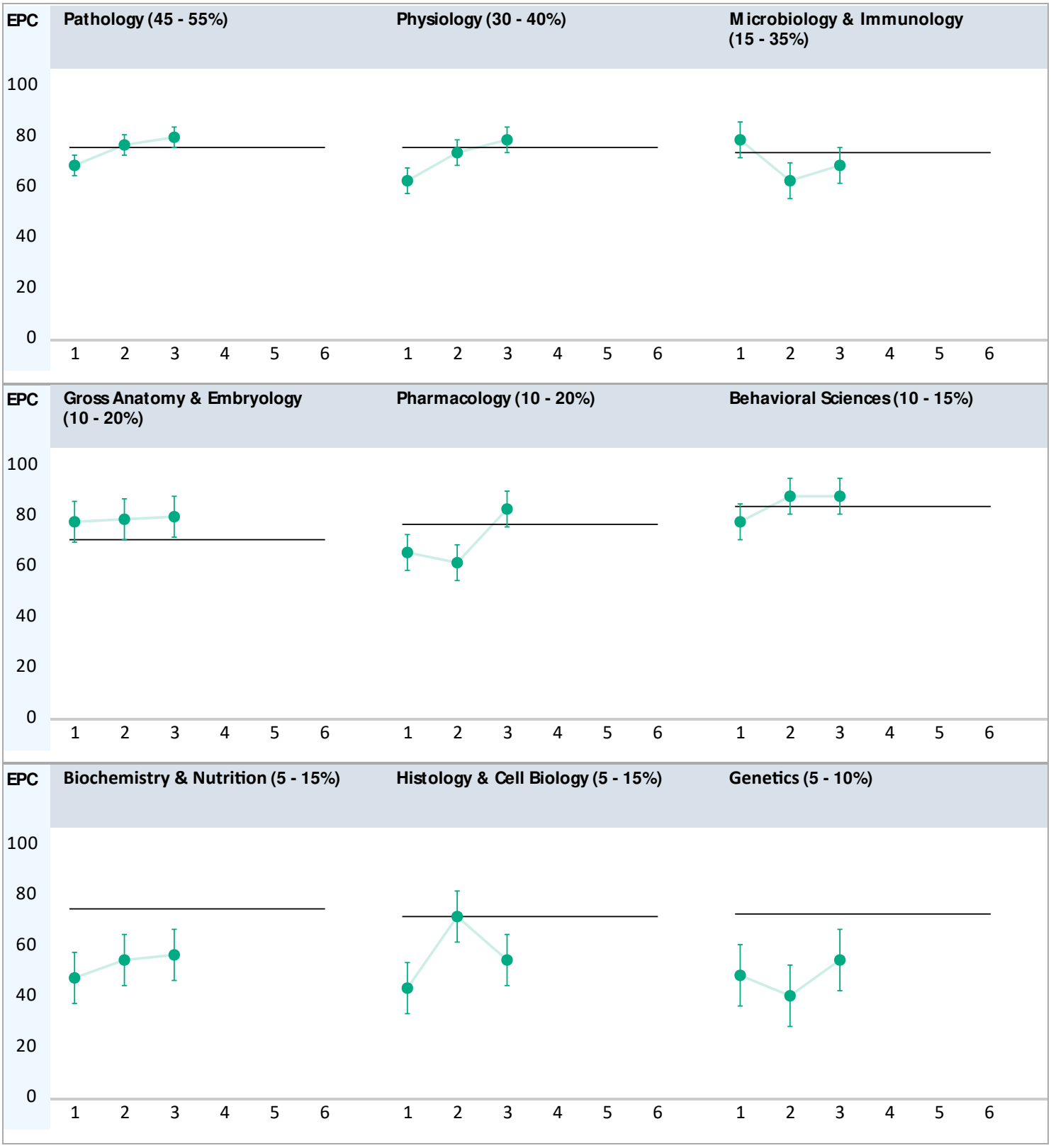
# NBME® SELF-ASSESSMENTS

## COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA) LONGITUDINAL REPORT

Name: Souza, Yglesio Test Date: 4/27/2026

### Your Content Area Performance Longitudinal Graphs

**DISCIPLINE**



# Personal Documents

1st Civil Registry Office
São Luís - MA

**FEDERATIVE REPUBLIC OF BRAZIL**
**CIVIL REGISTRY OF NATURAL PERSONS**

# BIRTH CERTIFICATE

**Name**
**YGLESIO LUCIANO MOYSÉS SILVA DE SOUZA**

**CPF Number**
832.461.003-06

**Registration:**
**031047 01 55 1980 1 00042 105 0048961 77**

| Date of Birth | Day | Month | Year |
|---|---|---|---|
| September nineteenth, nineteen eighty | 19 | 09 | 1980 |

| Time of Birth | City of Birth | State |
|---|---|---|
| 12:25 PM | São Luís/MA | MA |

| Place of Birth | City of Birth | State | Sex |
|---|---|---|---|
| STATE MATERNITY | São Luís/MA | MA | MALE |

| Father's Name | City of Birth | State |
|---|---|---|
| ANTÔNIO ERIVAL CARVALHO DE SOUZA | ---------- | ----- |

**Grandparents**
EXPEDITO GOMES DE SOUZA; FRANCISCA CARVALHO DE SOUZA

| Mother's Name | City of Birth | State |
|---|---|---|
| MARLENE DAS GRAÇAS MOYSÉS DA SILVA SOUZA | ---------- | ----- |

**Grandparents**
MIGUEL MOYSÉS DA SILVA; WALDEMIRO MARINHO DA SILVA

| Registration Date | Live Birth Registration Number |
|---|---|
| OCTOBER SECOND OF NINETEEN EIGHTY | ---------- |

**Notes/Annotations**
THERE ARE ANNOTATIONS ON THE BACK OF THIS CERTIFICATE.
THERE ARE ANNOTATIONS IN THE MARGIN OF THE TERM.

**CNS No. 031047**
**1st CIVIL REGISTRY OFFICE OF NATURAL PERSONS OF SÃO LUÍS/MA**

**Name of the Registrar**
**GRACIANA FERNANDES GOMES SOARES**

**Rua Do Egito, No. 19, Centro**
**Telephone: (98) 3303-4546**
**e-mail: primeirazonama@gmail.com**
**São Luis/MA**

**The content of the certificate is true. I certify.**
**São Luís/MA, April 12, 2025.**

ARTHUR SAMPAIO PEREIRA
AUTHORIZED CLERK
Arthur Sampaio Pereira
Authorized Clerk

Judiciary – TJMA (Maranhão State Court of Justice). Seal: CERTID031047IIZ8SMDM9SEQAW43, 04/12/2025 4:58:49 PM, Act: 14.5.1, Party/Parties: YGLESIO LUCIANO MOYSÉS SILVA DE SOUZA, Total: R$ 50.95 Fees: R$ 45.92 FERC: R$ 1.37 FADEP: R$ 1.83 FEMP: R$ 1.83
Verify at: https://selo.tjma.jus.br

Judiciary – TJMA. Seal: AVERBA031047NZ99J8VJORM4RW13, 04/12/2025 4:56:04 PM, Act: 14.4.1, Party/Parties: YGLESIO LUCIANO MOYSÉS SILVA DE SOUZA, Total: R$ 41.24 Fees: R$ 37.17 FERC: R$ 1.11 | FADEP: R$ 1.48 FEMP: R$ 1.48 Seal exempt
Verify at: https://selo.tjma.jus.br

HA 000078004

**Notes/Annotations**

CPF Annotation: Under Article 6, Paragraph 3 of CNJ Provision No. 63/2017, I hereby record the CPF number of the registered party in the respective record, as No. 832.461.003-06 accordingly. I attest.
São Luís/MA, 04/12/2025. Arthur Sampaio Pereira – Authorized Clerk

Validation Seal: AVERBA031047NZ99J8VJORM4RW13

**1st Civil Registry Office of Natural Persons of São Luís/MA**
**Graciana Fernandes Gomes Soares**
**Rua do Egito, No. 196, Centro**
**São Luís/MA**
**Phone: (98) 3303-4546**
**Email: primeirazonama@gmail.com**

**The content of the certificate is true. I certify.**
**São Luís/MA, April 12, 2025.**

ARTHUR SAMPAIO PEREIRA
AUTHORIZED CLERK.

Arthur Sampaio Pereira
Authorized Clerk

**REGISTRATION DETAILS**

| | | | |
|---|---|---|---|
| Registration 0018830155 1987 1 0003 050 0000533 31 | cc (55) Type of Service Provided, being: 55: Civil Registration Service for Natural Persons | ffff (0003) | Book number |
| Standard aaaaaabbcc dddd e ffff ggg hhhhhhh ii | | ggg (050) | Sheet number |
| **DETAILS** | dddd (1987) Year of Registration | hhhhhhh (0000533) | Term Number |
| aaaaaa (00188-3) National Service Code (Unique identification of the registry office) | e (1) Type of book, being: | ii (31) | Check Digit |
| bb (01) Collection Code, being: 01 - Own Collection Other Incorporated Collections | 1: Book A (Birth) 2: Book B (Marriage) 3: Auxiliary Book B (Record of Religious marriage for civil purposes) 4: Book C (Death) 5: Book C (Stillborn Registry) 6: Book D (Publication of Banns) 7: Book E (Other Acts Related to Civil Registration) | | |

**Exclusive use for issuing civil registration certificates for natural persons**

**I, Marina Viana Silva, certify that I, a qualified translator fluent in both languages, have performed the professional translation of this document from Portuguese to English and that the following is an accurate and complete translation of the document.**

Marina Viana **Date: May 19, 2025.**

1º Zona Registro Civil São Luís - MA

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

# CERTIDÃO de NASCIMENTO

**Nome**

**YGLESIO LUCIANO MOYSÉS SILVA DE SOUZA**

**Número do CPF**

832.461.003-06

**Matricula:**

**031047 01 55 1980 1 00042 105 0048961 77**

| Data de Nascimento | Dia | Mês | Ano |
|---|---|---|---|
| dezenove de setembro de mil novecentos e oitenta | 19 | 09 | 1980 |

| Horário de Nascimento | Município da Naturalidade | UF |
|---|---|---|
| 12:25 Horas | São Luís/MA | MA |

| Local Nascimento | Município de Nascimento | UF | Sexo |
|---|---|---|---|
| MATERNIDADE DO ESTADO | São Luís/MA | MA | MASCULINO |

| Nome do(a) Genitor(a) | Município de Nascimento | UF |
|---|---|---|
| ANTÔNIO ERIVAL CARVALHO DE SOUZA | ---------- | ----- |

**Avós**

EXPEDITO GOMES DE SOUZA; FRANCISCA CARVALHO DE SOUZA

| Nome do(a) Genitor(a) | Município de Nascimento | UF |
|---|---|---|
| MARLENE DAS GRAÇAS MOYSÉS DA SILVA SOUZA | ---------- | ----- |

**Avós**

MIGUEL MOYSÉS DA SILVA; WALDEMIRO MARINHO DA SILVA

| Data do registro | DNV |
|---|---|
| VINTE E DOIS DE OUTUBRO DE MIL NOVECENTOS E OITENTA | ---------- |

**Anotações/Averbações**

EXISTEM AVERBAÇÕES NO VERSO DESTA CERTIDÃO.
EXISTEM AVERBAÇÕES A MARGEM DO TERMO.

**CNS nº 031047**
**CARTORIO DO 1º REGISTRO CIVIL DE PESSOAS NATURAIS DE SÃO LUÍS/MA**

**Nome do Oficial**
**GRACIANA FERNANDES GOMES SOARES**

**Rua Do Egito, Nº 195, Centro**
**Telefone: (98) 3303-4546**
**e-mail: primeirazonama@gmail.com**
**São Luís/MA**

**O conteúdo da certidão é verdadeiro. Dou Fé**
**São Luís/MA, 12 de abril de 2025.**

**ARTHUR SAMPAIO PEREIRA**
**ESCREVENTE AUTORIZADO**

Arthur Sampaio Pereira
Escrevente Autorizado

Poder Judiciário - TJMA. Selo: CERTID031047IIZ8SMDM98EQAW43, 12/04/2025 16:58:49, Ato: 14.5.1, Parte(s): YGLESIO LUCIANO MOYSÉS SILVA DE SOUZA, Total R$ 50,95 Emol R$ 45,92 FERC R$ 1,37 FADEP R$ 1,83 FEMP R$ 1,83 Consulte em https://selo.tjma.jus.br

Poder Judiciário - TJMA. Selo: AVERBA031047NZ99J8VJORM4RW13, 12/04/2025 16:56:04, Ato: 14.4.1, Parte(s): YGLESIO LUCIANO MOYSÉS SILVA DE SOUZA, Total R$ 41,24 Emol R$ 37,17 FERC R$ 1,11 FADEP R$ 1,48 FEMP R$ 1,48 Selo Isento, Consulte em https://selo.tjma.jus.br

HA 00007800 4

**Anotações/Averbações**

**AVERBAÇÃO DE CPF:** CONFORME DISPOSTO NO ART.6º, PARAGRAFO 3º DO PROVIMENTO 63/2017 DO CNJ, PROCEDO A PRESENTE AVERBAÇÃO CADASTRAL DO NÚMERO DE CPF DO REGISTRADO NO RESPECTIVO TERMO, COMO SENDO Nº 832.461.003-06 RESPECTIVAMENTE. DOU FÉ. SÃO LUÍS/MA, 12/04/2025. ARTHUR SAMPAIO PEREIRA – ESCREVENTE AUTORIZADO.

SELO DE VALIDAÇÃO: AVERBA031047NZ99J8VJORM4RW13

**CARTORIO DO 1º REGISTRO CIVIL DE PESSOAS NATURAIS DE SÃO LUÍS/MA**
**GRACIANA FERNANDES GOMES SOARES**
**Rua Do Egito, Nº 196, Centro**
**São Luís/MA**
**Telefone: (98) 3303-4546**
**E-mail: primeirazonama@gmail.com**

**O conteúdo da certidão é verdadeiro. Dou Fé**
**São Luís/MA, 12 de abril de 2025.**

**ARTHUR SAMPAIO PEREIRA**
**ESCREVENTE AUTORIZADO**

Arthur Sampaio Pereira
Escrevente Autorizado

DETALHAMENTO DA MATRÍCULA

| | | | |
|---|---|---|---|
| MATRÍCULA | | ANO DO REGISTRO | |
| LIVRO | | TIPO DO LIVRO, SENDO:<br>1- LIVRO A (NASCIMENTO)<br>2- LIVRO B (CASAMENTO)<br>3- LIVRO B (REGISTRO DE CASAMENTO RELIGIOSO PARA FINS CIVIS)<br>4- LIVRO C (ÓBITO)<br>5- LIVRO C AUXILIAR (REGISTRO DE NATIMORTOS)<br>6- LIVRO D (REGISTRO DE PROCLAMAS)<br>7- LIVRO E (DEMAIS ATOS RELATIVOS AO REGISTRO CIVIL) | |
| DETALHAMENTO | | | |
| | CÓDIGO NACIONAL DA SERVENTIA (IDENTIFICAÇÃO ÚNICA DO CARTÓRIO) | | NÚMERO DO LIVRO |
| | CÓDIGO DO ACERVO, SENDO:<br>01 - ACERVO PRÓPRIO<br>OUTROS - ACERVOS INCORPORADOS | | NÚMERO DA FOLHA |
| | TIPO DE SERVIÇO PRESTADO, SENDO:<br>51- SERVIÇO DE NOTAS<br>52- SERVIÇO DE PROTESTO DE TÍTULOS<br>53- SERVIÇO DE REGISTRO DE IMÓVEIS<br>54- SERVIÇO DE REGISTRO DE TÍTULOS E DOCUMENTO CIVIL DE PESSOA JURÍDICA<br>55- SERVIÇO DE REGISTRO CIVIL DAS PESSOAS NATURAIS<br>56- SERVIÇO DE REGISTRO DE CONTRATOS MARÍTIMOS<br>57- REGISTRO DE DISTRIBUIÇÃO | | NÚMERO DO TERMO |
| | | | DÍGITO VERIFICADOR |

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FM329804

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE: P

PAÍS EMISSOR / ISSUING COUNTRY: BRA

PASSAPORTE Nº / PASSPORT No: FM329804

SOBRENOME / SURNAME
LUCIANO MOYSES SILVA DE SOUZA

NOME / GIVEN NAMES
YGLESIO

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
19/Sep/1980

IDENTIDADE Nº / PERSONAL No

SEXO / SEX: M

NATURALIDADE / PLACE OF BIRTH
SÃO LUÍS/MA

FILIAÇÃO / FILIATION
MARLENE DAS GRAÇAS MOYSES DA SILVA SOUZA
ANTONIO ERIVAL CARVALHO DE SOUZA

DATA DE EXPEDIÇÃO / DATE OF ISSUE
16/Jan/2015

AUTORIDADE / AUTHORITY
SR/DPF/MA

VÁLIDO ATÉ / DATE OF EXPIRY
15/Jan/2020

P<BRALUCIANO<MOYSES<SILVA<DE<SOUZA<<YGLESIO<
FM329804<5BRA8009191M2001159<<<<<<<<<<<<<<02

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

GD501924

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: GD501924

SOBRENOME / SURNAME: SILVA DE SOUZA

NOME / GIVEN NAMES: YGLESIO LUCIANO MOYSES

NACIONALIDADE / NATIONALITY: BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH: 19 SET/SEP 1980

SEXO / SEX: M

NATURALIDADE / PLACE OF BIRTH: SÃO LUÍS/MA

IDENTIDADE Nº / PERSONAL No:

FILIAÇÃO / FILIATION:
ANTONIO ERIVAL CARVALHO DE SOUZA
MARLENE DAS GRACAS MOYSES DA SILVA SOUZA

DATA DE EXPEDIÇÃO / DATE OF ISSUE: 05 JAN/JAN 2022

VÁLIDO ATÉ / DATE OF EXPIRY: 04 JAN/JAN 2032

AUTORIDADE / AUTHORITY: SR/DPF/MA

P<BRASILVA<DE<SOUZA<<YGLESIO<LUCIANO<MOYSES<
GD501924<4BRA8009191M3201048<<<<<<<<<<<<<<08

Assinatura do titular / *Signature du titulaire /*
*Bearer's signature / Firma del titular*

REPÚBLICA FEDERATIVA DO BRASIL

GO602357

Este passaporte deve ser assinado
pelo titular, salvo em caso de incapacidade.

*Ce passeport doit être signé*
*par le titulaire, sauf en cas d'incapacité.*

*This passport must be signed,*
*except where the bearer is unable to do so.*

*Este pasaporte debe ser firmado*
*por el titular, salvo en caso de incapacidad.*



REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
*PASSPORT*

TIPO / *TYPE*
**P**

PAÍS EMISSOR / *ISSUING COUNTRY*
**BRA**

PASSAPORTE Nº / *PASSPORT No.*
**GO602357**

SOBRENOME / *SURNAME*
**SILVA DE SOUZA**



NOME / *GIVEN NAMES*
**YGLESIO LUCIANO MOYSES**

NACIONALIDADE / *NATIONALITY*
**BRASILEIRO(A)**

DATA DO NASCIMENTO / *DATE OF BIRTH*
**19 SET/SEP 1980**

CPF / *PERSONAL NUMBER*
**832461003-06**

SEXO / *SEX*
**M**

NATURALIDADE / *PLACE OF BIRTH*
**SÃO LUÍS/MA**

FILIAÇÃO / *FILIATION*
**ANTONIO ERIVAL CARVALHO DE SOUZA**

**MARLENE DAS GRACAS MOYSES DA SILVA SOUZA**



DATA DE EXPEDIÇÃO / *DATE OF ISSUE*
**15 JUN/JUN 2026**

VALIDO ATÉ / *DATE OF EXPIRY*
**14 JUN/JUN 2036**

AUTORIDADE / *AUTHORITY*
**SR/PF/MA**

P<BRASILVA<DE<SOUZA<<YGLESIO<LUCIANO<MOYSES<
GO602357<5BRA8009191M3606148832461003 06<<<56

DEPARTMENT OF HOMELAND SECURITY U.S. CUSTOMS AND BORDER PROTECTION
ADMITTED
VIA
SEP 14 2017
B-2
Class of Visa
9-13-18
5500
22

CHILE
AEROPUERTO A. MARINO BENITEZ

VISTOS VISAS

# VISA

# UNITED STATES OF AMERICA

Issuing Post Name
SAO PAULO

Control Number
20151833290019

Surname
LUCIANO MOYSES SILVA DE SOUZA

Given Name
YGLESIO

Visa Type /Class
R B1/B2

Passport Number
FM329804

Sex
M

Birth Date
19SEP1980

Nationality
BRZL

Entries
M

Issuance Date
07JUL2015

Expiration Date
01JUL3025

Annotation
01II

CANCELLED WITHOUT PREJUDICE

K4666193

*

VNUSALUCIANO<MOYSES<SILVA<DE<SOUZA<<YGLESIO<

FM329804<5BRA8009191M2507019B3SPL2C3ML662123

VISTOS VISAS

# VISA

## UNITED STATES OF AMERICA



Issuing Post Name
BRASILIA

Control Number
20250860120012

Surname
SILVA DE SOUZA

Given Name
YGLESIO LUCIANO MOYSES

Visa Type /Class
R B1/B2

Passport Number
GD501924

Sex
M

Birth Date
19SEP1980

Nationality
BRZL

Entries
M

Issue Date
01APR2025

Expiration Date
26MAR2035

Annotation

V4756665

VNUSASILVA<DE<SOUZA<<YGLESIO<LUCIANO<MOYSES<
GD501924<4BRA8009191M3503269B3BRAOZZLF662127

CIVIL REGISTRY OFFICE
5th District – São Francisco
Rua Ribeiro do Amaral No. 08
São Luís – Maranhão
Núbia Maria Lemos Silva
Head Registrar
Phone: 3235-6191

## CIVIL REGISTRY OF NATURAL PERSONS
# MARRIAGE CERTIFICATE

YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA
JULIANA BRITTO FREIRE MARTINS SOARES
**REGISTRATION**
0313770155 2015 2 00015 273 0008980 95

FULL NAMES AS SINGLE, DATES AND PLACES OF BIRTH, NATIONALITY AND PARENTAGE OF THE SPOUSES

**YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**, BORN ON SEPTEMBER 19, 1980, IN SÃO LUÍS-MA, BRAZILIAN, SON OF ANTÔNIO ERIVAL CARVALHO DE SOUZA and MARLENE DAS GRAÇAS MOYSÉS DA SILVA SOUZA.
**JULIANA BRITTO FREIRE MARTINS SOARES**, BORN ON AUGUST 18, 1989, IN SÃO LUÍS - MA, BRAZILIAN, DAUGHTER OF JOÃO MARTINS SOARES FILHO and JANE MARIA DE BRITTO FREIRE.

| DATE OF MARRIAGE CELEBRATION | DAY | MONTH | YEAR |
|---|---|---|---|
| DECEMBER ELEVEN, TWO THOUSAND FIFTEEN | 11 | 12 | 2015 |

MARRIAGE PROPERTY SYSTEM
SEPARATE PROPERTY SYSTEM

NAME THAT EACH SPOUSE HAS STARTED USING (IF THERE HAS BEEN A CHANGE)
**JULIANA BRITTO FREIRE MARTINS MOYSÉS**

NOTES/ANNOTATIONS

THE WITNESSES LISTED IN THE RECORD SERVED AS WITNESSES

Inspection Seal
000022520917
Phone: 3235-6191

The content of this certificate is true. I certify.

SÃO LUIS (MA), DECEMBER 11, 2015
Registrar's Signature
------//signature//-------
*Núbia Maria Lemos Silva*
Head Registrar - 5th District Registry Office
São Luís - Maranhão

CIVIL REGISTRY OFFICE
5th District – São Francisco
Rua Ribeiro do Amaral No. 08
São Luís – Maranhão
*Núbia Maria Lemos Silva*
Head Registrar
Phone: 3235-6191

Notary Stamp

**5th Notary Office of São Luís**
AUTHENTICATION
Checked and found to be in accordance with the original presented
São Luís. 01/14/2021 10:27:28 12268
In witness _____ of the truth.
------//signature//-------
Márcio Roberto Cutrim Nascimento Junior - Clerk
JUDICIARY - TJMA
Seal: AUTENT1567119MG2UZT8L6DU0A31 - Act: 13.18
Fees: R$4.63 FERC:R$0.13 FADEP:R$0.18 FEMP: R$0.18 Total: R$ 5.12
Check the validity of this seal on the website https://sel.tjma.jus.br

**I, André Vinicius Inacio Penna Mello, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

_____ **Date: May 14, 2025.**

CARTÓRIO DE REGISTRO CIVIL
Zona São Francisco
Rua Ricardo Amaral Nº 08
São Luís - Maranhão
Nubia Maria Lemos Silva
Oficial Titular
Fone: 3235-6191

**REGISTRO CIVIL DAS PESSOAS NATURAIS**

# CERTIDÃO DE CASAMENTO

YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA
JULIANA BRITTO FREIRE MARTINS SOARES

**MATRÍCULA**

0313770155 2015 2 00015 273 0008980 95

NOMES COMPLETOS DE SOLTEIRO , DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÕES DOS CÔNJUGES

**YGLÉSIO LUCIANO MOYSÉS SILVA DE SOUZA**, NASCIDO NO DIA 19 DE SETEMBRO DE 1980, EM SÃO LUÍS - MA, BRASILEIRO, FILHO DE ANTÔNIO ERIVAL CARVALHO DE SOUZA e MARLENE DAS GRAÇAS MOYSÉS DA SILVA SOUZA. **JULIANA BRITTO FREIRE MARTINS SOARES**, NASCIDA NO DIA 18 DE AGOSTO DE 1989, EM SÃO LUÍS - MA, BRASILEIRA, FILHA DE JOÃO MARTINS SOARES FILHO e JANE MARIA DE BRITTO FREIRE.

| DATA DE REGISTRO DO CASAMENTO | DIA | MÊS | ANO |
|---|---|---|---|
| ONZE DE DEZEMBRO DE DOIS MIL E QUINZE | 11 | 12 | 2015 |

REGIME DE BENS DO CASAMENTO

SEPARAÇÃO TOTAL DE BENS

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR ( QUANDO HOUVER ALTERAÇÃO)

**JULIANA BRITTO FREIRE MARTINS MOYSÉS**

ÒBSERVAÇÕES / AVERBAÇÕES

SERVIRAM DE TESTEMUNHAS AS CONSTANTES DO TERMO.



O conteúdo da certidão é verdadeiro. Dou Fé

SÃO LUÍS(MA), 11 DE DEZEMBRO DE 2015

Assinatura do Oficial

Nubia Maria Lemos Silva
Oficial Titular - Cartorio 5ª Zona
São Luís-Maranhão

CARTÓRIO DE REGISTRO CIVIL
Zona São Francisco
Rua Ricardo Amaral Nº 08
São Luís - Maranhão
Nubia Maria Lemos Silva
Oficial Titular
Fone: 3235-6191

5º TABELIONATO DE NOTAS DE SÃO LUIS — JULIANA PEREIRA SOARES LOURENÇO — Tabelia
Av. Colares Moreira, N. 2, Ed. Pitanga Tower, Lts 7 e 8, Renascença - (98) 3301-1155 - CEP: 65.075-441 - São Luís/MA

AUTENTICAÇÃO
Conferido e achado conforme original apresentado
São Luís, 14/01/2021 10:27:28 12268
Em Testemunho _____ da verdade.
Márcio Roberto Cutrim Nascimento Junior - Escrevente
PODER JUDICIÁRIO - TJMA
Selo: AUTENT15671119MG2UZT8L6DU0A31 - Ato: 13.18
Emol.:R$4.63 FERC :R$0.13 FADEP:R$0.18 FEMP:R$0.18 Total:R$5,12
Consulte a validade deste selo no site https://selo.tjma.jus.br

TABELIONATO DE CONTRATOS MARÍTIMOS - SÃO LUÍS - MA

**Civil Registry Office of the 3rd zone**
Avenida João Pessoa No. 261, João Paulo
Phone: 3243-4477
mipinheiro@tjma.jus.br
**Margarida Jesus Pinheiro**
Registrar
**Mercedes de Jesus Pinheiro**
Authorized Clerk
Deputy
**Idalia Alves do Nascimento Abraão**
Authorized Clerk

## CIVIL REGISTRY OF NATURAL PERSONS

# BIRTH CERTIFICATE

**NAME:**

# MARIA ALICE PEDROZO MOYSES

**REGISTRATION:**

**030015 01 55 2015 1 00415 172 0344458 83**

| DATE OF BIRTH IN FULL | DAY | MONTH | YEAR |
|---|---|---|---|
| WEDNESDAY, MARCH EIGHTEENTH, TWO THOUSAND FIFTEEN | 18 | 03 | 2015 |

| TIME OF BIRTH | CITY OF BIRTH AND FEDERATION UNIT |
|---|---|
| 12:55 PM | SÃO LUÍS - MA |

| CITY OF REGISTRATION AND FEDERATION UNIT | PLACE OF BIRTH | SEX |
|---|---|---|
| SÃO LUÍS - MA | LUIZA COELHO CLINIC | FEMALE |

FILIATION

YGLESIO LUCIANO MOYSES SILVA DE SOUZA
GLAUCIONE PEREIRA PEDROZO

GRANDPARENTS

ANTONIO ERIVAL CARVALHO DE SOUZA and MARLENE DAS GRAÇAS MOYSES DA SILVA SOUZA
WILSON GOMES PEDROZO and LAUDECY PEREIRA PEDROZO

| TWIN | NAME AND REGISTRATION NUMBER OF TWIN(S) |
|---|---|
| No | No Record |

| DATE OF REGISTRATION IN FULL | LIVE BIRTH REGISTRATION NUMBER |
|---|---|
| WEDNESDAY, MARCH TWENTY-FIFTH, TWO THOUSAND FIFTEEN AT 10:29 AM | 30652028375 |

ANNOTATIONS/NOTES

REGISTRY OFFICE OF THE 3rd ZONE - EXTRAJUDICIAL SERVICE OF THE 3rd ZONE
MARGARIDA JESUS PINHEIRO - REGISTRAR
OF THE 3rd ZONE
SÃO LUÍS - MA
AVENIDA GETÚLIO VARGAS, No. 261, JOÃO PAULO

The content of this certificate is true. I certify.
SÃO LUIS, March 25, 2015.

----//signature//----

IDALIA ALVES DO NASCIMENTO ABRÄÃO

Idalia Alves do Nascimento Abraão
Authorized Clerk




**Civil Registry Office of the 3rd zone**
Avenida João Pessoa No. 261, João Paulo
Phone: 3243-4477
mipinheiro@tjma.jus.br
**Margarida Jesus Pinheiro**
Registrar
**Mercedes de Jesus Pinheiro**
Authorized Clerk
Deputy
**Idalia Alves do Nascimento Abraão**
Authorized Clerk

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: June 12, 2025.

REGISTRO CIVÍL DAS PESSOAS NATURAIS

# CERTIDÃO DE NASCIMENTO

NOME:

## MARIA ALICE PEDROZO MOYSES

MATRÍCULA:
030015 01 55 2015 1 00415 172 0344458 83

Av. João Pessoa, Nº 261, João Paulo
Fone: 3243 - 4477
mipinheiro@.tjma.jus.br
Margarida Jesus Pinheiro
Registradora
Mercedes de Jesus Pinheiro
Escrevente autorizada
Substituta
Idalia Alves do Nascimento Abrão
Escrevente autorizada

| DATA DE NASCIMENTO POR EXTENSO | DIA | MÊS | ANO |
|---|---|---|---|
| QUARTA-FEIRA, DEZOITO DE MARÇO DE DOIS MIL E QUINZE | 18 | 03 | 2015 |

| HORA | MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO |
|---|---|
| 12:55 | SÃO LUÍS - MA |

| MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO | LOCAL DE NASCIMENTO | SEXO |
|---|---|---|
| SÃO LUÍS - MA | CLINICA LUIZA COELHO | FEMININO |

FILIAÇÃO

YGLESIO LUCIANO MOYSES SILVA DE SOUZA
GLAUCIONE PEREIRA PEDROZO

AVÓS

ANTONIO ERIVAL CARVALHO DE SOUZA e MARLENE DAS GRAÇAS MOYSES DA SILVA SOUZA
WILSON GOMES PEDROZO e LAUDECY PEREIRA PEDROZO

| GÊMEO | NOME E MATRÍCULA DO(S) GÊMEO(S) |
|---|---|
| Não | ND |

| DATA DO REGISTRO POR EXTENSO | NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO |
|---|---|
| QUARTA-FEIRA, VINTE E CINCO DE MARÇO DE DOIS MIL E QUINZE ÀS 10:29 | 30652028375 |

OBSERVAÇÕES E AVERBAÇÕES

CARTÓRIO DA 3ª ZONA - SERV. EXTRAJ DA 3ª ZONA
MARGARIDA JESUS PINHEIRO - REGISTRADORA
OFICIAL DA 3ª ZONA
SÃO LUÍS - MA
AV. GETÚLIO VARGAS, Nº 261, JOÃO PAULO

O conteúdo da certidão é verdadeiro. Dou fé.
SÃO LUÍS, 25 de Março de 2015.

IDALIA ALVES DO NASCIMENTO ABRAÃO

Idalia Alves do Nascimento Abrão
Escrevente Autorizada

CIVIL REGISTRY OF NATURAL PERSONS

# BIRTH CERTIFICATE

**NAME:**

## CECÍLIA BRITTO FREIRE MOYSES

**REGISTRATION:**
**031385 01 55 2017 1 00424 031 0214387 43**

| DATE OF BIRTH IN FULL | DAY | MONTH | YEAR |
|---|---|---|---|
| THURSDAY, DECEMBER FOURTEENTH, TWO THOUSAND SEVENTEEN | 14 | 12 | 2017 |

| TIME OF BIRTH | PLACE OF BIRTH |
|---|---|
| 01:05 A.M. | SÃO LUÍS - MA |

| CITY OF REGISTRATION AND STATE | LOCATION, CITY OF BIRTH AND STATE | SEX |
|---|---|---|
| SÃO LUÍS - MA | NATUS LUMINE MATERNITY | FEMALE |

**PARENTS**

YGLESIO LUCIANO MOYSES SILVA DE SOUZA
JULIANA BRITTO FREIRE MARTINS MOYSES

**GRANDPARENTS**

Paternal: ANTONIO ERIVAL CARVALHO DE SOUZA and MARLENE DAS GRAÇAS MOYSES DA SILVA SOUZA
Maternal: JOÃO MARTINS SOARES FILHO and JANE MARIA DE BRITTO FREIRE

| TWINS | NAME AND REGISTRATION OF THE TWINS |
|---|---|
| No | NOT APPLY |

| REGISTRATION DATE IN FULL | LIVE BIRTH REGISTRATION NUMBER |
|---|---|
| WEDNESDAY, DECEMBER TWENTY-SEVENTH, TWO THOUSAND SEVENTEEN AT 12:04 PM | 30740428014 |

**NOTES / ANNOTATIONS**

CPF of the registrant: 093.326.443-73.

4th DISTRICT NOTARY OFFICE – OFFICIAL NOTARY OF THE 4th DISTRICT
ENOCH RIBEIRO DE VASCONCELOS – OFFICIAL REGISTRAR OF THE 4th DISTRICT
SÃO LUÍS - MA
AV. JERÔNIMO DE ALBUQUERQUE, 205, COHAB

The content of the certificate is true. I certify
SÃO LUÍS, January 5, 2018.

**------//signature//------**

SIMONE CLEIA PASSINHO FONSECA

**Seal: GR-**

*SIMONE CLEIA PASSINHO FONSECA*
**Authorized Clerk**
**Agostinho Vasconcelos Notary Office**

Inspection Seal
Judiciary
Court of Justice of Maranhão
FREE

UNREADABLE

CIVIL REGISTRY OFFICE OF THE 3rd DISTRICT
Av. João Pessoa, No. 261 – João Paulo
Phone: 3243-4477
*Margarida Jesus Pinheiro*
Registrar
*Mercedes de Jesus Pinheiro*
Sworn Deputy Clerk

**CIVIL REGISTRY OF NATURAL PERSONS**
**CIVIL REGISTRY OFFICE OF THE 3rd DISTRICT – JOÃO PAULO**

# BIRTH CERTIFICATE

NAME: **GUILHERME BRITTÓ FREIRE MARTINS NUNES**

**0300150155 2008 1 00367 294 0329572 36**

| DATE OF BIRTH IN FULL | DAY | MONTH | YEAR |
|---|---|---|---|
| July ninth, two thousand eight | 09 | 07 | 2008 |

| TIME OF BIRTH | CITY OF BIRTH AND STATE |
|---|---|
| 03:17 P.M. | São Luis/Maranhão |

| CITY OF REGISTRATION AND STATE, PLACE OF BIRTH | | SKIN COLOR | SEX |
|---|---|---|---|
| São Luis/Maranhão | São Marcos Clinic | --- | Male |

**PARENTS**

Rogério Luiz Costa Nunes and Juliana Britto Freire Martins Soares

**PATERNAL GRANDPARENTS**

William Ribeiro Nunes Filho and Ana de Fátima Costa Nunes
João Martins Soares Filho and Jane Maria de Britto Freire

**MATERNAL GRANDPARENTS**

João Martins Soares Filho and Jane Maria de Britto Freire

| TWINS | NAME AND REGISTRATION OF THE TWINS |
|---|---|
| NO | XXXXXXXXXX |

| REGISTRATION DATE IN FULL | LIVE BIRTH REGISTRATION NUMBER |
|---|---|
| July twenty-third, two thousand eight | XXXXXXXXXX |

**NOTES / ANNOTATIONS**

XXXX

The content of the certificate is true. I certify

São Luis (MA), November 13, 2012

Registrar's Signature

Inspection Seal
Judiciary
Court of Justice
Maranhão
GENERAL USE

CIVIL REGISTRY OFFICE OF THE 3rd DISTRICT
Av. João Pessoa, No. 261 – João Paulo
Phone: 3243-4477
*Margarida Jesus Pinheiro*
Registrar
*Mercedes de Jesus Pinheiro*
Sworn Deputy Clerk

**I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.**

Marina Viana

_____ **Date: July 08, 2025.**

REGISTRO CIVIL DAS PESSOAS NATURAIS

# CERTIDÃO DE NASCIMENTO

NOME:

## CECÍLIA BRITTO FREIRE MOYSES

**MATRÍCULA:**
**031385 01 55 2017 1 00424 031 0214387 43**

| DATA DE NASCIMENTO POR EXTENSO | DIA | MÊS | ANO |
|---|---|---|---|
| QUINTA-FEIRA, QUATORZE DE DEZEMBRO DE DOIS MIL E DEZESSETE | 14 | 12 | 2017 |

| HORA | MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO |
|---|---|
| 01:05 | SÃO LUÍS - MA |

| MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO | LOCAL DE NASCIMENTO | SEXO |
|---|---|---|
| SÃO LUÍS - MA | NATUS LUMINE MATERNIDADE | FEMININO |

FILIAÇÃO

YGLESIO LUCIANO MOYSES SILVA DE SOUZA
JULIANA BRITTO FREIRE MARTINS MOYSES

AVÓS

Paternos: ANTONIO ERIVAL CARVALHO DE SOUZA e MARLENE DAS GRAÇAS MOYSES DA SILVA SOUZA
Maternos: JOÃO MARTINS SOARES FILHO e JANE MARIA DE BRITTO FREIRE

| GÊMEO | NOME E MATRÍCULA DO(S) GÊMEO(S) |
|---|---|
| Não | ND |

| DATA DO REGISTRO POR EXTENSO | NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO |
|---|---|
| QUARTA-FEIRA, VINTE E SETE DE DEZEMBRO DE DOIS MIL E DEZESSETE ÀS 12:04 | 30740428014 |

OBSERVAÇÕES E AVERBAÇÕES

CPF da registranda:093.326.443-73.

CARTÓRIO DA 4ª ZONA - SERV EXTRAJ DA 4ª ZONA
ENOCH RIBEIRO DE VASCONCELOS - REGISTRADOR
OFICIAL DA 4ª ZONA
SÃO LUÍS - MA
AV. JERÔNIMO DE ALBUQUERQUE, 205, COHAB

O conteúdo da certidão é verdadeiro. Dou fé.
SÃO LUÍS, 05 de Janeiro de 2018.

SIMONE CLEIA PASSINHO FONSECA

Selo : GR -

Simone Cleia Passinho Fonseca
Escrevente Autorizada
Cartório Agostinho Vasconcelos

GRATIS

PODER JUDICIÁRIO
Simone Cleia Passinho Fonseca
Escrevente Autorizada
São Luís - MA

CARTORIO DE REGISTRO CIVIL DA 3ª ZONA
Av. João Pessoa, Nº 261 - João Paulo
Fone: 3243-4477
Margarida Jesus Pinheiro
Escrevente
Mercedes de Jesus Pinheiro
Escrevente Juramentada Substituta

**REGISTRO CIVIL DAS PESSOAS NATURAIS**
**CARTÓRIO DE REGISTRO CIVIL DA 3ª ZONA – JOÃO PAULO**

## CERTIDÃO DE NASCIMENTO

NOME: **GUILHERME BRITTO FREIRE MARTINS NUNES**

**0300150155 2008 1 00367 294 0329572 36**

| DATA DE NASCIMENTO POR EXTENSO | DIA | MÊS | ANO |
|---|---|---|---|
| Nove de julho de dois mil e oito | 09 | 07 | 2008 |

| HORA | MUNICIPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO |
|---|---|
| 15:17 | São Luis/Maranhão |

| MUNICIPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO | LOCAL DE NASCIMENTO | COR | SEXO |
|---|---|---|---|
| São Luis/Maranhão | Clínica São Marcos | -- | Masculino |

**FILIAÇÃO:**
Rogério Luiz Costa Nunes e Juliana Britto Freire Martins Soares

**AVÓS PATERNOS:**
William Ribeiro Nunes Filho e Ana de Fátima Costa Nunes

**AVÓS MATERNOS:**
João Martins Soares Filho e Jane Maria de Britto Freire

| GÊMEO | NOME E MATRÍCULA DO(S) GÊMEOS |
|---|---|
| NÃO | XXXXXXX |

| DATA DO REGISTRO POR EXTENSO | NÚMERO DA DECLARAÇÃO DE NASCIDO VIVO |
|---|---|
| Vinte e três de julho de dois mil e oito | XXXXXXX |

**OBSERVAÇÕES / AVERBAÇÕES**
Xxx

O conteúdo da certidão é verdadeiro. Dou fé.

São Luís (MA), 13 de novembro de 2012

Assinatura do Oficial

CARTORIO DE REGISTRO CIVIL DA 3ª ZONA
Av. João Pessoa, Nº 261 - João Paulo
Mercedes de Jesus Pinheiro
Escrevente Juramentada Substituta
Uso Gratuito
000016

# Federative Republic of Brazil

STATE OF MARANHÃO

CIVIL REGISTRY OFFICE
JUDICIAL DISTRICT OF SÃO LUÍS

CIVIL REGISTRY OFFICE
1st ZONE
CNPJ No. 05.284.014/0001-45
Bachelor of Laws Maria da Graça Bello Smith
Clerk

## BIRTH CERTIFICATE No. 107/447

1st Copy

THE CLERK
----//signature//----
*Bachelor of Laws Maria da Graça Bello Smith*

I CERTIFY that on page 134, v° of book no. 96-A. of the BIRTH REGISTRY, was drawn up the record of Juliana Britto Freire Martina Soares. ********** born on the 18th day of August, 1989. ********** ********* at 12:45 PM at São Marcos Clinic, of this Capital. female skin white daughter of ********** João Martins Soares Filho. and Jana Maria de Britto Freire. paternal grandparents are João Martins Soares, and Terezinha de Jesus Martins Soares, and maternal grandparents Jurandir de Britto Freire, and Ana Maria de Britto Freire.

The declarant was The father. and the witnesses were Francisca de Jesus Pereira. Edson Ribeiro Barbosa.

Notes: Record made on the date below.

-----//Signature//----

The above is true and I certify.

São Luis, August 28, 19 89.

REGISTRAR
-----//Signature//----

CIVIL REGISTRY OFFICE
1st ZONE
CNPJ No. 05.284.014/0001-45
Bachelor of Laws Maria da Graça Bello Smith
Clerk

S. BENEDITO PRINTING HOUSE

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: June 12, 2025.

# República Federativa do Brasil

ESTADO DO MARANHÃO

CARTÓRIO DO REGISTRO CIVIL

COMARCA DE SAO LUIS

CARTÓRIO DE REGISTRO CIVIL 1.ª ZONA
CGC - 05284014/0001-45
Bel. Maria da Graça Bello Smith
Escrivã

## CERTIDAO DE NASCIMENTO N.º 107.447

O ESCRIVÃO

Bel Maria da Graça Bello Smith

CERTIFICO que às fls. 134,Vº do livro n.º 96-A. do REGISTRO DE NASCIMENTO foi lavrado o do Juliana Britto Freire Martins Soares.

* * * * * * * * * * * nascido aos 18 dias de Agosto de 1989.

* * * * * * * * * * \

CIVIL REGISTRY OFFICE

3rd ZONE
Margarida Jesus Pinheiro
REGISTRAR
São Luís – Maranhão.

**Federative Republic of Brazil**
**State of Maranhão**
**3rd Civil Registry and Marriage Office - São Luís (MA)**

## Birth Certificate

**I CERTIFY** that on page 294, front, under number 329572, in Book A-367 of births, is registered the birth of

**GUILHERME BRITTO FREIRE MARTINS NUNES**

male, born at SÃO MARCOS CLINIC, São Luís (MA), on July 9, 2008, at 3:17 p.m.

The registered child is the son of ROGÉRO LUIZ COSTA NUNES, born in São Luís (MA), and JULIANA BRITTO FREIRE MARTINS SOARES, born in São Luís (MA), paternal grandparents are WILLIAN RIBEIRO NUNES FILHO and ANA DE FÁTIMA COSTA NUNES, maternal grandparents JOÃO MARTINS SOARES FILHO and JANE MARIA DE BRITTO FREIRE.

The declarant was the father, and the witnesses were MÁRCIA ROBERTA DE CARVALHO and KÁTIA ROSANA SOUSA COSTA.

Notes: Record made on July 23, 2008, at 4:20 p.m.

The above is true and I certify.

São Luis, July 23, 2008.

CITIZENSHIP AND JUSTICE CENTER
JUDICIARY
SÃO LUÍS - MA

Inspection Seal
Judiciary
Court of Justice
of Maranhão
Free of Charge
000003003715

----//signature//----

*Giselle Régia C. M. Penha*

I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



_____ Date: June 12, 2025.

OFÍCIO DO REGISTRO C.
3ª. ZONA
Margarida Jesus Pinheiro
OFICIALA
São Luís - Maranhão.

# República Federativa do Brasil
## Estado do Maranhão
### Cartório da 3ª Zona de Reg. Civil e Casamento - São Luís (MA)

## Certidão de Nascimento

**CERTIFICO** que às folhas 294, frente, sob o número 329572, do livro A - 367 de assentamentos de nascimentos, está registrado o nascimento de

**GUILHERME BRITTO FREIRE MARTINS NUNES**

do sexo masculino, ocorrido no(a) CLÍNICA SÃO MARCOS, São Luís (MA), no dia 9 de julho de 2008 às 15:17 horas.

O registrado é filho de ROGÉRIO LUIZ COSTA NUNES, natural de São Luís (MA) e de JULIANA BRITTO FREIRE MARTINS SOARES, natural de São Luís (MA) , sendo avós paternos WILLIAM RIBEIRO NUNES FILHO e ANA DE FÁTIMA COSTA NUNES e avós maternos JOÃO MARTINS SOARES FILHO e JANE MARIA DE BRITTO FREIRE.

Foi declarante o pai e serviram de testemunhas MÁRCIA ROBERTA DE CARVALHO e KATIA ROSANA SOUSA COSTA.

Observações: Registro feito no dia 23 de julho de 2008, às 16:20 horas.

O Referido é verdade e dou fé.

São Luís, 23 de julho de 2008.

CENTRAL DE INFORMÁTICA E JUSTIÇA
PODER JUDICIÁRIO
000003003715

Giselle Régia C. M. Penha

MARIA ALICE PEDROZO MOYSES

Assinatura do titular / *Signature du titulaire /*
*Bearer's signature / Firma del titular*

REPÚBLICA FEDERATIVA DO BRASIL

GL742149

Este passaporte deve ser assinado
pelo titular, salvo em caso de incapacidade.

*Ce passeport doit être signé*
*par le titulaire, sauf en cas d'incapacité.*

*This passport must be signed,*
*except where the bearer is unable to do so.*

*Este pasaporte debe ser firmado*
*por el titular, salvo en caso de incapacidad.*



REPÚBLICA FEDERATIVA DO BRASIL

*PASSAPORTE*
*PASSPORT*

*TIPO / TYPE* **P**

*PAÍS EMISSOR / ISSUING COUNTRY* **BRA**

*PASSAPORTE Nº / PASSPORT No.* **GL742149**

*SOBRENOME / SURNAME*
**PEDROZO MOYSES**



*NOME / GIVEN NAMES*
**MARIA ALICE**

*NACIONALIDADE / NATIONALITY*
**BRASILEIRO(A)**

*DATA DO NASCIMENTO / DATE OF BIRTH*
**18 MAR/MAR 2015**

*CPF / PERSONAL NUMBER*
**081017883-44**

*SEXO / SEX*
**F**

*NATURALIDADE / PLACE OF BIRTH*
**SÃO LUÍS/MA**

*FILIAÇÃO / FILIATION*
**GLAUCIONE PEREIRA PEDROZO**

**YGLESIO LUCIANO MOYSES SILVA DE SOUZA**



**O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.**

*DATA DE EXPEDIÇÃO / DATE OF ISSUE*
**17 JUN/JUN 2025**

*AUTORIDADE / AUTHORITY*
**SR/PF/MA**

*VÁLIDO ATÉ / DATE OF EXPIRY*
**16 JUN/JUN 2030**

P<BRAPEDROZO<MOYSES<<MARIA<ALICE<<<<<<<<<<<<<
GL742149<2BRA1503184F3006162081017883 44<<<84

GF856242

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

# REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: GF856242

SOBRENOME / SURNAME
**BRITTO FREIRE MARTINS NUNES**



NOME / GIVEN NAMES
**GUILHERME**
NACIONALIDADE / NATIONALITY
**BRASILEIRO(A)**
DATA DO NASCIMENTO / DATE OF BIRTH
**09 JUL/JUL 2008**
IDENTIDADE Nº / PERSONAL No.
SEXO / SEX
**M**
NATURALIDADE / PLACE OF BIRTH
**SÃO LUÍS/MA**
FILIAÇÃO / FILIATION
**JULIANA BRITTO FREIRE MARTINS SOARES**

**ROGERIO LUIZ COSTA NUNES**

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
**02 JAN/JAN 2023**
AUTORIDADE / AUTHORITY
**SR/DPF/MA**
VÁLIDO ATÉ / DATE OF EXPIRY
**01 JAN/JAN 2028**

P<BRABRITTO<FREIRE<MARTINS<NUNES<<GUILHERME<
GF856242<4BRA0807092M2801016<<<<<<<<<<<<<<08

Juliana Britto F m moyses.

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

FT221065

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

# REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE
P

PAÍS EMISSOR / ISSUING COUNTRY
BRA

PASSAPORTE Nº / PASSPORT No.
FT221065

SOBRENOME / SURNAME
BRITTO FREIRE MARTINS MOYSES

NOME / GIVEN NAMES
JULIANA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
18 AGO/AUG 1989

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX
F

NATURALIDADE / PLACE OF BIRTH
SÃO LUÍS/MA

FILIAÇÃO / FILIATION
JANE MARIA DE BRITTO FREIRE

JOAO MARTINS SOARES FILHO

DATA DE EXPEDIÇÃO / DATE OF ISSUE
19 MAI/MAY 2017

AUTORIDADE / AUTHORITY
SR/DPF/MA

VÁLIDO ATÉ / DATE OF EXPIRY
18 MAI/MAY 2027

P<BRABRITTO<FREIRE<MARTINS<MOYSES<<JULIANA<<
FT221065<8BRA8908180F2705181<<<<<<<<<<<<<<06

GF816585

CECILIA BRITTO

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT



TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No: GF816585

SOBRENOME / SURNAME
BRITTO FREIRE MOYSES

NOME / GIVEN NAMES
CECÍLIA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH
14 DEZ/DEC 2017

IDENTIDADE Nº / PERSONAL No

SEXO / SEX: F
NATURALIDADE / PLACE OF BIRTH: SÃO LUÍS/MA

FILIAÇÃO / FILIATION
JULIANA BRITTO FREIRE MARTINS MOYSES

YGLESIO LUCIANO MOYSES SILVA DE SOUZA

O titular, enquanto menor, está autorizado pelos genitores, pelo prazo deste documento, a viajar desacompanhado ou apenas com um dos pais, indistintamente. Res. CNJ 131/11, Art. 13.

DATA DE EXPEDIÇÃO / DATE OF ISSUE
26 DEZ/DEC 2022

AUTORIDADE / AUTHORITY
SR/DPF/MA

VÁLIDO ATÉ / DATE OF EXPIRY
25 DEZ/DEC 2027

P<BRABRITTO<FREIRE<MOYSES<<CECILIA<<<<<<<<<<
GF816585<6BRA1712140F2712251<<<<<<<<<<<<<<06

# VISA

## UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20183125190009

Surname
BRITTO FREIRE MOYSES

Given Name
CECILIA

Visa Type /Class
R B1/B2

Passport Number
FW633013

Sex
F

Birth Date
14DEC2017

Nationality
BRZL

Entries
M

Issue Date
16NOV2018

Expiration Date
07NOV2028

1000

Annotation

N7027311

*

VNUSABRITTO<FREIRE<MOYSES<<CECILIA<<<<<<<<<<<

FW633013<3BRA1712140F2811073B3SPL2YS7J763545

# VISA

## UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20171782060005

Surname
BRITTO FREIRE MARTINS MOYSES

Given Name
JULIANA

Visa Type /Class
R B1/B2

Passport Number
FT221065

Sex
F

Birth Date
18AUG1989

Nationality
BRZL

Entries
M

Issue Date
03JUL2017

Expiration Date
26JUN2027

1001

Annotation

M1816839

* *

VNUSABRITTO<FREIRE<MARTINS<MOYSES<<JULIANA<<

FT221065<8BRA8908180F2706269B3SPL2PMCB541235

# VISA

## UNITED STATES OF AMERICA



Issuing Post Name
SAO PAULO

Control Number
20163559310002

Surname
BRITTO FREIRE MARTINS NUNES

Given Name
GUILHERME

Visa Type / Class
R B1/B2

Passport Number
FR122324

Sex
M

Birth Date
09JUL2008

Nationality
BRZL

Entries
M

Issue Date
22DEC2016

Expiration Date
19DEC2026

0111

Annotation

L7067692

* *

VNUSABRITTO<FREIRE<MARTINS<NUNES<<GUILHERME<

FR122324<6BRA0807092M2612199B3SPL2M7CX660347