



COLOSCOPY CENTER

Prevention is our Mission



fundashon **prevenshon**



ANNUAL REPORT

2020

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1. CARIBBEAN PREVENTION CENTER 'FUNDASHON PREVENSHON'



Prof. Dr. H.M. Pinedo

Foreword

Although 2020 was marked worldwide by Covid, we did not suspend the activities at CPC. We continued spreading awareness and daily activities as usual. Our screenings were carefully planned and not postponed.

Our radiographers from the mammography department and nurses at the cervical cancer unit performed their tasks with the best precautions. Despite all inconveniences caused by Covid, many new cases of early breast cancer and cervical cancer have been diagnosed and treated successfully during this challenging year. The intervals between the screenings were not prolonged, in order not to risk a flare in the incidence of these cancers by next year.

Also, our third pillar, Colorectal cancer screening, was initiated according to planning as mentioned in my introductory remarks in our previous Annual report. Invitations to the population of Banda Abao went out in June and July. The response to these invitations was adequate, while about ten percent of clients showed a positive fecal test requiring coloscopy. The first coloscopy was performed in August by our newly attracted gastroenterologist Dr. Michiel van Haastert, which added up to more than 100 coloscopies by the end of 2020. He is being assisted by a specialist nurse in coloscopy. Each cycle takes 2 months, ending with 2 weeks of coloscopies.

I would like to extend my compliments to our Directors Louise Elstak and Dr. Jacqueline Hugtenburg for getting this huge project off the ground and particularly for introducing Intake interviews with those with a positive fecal test, who in principle are candidates for coloscopy. This initiative has been taken to reduce the number of medical complications during coloscopy to a very minimum. Interviews were done by 5 very experienced general practitioners who joined us for this particular purpose. Candidates who were not considered eligible for coloscopy were referred to the gastroenterologist at the Curaçao Medical Center.

Last but not least I would like to take a moment to mention new scientific research attached to this new project being conducted by our PhD candidate Shacara Blake.

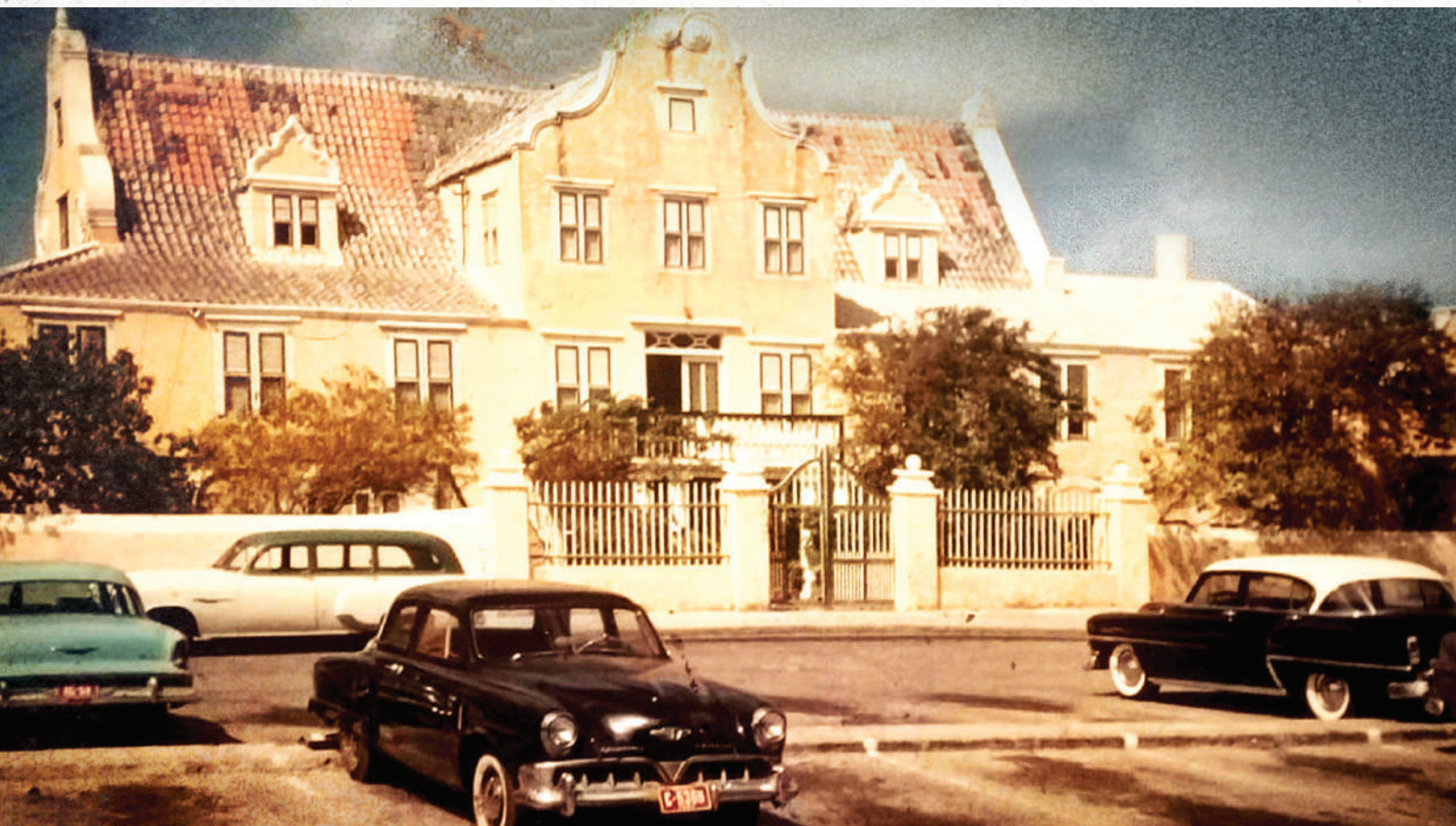
Again, I wish to thank all!

1.1 HISTORY AND KEY MILESTONES

HISTORY

The Caribbean Prevention Center 'Fundashon Prevenshon' was founded by a combined initiative of the late Mr. Lionel Capriles and Professor Dr. H.M. Pinedo December 23rd 2008. Since its establishment, Fundashon Prevenshon has continuously invested in partnerships with various entities such as the Government of Curaçao, key benefactors and donators, and other crucial organizations to reach its goals and broaden its services. In April 2019, the Fundashon moved into the monumental and historical heritage building on the Molenplein offering a much larger space to its visitors and employees.

2020 was a challenging year worldwide due to the COVID 19 situation. Necessary adjustments within the Center have been taken place in accordance with the guidelines of the COVID 19 Management Team of the Government. However, Fundashon Prevenshon has been able to uphold its level of service to the population of Curaçao and is still working towards the future.



	2018
MAY	Rotary Dinner, to raise funds for the Purchase of the New 3D Mammography. The first Kòmbersá Salú Conference with local Speakers at the World Trade Center was successful.
OCTOBER	Desiree Hooi, MD, obtained her Doctorate Degree at the Vrije Universiteit Amsterdam, The Netherlands, after a successful public defense of her Dissertation.
NOVEMBER	Installation of the 3D mammography as a gift of the local and International Rotary Organization.
DECEMBER	Celebration of the 10th Anniversary of the Caribbean Prevention Center "Fundashon Prevashon". Professor Pinedo announced that we are looking for a larger building due to the Expansion of the Screening Activities.

	2019
FEBRUARY	Official ceremonial hand-out of the 3D Mammography by Rotary Representatives
MAY	Official opening of the Mill House at Molenplein with the Minister of Health, Mrs. S. Camelia-Römer.
AUGUST	Open day at the Mill House during which all residents were invited to visit the premises and receive information about the screening programs. Visit of the Rotary District Governor Trevor Blake to the Fundashon's board.
OCTOBER	Visit of Dr. J.Hugtenburg in view of the preparation of the project healthy lifestyle.

	2020
JANUARY	Start Breast Cancer Awareness Program in collaboration with the Rotary team; Setup consultation on Colorectal Cancer with the National Institute for Public Health and the Environment (RIVM) and the Chairman of the General Practitioner association in Curaçao.
FEBRUARY	Start renovation Coloscopy Center (2 months).
MARCH	J. Hugtenburg on Curaçao. Visit of Mr. H. Barnard, Director at the Ministry of Welfare and Sports, Mr. E. Arkenbout Representative for the Netherlands in Curaçao, Bonaire and St. Maarten.
APRIL	Consultation with the Laboratories on the iFOBT tests; Consultation with the Social Insurance Bank and the General Hospital CMC.
JULY	Intake doctors have started working on the premises; 1st Webinar for General Physicians in collaboration with NASKHO introducing Screening on Colorectal Cancer in Curaçao; Started contacting clients per app.
AUGUST	Employed PhD Candidate Colorectal Cancer; Start 3rd Screening Program on Colorectal Cancer.
NOVEMBER	2nd Webinar in collaboration with NASKHO for General Physicians: First insights of data Screening on Colorectal Cancer Curaçao.

1.2 MISSION STATEMENT, GOAL AND STRATEGY

OUR MISSION AND VISION are to establish, maintain and continue developing a Center for prevention by screening, early diagnosis and detection of various diseases. This will benefit the residents of Curaçao by ensuring a longer span of life in good health.

OUR GOAL is to promote public health on Curaçao by reducing mortality and decreasing the chance of advanced diseases through the implementation and continuation of cost-effective organized population screening.

OUR STRATEGY can be divided into three main fields:

- Fundashon Prevenshon organizes awareness and information meetings for the local population in consultation with the umbrella neighborhood organization SEFBA and other neighborhood centers. The aim is to provide information and education about the diseases as well as about awareness on population screening.

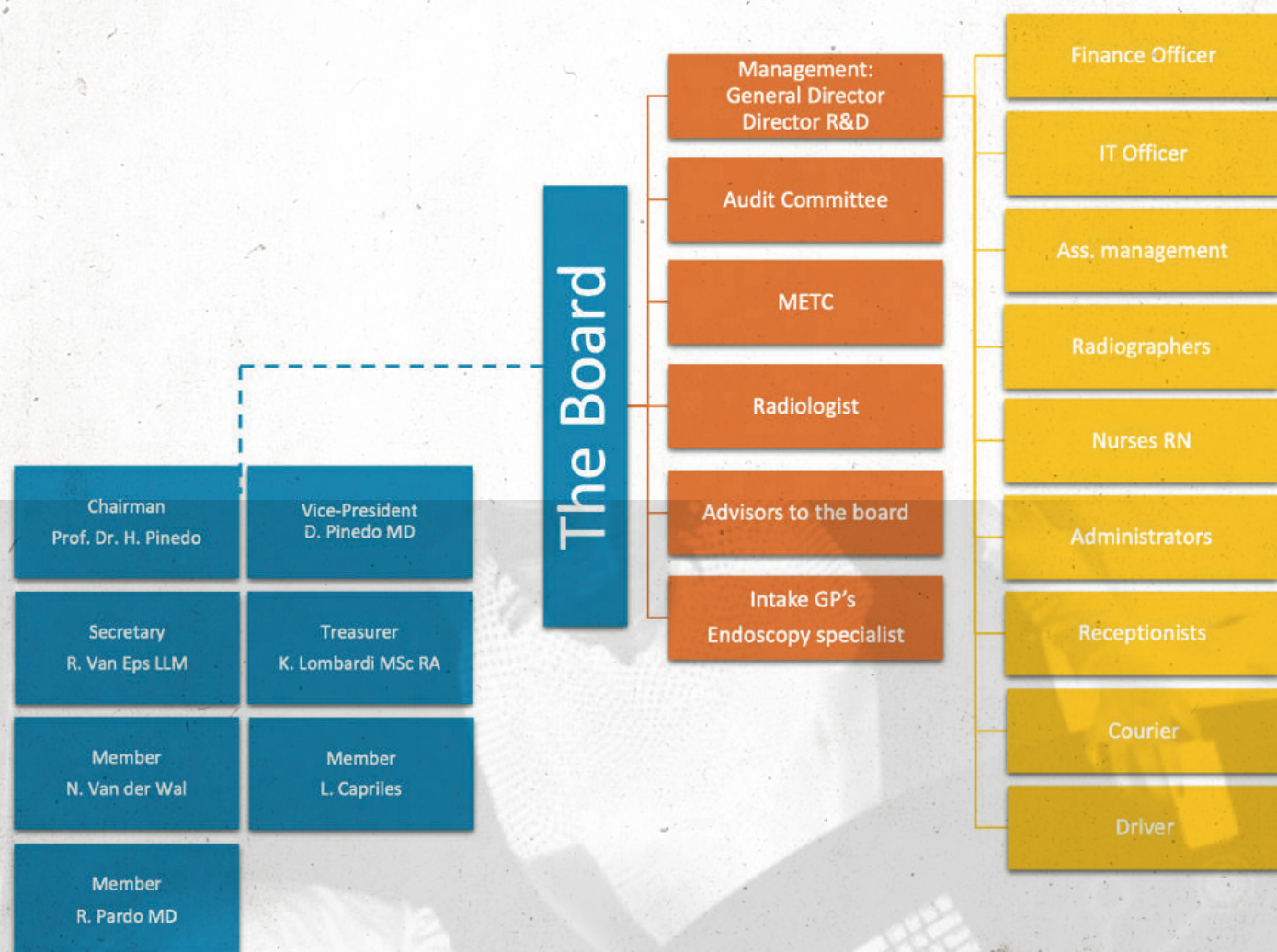
We also prioritize continuous training for our own staff, whilst striving to maintain the same dedication and commitment from our team members towards the clients.

The Prevention Center invests in marketing and PR and the provision of information leaflets in 4 different languages.

- Fundashon Prevenshon performs early diagnostics in the context of disease prevention. Screening by means of population screening aims to prevent the development of serious diseases and to detect existing disease cases at the most early possible stage.
- Promoting and conducting scientific research on Curaçao in the field of preventive health care and, for example, conducting random research on non-respondents. Students from the universities are recruited to support in similar research. The information gained will provide insight into the approach and information of the target group and how the Fundashon can increasingly involve the target group in the distribution of information about screening and results in Curaçao.

Remember to celebrate
milestones as you prepare
for the road ahead.

2. THE ORGANIZATION



NOTE:

Since 2020 we have General Practitioners on a benevolent basis for the intake interviews in concordance with the CRC screening program.

2.1 THE BOARD OF DIRECTORS AND ITS ADVISORS

The Board consists of 7 members as shown in the organigram hereabove:

Prof. Dr. HM Pinedo, Chairman, D. Pinedo, Vice Chairman, R. van Eps, Secretary, K. Lombardi-de Freitas, Treasurer, R. Pardo, Member, L. Capriles-Leon, Member, and N. Guttenberg-van der Wal, Member.

The board met 8 times in 2020. The main subjects this year were:

- General practitioner association agreement;
- Agreement with CMC regarding referrals;
- Collaboration Prof. E. Dekker AmsterdamUMC
- Agreement with Dr. M. van Haastert, gastroenterologist;
- Scientific research CRC and PhD student, Shacara Blake MD;
- BKV agreement regarding broadcast BIG endoscopy assistant;
- Budget CRC;
- Sustainability subsidy Government;
- Replacement Financial Officer;
- The expansion of our activities from the area of Curaçao to the other islands;
- Improving awareness by going into the neighborhoods with our busses.

Our board is responsible for ensuring that the activities of the foundation meet their general goals. Each member of the board has a specific role whether it is in the medical, legal, financial, client related, informative or PR field. The chairman usually acts as spokesperson for the foundation. He maintains contact with the benefactors as well as with medical experts. The chairman consults regularly with the management and shares medical publications on screening as well as relevant topics with the other Board members and the management. It is important to specify that our board members do not receive any remuneration for their activities. The board is assisted by an Audit Committee and the Medical Ethics Committee (METC).

2.2 POLICY AND ORGANIZATION

Day-to-day management is supervised by the General Director and the Director Research & Development. The spearheads of the screening organization are effectiveness and professionalism, whereby all team members approach clients in a careful and respectful manner.

The activities related to the population screenings are carried out with a team of 23 employees, both part-time and full-time. These activities can be divided into financial, ICT, awareness, information, administrative and care-related tasks. Every link in the organization is important within these activities. The technical aspect of the operation is supported by specifically designed ICT software for the management as well as implementation and follow-up of the Population Survey Program.

The MBB's or Medical Imaging and Radiation Experts are responsible for the X-rays of the breasts and must be LRCB skilled. A screening mammogram must meet the highest standards of technical and physical-technical quality to detect subtle abnormalities. The MBB's also have a crucial role in experience, knowledge, attitude and guidance with regards to the renewed participation of the client. Their expertise and training are evaluated annually.

The Fundashon has a lab technician currently being educated to become a trainer. The aim is for this lab technician to ultimately be able to train MBB's to obtain their LRCB certificate. The vacancy for one MBB is still open.

The screening radiologists are responsible for the evaluation of the mammograms.

The scientific research of colon cancer is carried out by the PhD student under the supervision of the Director of Research & Development.

2.3 QUALITY MANAGEMENT SYSTEM

Important parts of the quality management information system are:

- ensuring that the client file and the privacy of the relevant personal data are stored in a secure closed system;
- ensuring that the results of the screening gets to be known by the GP according to the protocol;
- ensuring that the results of the screening of the referred client are copied on a DVD and delivered to the GP on the same day. This is valid for all 3 screening programs.
- ensuring the follow up according to the specific Protocol.

The Prevention Center is not directly connected to the data system of the Curaçao Population Bureau. Every year we receive a database of residents between the ages of 25 and 75 which serves as our primary source of data. This however can cause for the target population to not receive their invitation on time in case of changes in personal situation during the current year.

Fundashon Prevenshon is following the same quality standards and testing procedures as regarded by the National Institute for Public Health and Environment. Our goal is to have both ICT software programs run parallel to each other as to facilitate data analysis purposes. The partnership in ICT with the National Institute for Public Health and Environment (RIVM) is very important for all our screening programs as it enables us to exchange data and run comparisons.

Follow-up of the women referred after a positive mammogram is done internally by an appointed Lab Technician. A selection of specific mammograms is chosen on a quarterly basis for training purposes of the radiologists and lab technicians. The data is stored in the IBOB system (Information Population Screening Breast Cancer) and after validation is intended for the visitation process but also for the follow-up of surgery, radiotherapy or other therapies in the General Hospital.

The cooperation agreement with the National Reference Center for Population Screening (LRCB) in the Netherlands involves quality monitoring and assurance. Medical review by the LRCB team takes place once per three years, whereby the performance of the screening radiologists and MBBs are inventoried and discussed.

Our Center is visited every six months for the physical technical quality control of the mammography systems. This work takes place together with the technician (Medimax) in Puerto Rico, who takes care of the quality tests of the hardware, in particular image storage system and viewing stations.

Every year, the Fundashon strives to provide the community with optimal awareness and information sessions with improved information material in 4 languages.

The complaints committee:

A Complaints Committee has been in existence since 2015 and functions as an internal body that independently investigates each complaint. So far, the committee has had to deal with a client who was not informed in time about the results of his/her screening. The Fundashon is considering sending the results of the tests directly to the client. Customers can always receive a copy of their research results upon request.

2.4 THE TEAM

STAFF

Louise Elstak (General Director)

Jacqueline Hugtenburg PhD
(Director Research & Development)

Myrtra Barby (Assistant to the Director)

Darsy Martinus (IT Officer)

Anthon Poulino (Finance Officer)

RADIOGRAPHERS ('MBB' Medical Imaging and Radiation Experts)

The Radiographers' team consists of 5 Lab technicians who all work independently and in shifts. The Lab Technician monitor the client's radiation safety and guide her during the mammogram procedure. All team members are able to discuss specific issues with the Radiologist Coordinator. For technical problems they can contact the internal IT Officer and, if necessary, consult the Medimax technician by telephone.



As part of continuous learning process, they attend meetings with the Radiologists to discuss specific mammograms that provide technical additional learning moments.

REGISTERED NURSES

Our team of nurses is formed by 5 registered nurses who are skilled in the Cervix and Colorectal screening process. The nurses who perform cervical smears work independently. The nurses involved in the CRC screening are responsible for managing the stock of the necessary products and care equipment, supervising and managing the endoscopes, assisting the intake doctors and guiding the eligible clients during coloscopy treatments. The follow up after the coloscopy is done by the nurse on duty.

RECEPTIONIST AND ADMINISTRATION

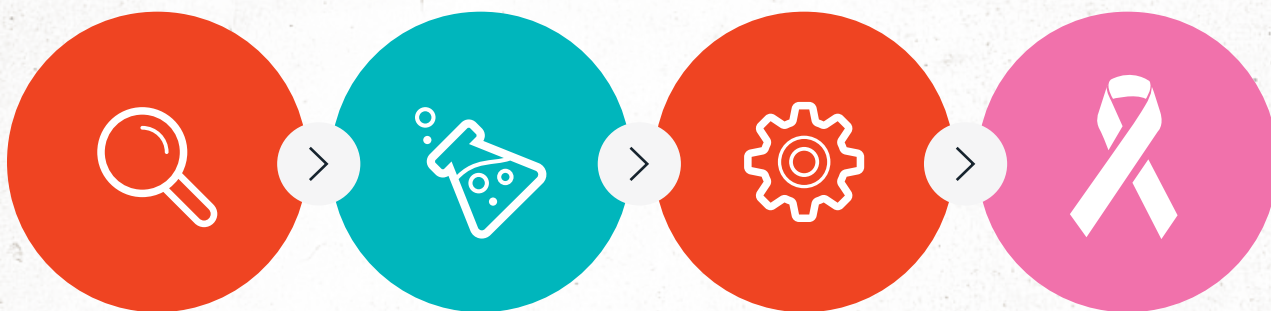
The receptionist is the face of Fundashon Prevension. She welcomes the clients, reassures them were necessary and checks all their personal and insurance information.

The receptionist and administrative staff inform the clients if they have any questions about the population screening. In case of medical technical and substantive questions, they refer the client to the laboratory technician or nurse.





Let your
faith
be bigger
than your
fear. 



3. POPULATION SCREENING

Fundashon Prevenshon offers cost-effective screening programs for the entire population since 2010. Private funds are used for the design and introduction of new population studies and cooperation is sought with the care providers in order to propagate a uniform policy.

The Government has been supporting the Fundashon with additional subsidies for the breast cancer and cervical cancer programs since 2016.

3.1 BREAST CANCER SCREENING

The year 2019 was dominated by new developments and the application of the Tomosynthesis Mammography in the screening. In 2020 Fundashon Prevenshon introduced this new technique that produces 3D X-rays of a breast. The images can be used to detect abnormalities and very small tumors in the breast tissue at an early stage. Breast cancer is the most common cancer in women in Curaçao. The target population is of 44,762 women in 2020. About 40,000 women between the ages of 45 and 75 are invited for mammography every 2 years. An average of 8,500 mammograms are made yearly. To date, more than 300 women have been diagnosed with early breast cancer at our center.

The data on the number of detected and diagnosed breast cancer will be used to investigate the effectiveness of the tomosynthesis and the difference with the use of conventional versus 3D mammography in screening.

The aim is to motivate as many women in the target group as possible to have a mammography done and to structurally increase the participation rate. Women who are invited to the first round of X-rays are motivated to inform other women in their family and surroundings about their personal experience with screening.

We have tried various channels of PR and Media such as Facebook, websites, webinars and radio to inform the target population. However, nothing can replace the personal contacts offered by gatherings in the neighborhoods as Curaçao poses a great challenge with regards to religion and stigma that might be given to a medical procedure involving breasts. Unfortunately, these gatherings could not be organized in 2020 due to the COVID 19 outbreak, which has impacted greatly on our figures. But the Fundashon has been able to reach the entire community throughout the year thanks to the dedicated media support on breast cancer prevention from the Rotary.

Undocumented women are eligible to undergo a mammography free of charge since 2019, following recurring requests to participate in the breast cancer population screening. This policy will be evaluated by the Board every 6 months.

The Board's proposal to appoint a rotating radiologist as advisor has been adopted by general agreement. This means that radiologist R. Ljumanovic took over the advisor duties from radiologist L. Hermina in the second quarter of 2020.

The coordinating tasks include:

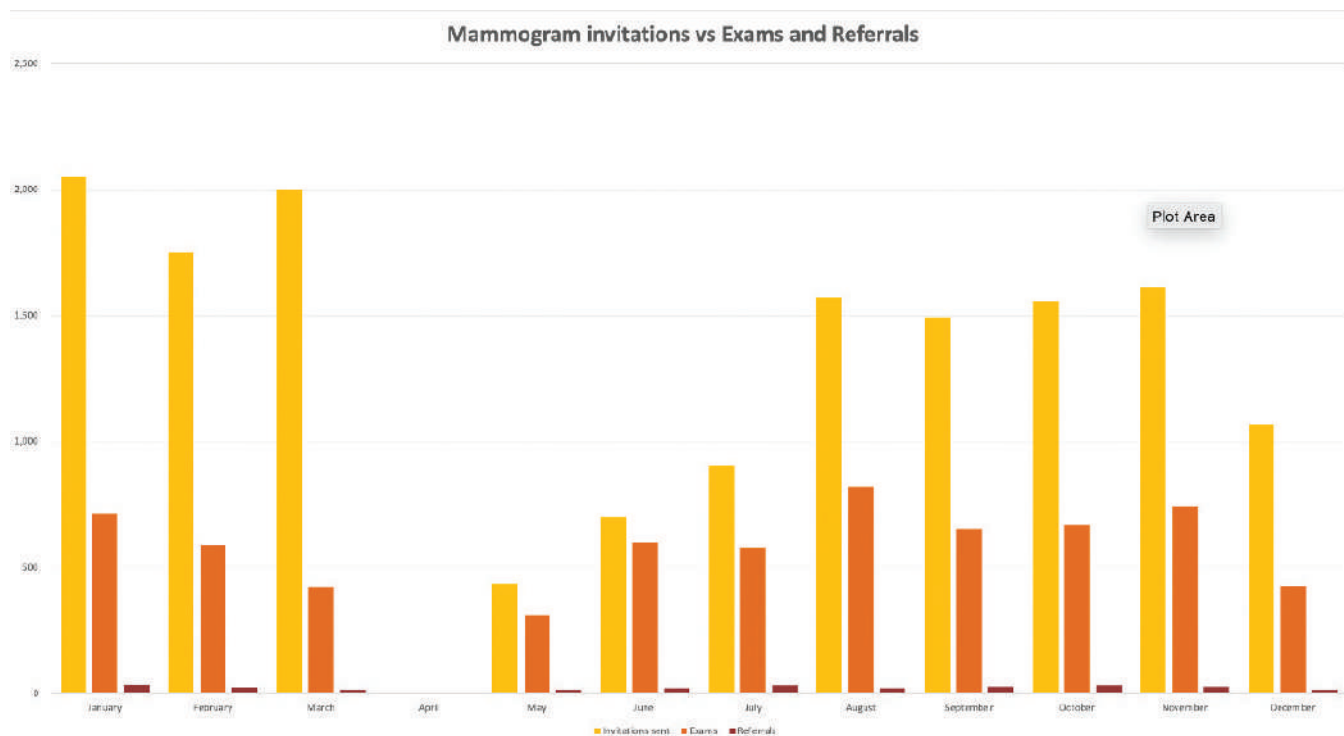
- Preparation of the timetable for assessment of the mammograms
- Preparation of the 3-yearly Visitation Audit
- Supervision of the recurring Mammogram meetings
- Organizing further training for the Radiologists and MBBs.

Fundashon Prevenshon works together with other screening organizations in the Netherlands and Aruba.

RESULTS OF THE TARGET GROUP

Detailed mammogram data per month 2020:

2020			
	Invitations	Exams	Referrals
January	2,054	711	37
February	1,753	588	23
March	2,001	423	17
April	-	-	-
May	435	310	15
June	699	600	21
July	903	577	32
August	1,568	818	22
September	1,493	652	27
October	1,556	670	31
November	1,612	742	26
December	1,065	426	16
Total	15,139	6,517	267



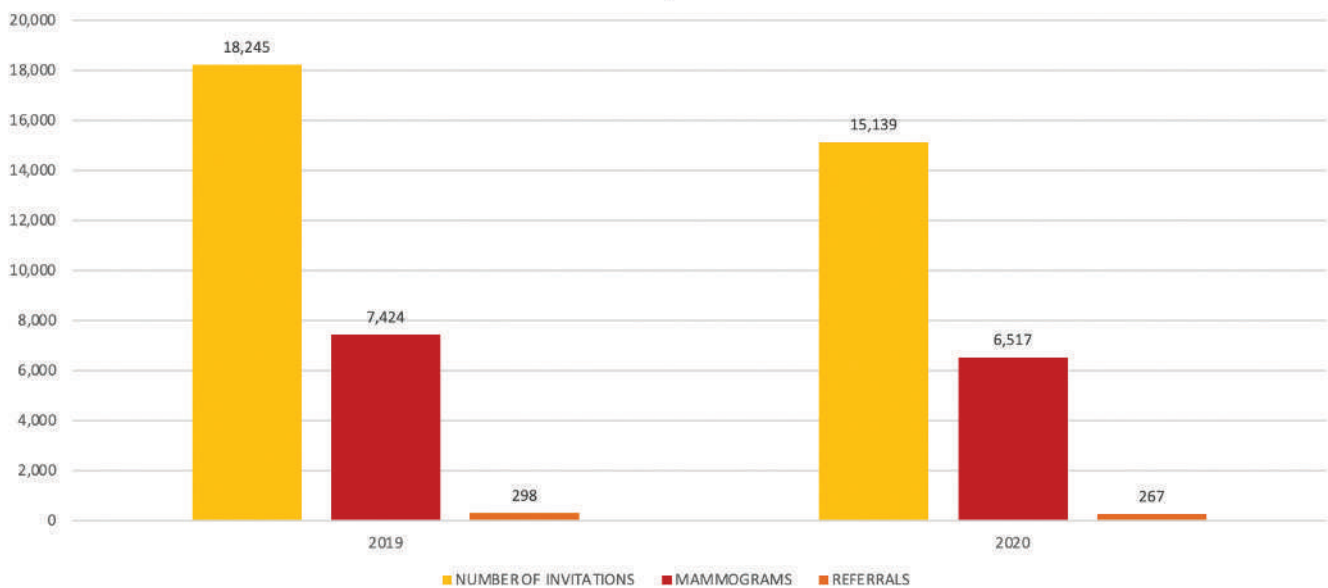
Mammogram data 2020 versus 2019

Table 1: Primary Indicators for the Breast Cancer Screening Program (2019-2020)

	2019	2020
TARGET POPULATION	44,307	44,762
NUMBER OF INVITATIONS	18,245	15,139
MAMMOGRAMS	7,424	6,517
PARTICIPATION RATE (%)	40.7%	43.0%
NON-PARTICIPANTS	1,370	1,040
NON-RESPONSE	9,451	7,582
NON RESPONSE RATE (%)	51.8%	50.1%
REFERRALS	298	267
REFERRAL RATE (%)	4.0%	4.1%
NUMBER OF SCREENING DAYS	236	200
AVERAGE NUMBER OF SCREENINGS PER DAY	31.5	32.6



**Mammogram invitations, exams and referrals
2019/2020**



3.2 CERVICAL CANCER SCREENING

The population screening for cervical cancer that started in 2016 currently counts ± 55,500 women in the target group and in the ages of 25 to 65 years.

The Fundashon has four branches which our clients can visit to have a smear taken. The cervical smear is investigated in the laboratory in a search for the HPV virus. This population screening is carried out in collaboration with the Medical Laboratory Services (MLS).

The population screening for cervical cancer has been accompanied by a scientific study of the prevalence of the Human Papilloma Virus (HPV). The aim of the doctoral research was to gain insight into the HPV genotypes that occur in women in Curaçao. In response to the results of this investigation, the Board has advised the Minister of Healthcare on the application of the vaccine against cervical cancer in Curaçao.

For a uniform follow-up of clients, it is important to guarantee structural communication with the target group and more intensive cooperation with GPs. The nurses of the Fundashon, who are responsible for performing the smears and informing and supervising the women, consult on a regular basis with the relevant GPs and with the consulting gynecologist of the Fundashon. The 2016 cervical cancer policy and implementation protocol will be adjusted in the short term and offered to all healthcare institutions with potential clients from the target group.



Table 2: Primary Indicators for the cervical cancer screening program (2018-2019-2020)

	2018	2019	2020
NUMBER OF INVITATIONS	11,765	7,050	6,802
TEST	4,737	3,893	3,114
PARTICIPATION RATE (%)	41.20%	55.20%	45.80%
NON-RESPONSE	6,754	3,157	3,688
NON RESPONSE RATE (%)	58.80%	44.80%	54.20%
REFERRALS	340	385	186
REFERRAL RATE%	7.20%	9.90%	6.00%

We have added the 2018 figures to this comparative data as to underline that even though we have sent out about 40 to 43% less written invitations in 2019 and 2020 compared to 2018, the quantity of tests performed did not show a proportionate drop. This is also reflected in the participation rates.

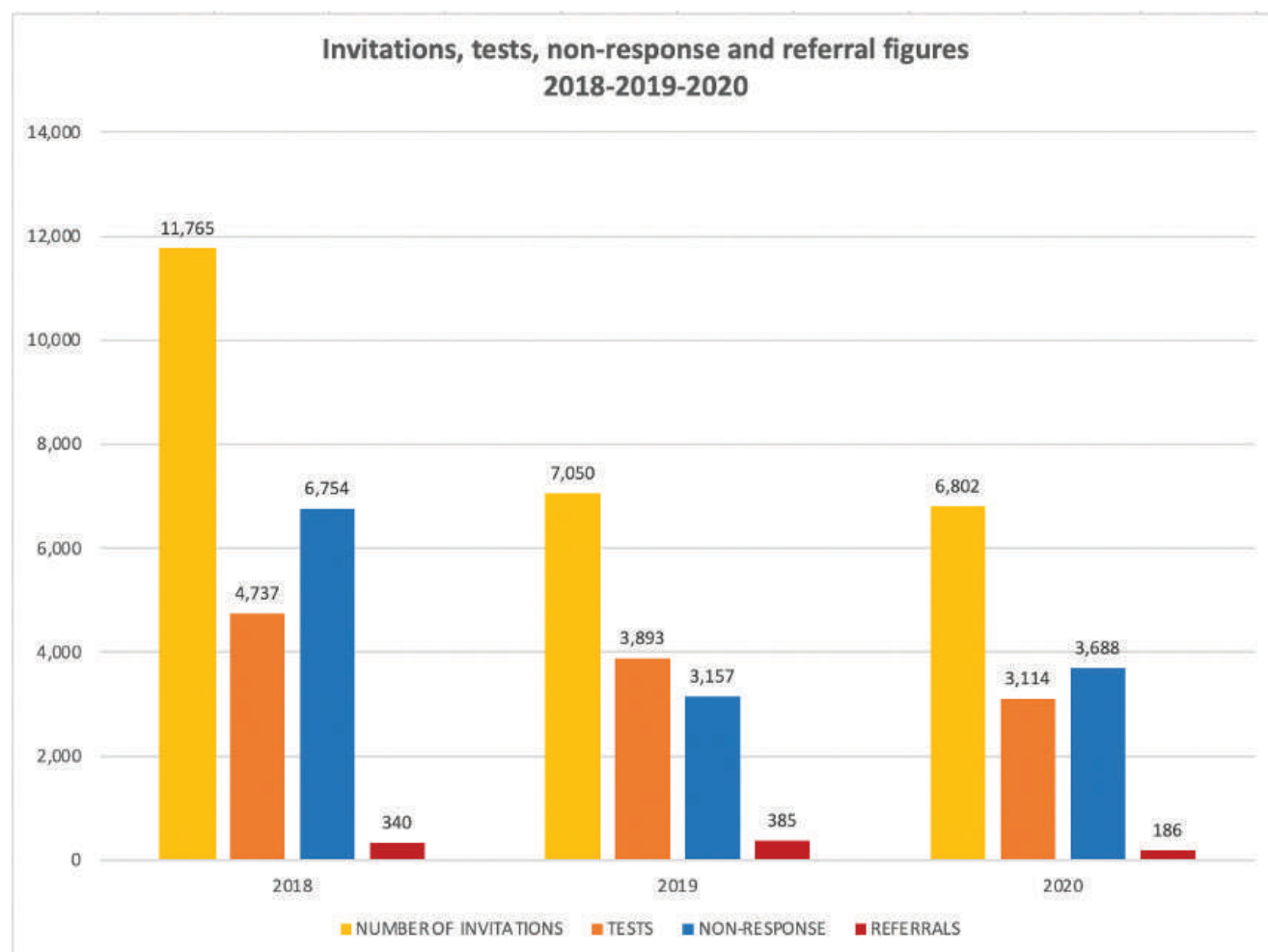
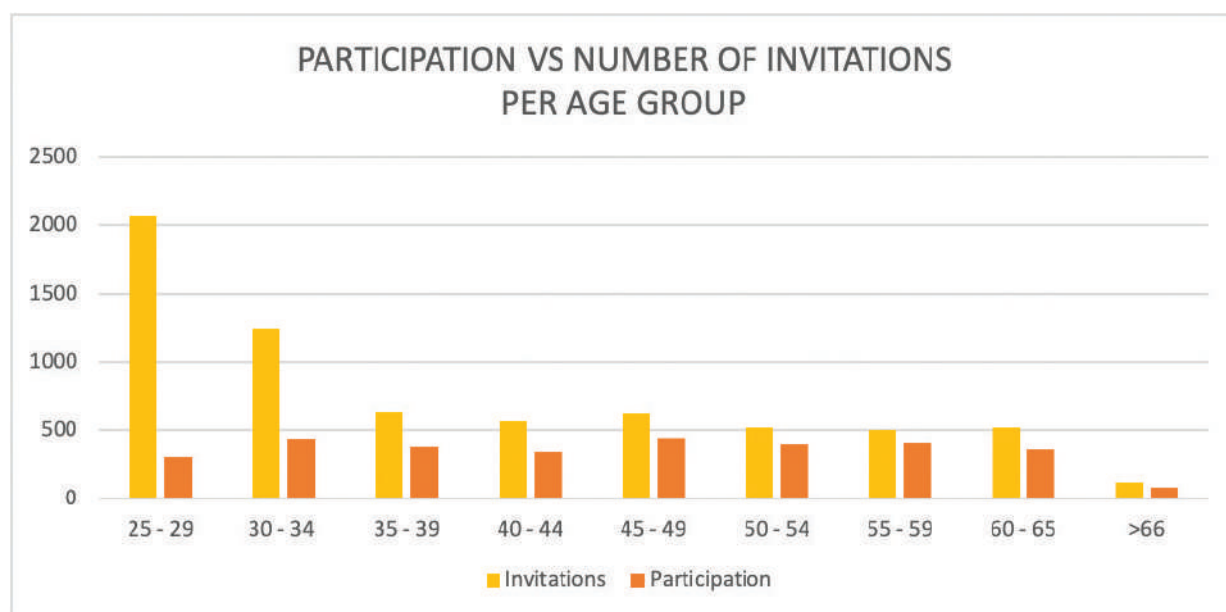


Table 3: Number of invitations, number of women who responded to the invitation and participation rate for the cervical cancer screening based on age category.

AGE GROUP	INVITATIONS	PARTICIPATION
25-29	2,068	304
30-34	1,242	431
35-39	635	373
40-44	563	334
45-49	626	440
50-54	524	388
55-59	507	406
60-65	520	309
>66	117	129
TOTAL	6,802	3,114



When comparing 2019 to 2020, the younger groups had a far better participation rate in 2019 whereas this was not the case for the older groups. This observation can partly be attributed to the fact that younger people had far other priorities during the lockdown and aftermath of the COVID 19 measures. This was further negatively influenced by the fact that it was not feasible for us to visit the communities and provide information to these groups.

Table 4: Number of invitations, number of women who responded to the invitation and participation rate for the cervical cancer screening based on age category.

AGE GROUP	2019	2020
25-29	26.30%	14.7%
30-34	57.20%	34.7%
35-39	70.20%	58.7%
40-44	69.30%	59.3%
45-49	72.50%	70.3%
50-54	64.70%	74.1%
55-59	55.40%	80.1%
60-65	50.10%	59.4%
>66	55.40%	*110.3%

** The percentage rate includes clients >66 that have registered and taken the HPV test without a sent invitation.*



Moreover, we can also assess that the older groups have started communicating amongst themselves, getting rid of old ideas where prevention is not as important as healing when it is necessary. The continuous work of Fundashon Prevension has contributed greatly to this fact.

Table 5: Number and rate of women who participated in the cervical cancer screening based on age category.

AGE GROUP	AESCLAPIUS	MILL HOUSE	SAMBIL	SORSAKA	TERA KÒRÁ	EXTERNAL	TOTAL
25-29	2	125	16	19	3	139	304
30-34	16	141	15	44	2	213	431
35-39	9	127	5	25	4	203	373
40-44	12	124	5	27	5	161	334
45-49	12	232	6	20	3	167	440
50-54	12	228	2	14	7	125	388
55-59	11	256	1	14	8	116	406
60-65	9	200	4	10	4	82	309
>66	1	68	2	7	2	49	129
TOTAL	84	1501	56	180	38	1255	3114

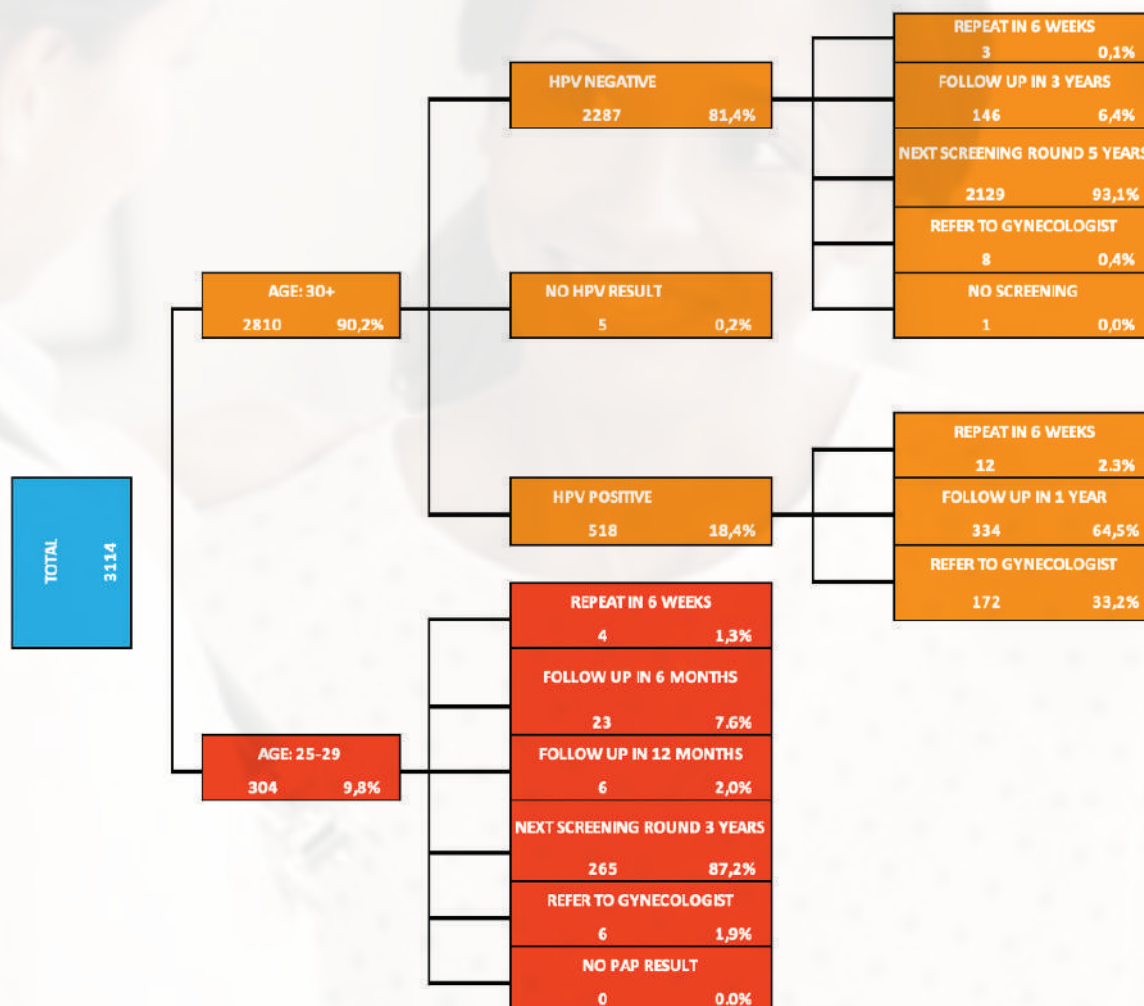
The satellite locations have seen a gradual decrease in their numbers but the Mill House has compensated largely for this as it is our most important location in numbers and participants in all age groups. 'External' refers to the number of women who have taken a smear test via their GP or gynecologist but who have been registered with the 'screening label'.



Table 6: Pap detection rates in Bethesda values per age group in cytology tested samples

AGE GROUP	NIN	LSIL	ASC-US	HSIL	AGC	INADEQUATE	INVASIEF CA
25-29	89.1%	2.6%	5.3%	0.7%	1.0%	1.3%	0.0%
30-34	52.4%	8.6%	5.9%	5.9%	0.5%	1.1%	0.0%
35-39	49.4%	2.4%	4.2%	3.0%	0.0%	4.2%	0.0%
40-44	50.3%	1.4%	3.5%	2.1%	0.7%	2.8%	0.0%
45-49	52.1%	0.7%	1.4%	4.1%	0.0%	2.1%	0.0%
50-54	50.4%	0.0%	3.1%	2.4%	1.6%	1.6%	0.0%
55-59	54.1%	2.2%	1.5%	3.0%	1.5%	0.0%	0.0%
60-65	48.9%	3.6%	2.9%	0.0%	0.0%	0.7%	0.0%
>66	25.5%	1.8%	0.0%	1.8%	1.8%	0.0%	1.8%
TOTAL	58.4%	2.9%	3.6%	2.5%	0.7%	1.6%	0.1%

Table 7: Pap detection rates in Bethesda values per age group in cytology tested samples



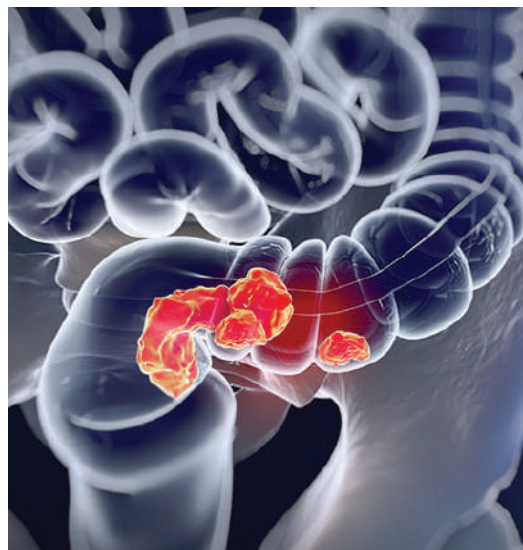


3.3 COLON CANCER SCREENING

In June of 2020 the colorectal cancer (CRC) screening program was started by Fundashon Prevencion. The onsite Colonoscopy Center was inaugurated in August 2020.

In order to gain insight into the best possible invitation methods so that optimum participation could be reached, a pilot was launched July 2020. Initially 1000 letters were sent to two different districts, Westpunt-Lagun-Soto and Otrobanda. 383 individuals responded to the letters by completing the iFOB test. Subsequently a vast media campaign was launched in order to spread awareness and increase participation. An additional 585 individuals participated based on these efforts. The campaign consisted of the bus of the Fundashon disseminating information and distributing the devices, radio and television interviews and advertisements in the newspapers.





Ultimately out of the 968 participants, 38 had a positive test and 31 of them underwent a colonoscopy. The results of the pilot study have been worked out and these data form the basis of the Colorectal screening program as it is currently running.

Cut-off level

Initially we applied in our pilot study a cut-off level of 275 ng/ml for the FIT-test, which is similar to that used in The Netherlands. Based on the fact that we detected several lesions at levels very close to this cut-off concentration we reduced the level for positivity to 85 ng/ml. The number of true positive tests remained surprisingly high. That is why, it was finally decided to apply a cut-off level of 47 ng/ml, at which level still two true positives were observed. The 47 ng/ml level will be studied in 2021. We will investigate whether the findings are reproducible and whether the cut off level of 47 ng/ml is appropriate.

Colorectal cancer screening program

The population screening program was designed for the early detection of colorectal cancer. In addition, removing polyps during colonoscopy prevents them from developing into cancer. The population screening entails analyzing participant stool samples in order to detect blood. Blood present in stool can be indicative of polyps or tumors present in the large intestines. Participants place their own stool samples in a test tube. The sample is analyzed by using the immunochemical fecal occult blood-test (iFOBT). If blood is found in the stool, participants will be approached in order to take part in the intake with one of the physicians of Fundashon Prevenshon. Eligible participants will undergo a colonoscopy. During the colonoscopy the colon and rectum are inspected and if polyps or tumors are found they will be removed or biopsied. The tissue removed will be sent to a pathological laboratory for further analysis.

The iFOB test is subject to false negatives and false positives. The aforementioned can sometimes lead to overtreatment. It has to be taken into consideration that a colonoscopy is an invasive procedure and has potential complications. According to the RIVM 2017 population screening monitor the percentage of mild to serious complications caused by colonoscopy was 0.7%. The most noteworthy complications were bleeding and perforations, for which treatment in a hospital was necessary.

The size of the target group for the Colorectal screening program is about 53,000 people. Both men and women between the ages of 50 and 75 are invited to participate in the program. In spite of the COVID-19 circumstances a pilot study with 1,000 participants started on June 15th 2020 under the supervision of Dr. Jacqueline Hugtenburg. Shacara Blake MD has been recruited to scientifically explore the screening program as a PhD candidate. Her research over a 4-year period should provide insight into the implementation as well as the effects and benefits of the program. The doctoral research program is co-supervised by Prof. E. Dekker from AmsterdamUMC.

In addition, a project group within the Fundashon has been assembled to discuss the results and follow up on a weekly basis. The following persons have joined this group:

- L. Elstak
- D. Pinedo, MD
- J.G. Hugtenburg, Associate Professor
- Prof. Dr. H.M. Pinedo
- J. van Ierland (Administrator Colorectal Screening Program)
- Shacara Blake, PhD candidate CRC Program

In order to introduce the program and entice invitees to attend, a vast media campaign using multiple recruitment strategies and materials was designed by a team of publicity experts and implemented for the CRC screening program.

The strategies and materials included:

1. Invitation letters sent to the home address of program eligible individuals inviting them to attend the CRC screening program with an explanation of the screening,
2. Posters developed in order to promote the CRC screening program in the main office of the Fundashon Prevashon,
3. Two busses that visit neighborhoods in order to provide information and recruit participants through test distribution,
4. Newspaper: advertisements/advertorials/interviews in the local newspapers,
5. Infomercials/interviews on local radio stations promoting the CRC screening program.
6. Advertisements/infomercials/appearances/interviews on local television channels.





Gastroenterologist

Coloscopy is performed by M. van Haastert, gastroenterologist from Groningen in The Netherlands. Dr. van Haastert visits Fundashon Prevenshon every two months for a period of two weeks. In addition, van Haastert supports the Fundashon by giving lectures on colorectal cancer screening for general practitioners, other healthcare providers and stakeholders of the Screening Center. Dr. Van Haastert also coordinates the protocols for colorectal cancer screening, the quality program of the colorectal cancer screening program, the education of nurses of the Fundashon involved in the performance of coloscopy.

Collaboration in colorectal cancer screening

Both **ADC and MLS laboratories** participated in the analyses of the iFOBT. In addition, the laboratories participated in the distribution of the devices and participants returned the test to the laboratories. Biopsied polyps or suspicious lesions identified during coloscopy were analysed in the pathology lab of ADC.

The protocol for colorectal cancer screening has been developed in collaboration with A. Saleh MD PhD, R. Schotborgh MD, gastroenterologists and J.J. Schnog MD PhD, oncologist at the **Curaçao Medical Center (CMC)**. In cases where carcinomas were diagnosed the participant was referred to the CMC for treatment. The gastroenterologist of the hospital has direct electronic access to the Endosoft Program of the Fundashon where medical information of the clients is stored. As part of the follow-up on clients referred to the hospital, CMC has been requested admission to the multidisciplinary consultations for S. Blake, PhD candidate of the colorectal cancer screening program.

Results of the target group

In total 13.663 of the target group, of which 7.345 (54.0%) were female, were invited in 2020 by letter to participate. To which extent the invitations by letter reached the target group is not known.

Of the 3013 analysed iFOB tests 138 (4.5%) were positive (iFOBT > 47 ng/ml), females represented more than male participants. Of the participating men and women respectively 6.4% and 3.5% had a positive result. These participants were invited for the intake with the physician. In total 64 coloscopies were performed in which 8 carcinomas were identified. In addition, 21 advanced adenomas (AA) and 12 nonadvanced adenomas (NAA) were found, in which are referred in the table **CRC Screening 'Distribution by Gender'** as "bad" and "good" polyps. In total ten clients were referred to CMC and were treated in the hospital accordingly. Seven of the 97 clients who underwent a coloscopy used anticoagulants or antiplatelet drugs.



fundashon prevenshon

Colorectal Cancer Screening: distribution by gender

Session 1 July/August										
Gender	Invite	IFOB Tests done	IFOB +	Excluded for Coloscopy	Postponed Coloscopy	Coloscopy	Cancer	"Bad" Polyps	"Good" Polyps	Referral for treatment
Male	684	277	22	2	2	18	1	4	10	1
Female	905	563	16	2	1	13		6	2	2
Total	1,589	840	38	4	3	31	1	10	12	3
Session 2 September/October/November										
Gender	Invite	IFOB Tests done	IFOB +	Excluded for Coloscopy	Postponed Coloscopy	Coloscopy	Cancer	"Bad" Polyps	"Good" Polyps	Referral for treatment
Male	2,893	518	26	8	2	16	2	3	6	4
Female	3,273	891	34	15	2	17	3	1	5	3
Total	6,166	1,409	60	23	4	33	5	4	11	7
Session 3 December/January										
Gender	Invite	IFOB Tests done	IFOB +	Excluded for Coloscopy	Postponed Coloscopy	Coloscopy	Cancer	"Bad" Polyps	"Good" Polyps	Referral for treatment
Male	2,741	302	23	4		19	1	5	4	2
Female	3,167	462	19	4	1	14	1	2	3	1
Total	5,908	764	42	8	1	33	2	7	7	3
TOTAL										
Gender	Invite	IFOB Tests done	IFOB +	Excluded for Coloscopy	Postponed Coloscopy	Coloscopy	Cancer	"Bad" Polyps	"Good" Polyps	Referral for treatment
Male	6,318	1,097	71	14	4	53	4	12	20	7
Female	7,345	1,916	69	21	4	44	4	9	10	6
Total	13,663	3,013	140	35	8	97	8	21	30	13

Notes:

1. This colorectal population screening requires more individual awareness
2. The whole sequence of this population screening is different in setup and requires more initiative from the client
3. A high number of culture related issues are affecting the process on the colorectal screening



4. 2020 IN A NUTSHELL

4.1. CORPORATE IDENTITY

The Fundashon has endeavored in evolving from a local program on the island of Curaçao to a broader facility offering knowledge and awareness to the other islands. This was initiated with the visit of Mr. H. Barnard, Director of International Affairs at the Ministry of Health, Welfare and Sports in The Netherlands, Dr. Mr. E. Arkenbout, representative of The Netherlands in Curaçao and the collaboration with Dr. C. Franca, gastroenterology and hepatology from Aruba.

4.2. AWARENESS ACTIVITIES & THE EFFECT OF THE COVID 19 PANDEMIC

Fundashon Prevenshon has continued spreading awareness even through the lockdown. We have been able to achieve this through various channels:

The rotary has chosen four role models for a billboard campaign for breast cancer. These billboards can be found along several main roads on the island. Part of this budget has also been used for radio spots with a catchy tune and text creating even more name recognition and awareness.

Our two busses go out in the neighborhoods on a daily basis. This enables more personal contact with the target groups and the community.

When these activities were impaired because of the lock-down we reverted our focus to virtual presentations.

4.3 CONTINUOUS IMPROVEMENTS

Intake doctors have started working on our premises. This promotes personal contact and a closer follow-up of the clients from the start.

We have updated our IT programs enabling faster connections and exchanges of information between Fundashon Prevenshon, CMC, the laboratories and general practitioners.

We have reserved an amount of approximately NAF 700,000 for research on how to improve the Quality of our Screening procedures.

Prevention of death due to breast cancer, colorectal cancer and cervical cancer can be achieved through population screening and early detection of these diseases. The Fundashon Prevenshon will start scientific research on the quality of screening with the aim to improve our methodology and the ways of approaching the targeted population for each of the diseases mentioned. We realize that the optimal methodology on how to approach the people of our island is likely different from those in European countries and the USA. Still it is our goal is to convince a similar percentage of our population on the need for screening.

The effects of the screening programs on the health of the population and the costs of healthcare are also mapped by means of scientific research. The aim of the scientific research is to develop, implement and evaluate interventions aimed at increasing participation in the screening programs in Curaçao.

4.4. NEW PERMIT APPLICATION

The permit for the Colorectal Screening Program was approved by the Minister of Health in January, 2020.

5. FUNDASHON PREVENSHON

A human adventure

Fundashon Prevension prizes itself for the human attention and care its personnel provides to the clients. Therefore, we find it only fitting to present a few reactions from our clients from last year.

thankful
& grateful

Client A

Client A came in for mammography: she is so thankful for the work the Fundashon is doing on the island, that she sometimes leaves an envelope with some cash money in it. She prefers to stay anonymous. She is always right on time for her repeat appointments and has informed us that she tries to motivate other women to come in and have a mammogram done. She celebrated her 75th birthday last year and brought in the "famed" envelope. She asked us why she would not get any repeat invitations anymore. After some explanation, she understood the protocol and expressed the wish to ask the doctor for a referral once it was time for a new mammogram.

Client B

Client B is of middle-age and had already left us 3 envelopes with some cash money and a hand-written text in each of them. She thanks Fundashon Prevenshon for what "we" do for the people of Curaçao. During her last visit she asked if she could speak to the General Director and named me. "Yes, I read your name in the invitation letter". She explained to me how thankful she is and that she saves up money to bring the envelope. "I do not have a lot but I save up especially for you. I choose a nice day to take a walk to the Molenplein to give my contribution and I have come to know and recognize some of the faces at the reception". She had this cheerful disposition and explained how happy she was every time that the good results came back. It was thanks to the Fundashon that she had her first smear test done as well as a mammogram every two years.



Gratitude
changes
everything

Client C

Client C is a 55+ year old man who waited for the start of the colon screening programme. He asked through a friend if he could participate even if he did not live in the neighborhood that was invited to come in. "I could not convince my doctor to let me take this medical exam." When he got the phone call from Fundashon Prevenshon that his iFOP test was positive, he already had undergone a colonoscopy at the hospital. The client was relieved and happy as the result of the colonoscopy was good. The client had panicked after a positive stool test and the doctor had referred him directly to the hospital. He came into the Fundashon after the exam in the hospital to apologize and thank us for letting him participate.

ANNEKE RHODES-BENNEMA, LAB TECHNICIAN:

What I love about working at Fundashon Prevenshon:

I experience the FP screening Center as a beautiful, interesting and varied workplace, because of the interaction with different clients and some expansion of activities due to the growth of the organization.

The different screening programs can function well side by side with adjustment of our process control. The concept of the screening Center still appeals to me.



An ounce of prevention is worth a pound of cure.

Benjamin Franklin

quote fancy

**JURELISE MARTINA, NURSE RN CRC PROGRAM:**

My experience of working as a nurse in a Prevention Center is very positive. I now continuously have specific prevention skills that I can share with the different target groups so that everyone becomes more aware of their health and its importance.

MARLA BORGSCHOT, NURSE RN CRC AND CERVIX PROGRAM:

I am very proud to be part of the nursing team that works at the only Prevention Center which the entire community can visit to undergo a screening. I am able to inform many clients about the screening programmes and convince them to use the possibilities offered by the Fundashon. It gives me genuine satisfaction in my job when I can convince someone to participate in a screening. People who were afraid to do the screening and see that they are very happy that they have undergone it because of the extra information.



True prevention is not waiting for
bad things to happen, it's
preventing things from
happening in the first place.

Don McPherson

quote fancy

CRISTEL SIRVANIE, ADMINISTRATIVE ASSISTANT AND PHONE OPERATOR:

Fundashon prevenshon is my home base, my first workplace 10 years ago. I am happy to pass on the knowledge I have acquired about prevention and information for population screening to clients. I have learned over the years the importance of understanding each client when it comes to fear of undergoing screening and responding to each clients' needs. The awareness to inform others about the prevention activities of the Fundashon has become part of my daily life. I am very proud to work at the Prevention Center and to be part of the advancement of the services we offer to the people of Curaçao.



6. THANK YOU FOR YOUR SUPPORT

After more than ten years, the plans to move to a larger building in the restored Mill House from 1750 on Molenplein have become reality. It is with great honor and gratitude that we will propagate the history of the original Mill House and carry out the current population screenings in an optimal manner. The Prevention Center is centrally located in Otrobanda, a beautiful area in which to receive all our clients.

The new location represents an important step in efficiency and sustainability. The coloscopy center was put into use in August 2020 and now all prevention activities take place under one roof.

We are sincerely grateful to Fundashon Bon Intenshon who has made it possible to accommodate population research in Curaçao in this building. We are grateful to all benefactors, donors, family, and friends for their trust and their financial, legal, personal, professional, material, artistic and moral support.

You have made it possible for the Caribbean Prevention Center to expand its services and for us to carry out the population screenings every day with conviction.

You have made it possible for more and more clients to find their way to Molenplein to be informed about our programs and participate in population screenings.

You have made it possible for the Caribbean Prevention Center to be an example for the other islands in the Caribbean.

The Board would like to thank all benefactors and donors who have made their specific contributions. But the Board is also thankful that prevention tasks and scientific research in Curaçao are carried out with enthusiasm and according to the desired standards. Gratitude is always present and also goes out to the involvement of the members of the Board, the METC, the Audit Committee, Advisors, General Physicians, employees, and the great commitment and perseverance of all volunteers.

We would also like to thank all our sponsors for their financial support this year, especially the following:



7. A VISION OF THE FUTURE

7.1. NEW SCREENING PROGRAM:

7.1.1 Pre-diabetic/Lifestyle Project

Sugar intake and pre-diabetics are a very big issue on Curaçao. Our children are our future and creating awareness on sugar intake and its effects on our health is a primordial subject for Fundashon Prevenshon. We have contacted various school boards to discuss future possibilities on this subject.

7.2. OTHER IMPROVEMENTS

Reception and update of procedures

COVID has had an influence on our daily lives but has also left its mark on Fundashon Prevenshon. A large part of our personal approach has had to be amended to COVID safe procedures. Previously clients would come with family members and would actually take the time to enjoy a coffee or water in our waiting room, appreciating our new premises. The nurses have had to adopt another stance in which personal contact is still leading but, in another way, having to work with masks and no physical contact. We have had to outline walking routes within the building to avoid contact between clients.

We pride ourselves in having solved these new issues in an elegant way allowing for a better and more humane “new normal”.

Collaboration with CMC

Fundashon Prevenshon has been working relentlessly towards the improvement of our procedures not only within the Fundashon but also with the local partners and other medical players on the island. Curaçao Medical Center being the main medical facility on the island, is the most important partner we could have to make valuable progress. We have been negotiating a new contract and we are happy to announce that this is in its final phases which can certainly be seen as an achievement for 2020.

Vision is a picture of the
future that produces passion.

Bill Hybels

8. FINANCIAL STATEMENT

Fundashon Prevenshon

Curaçao

Annual report 2020

Initialed on behalf of
Baker Tilly for
Identification purposes

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1. FINANCIAL STATEMENTS

Initialed on behalf of
Baker Tilly for
Identification purposes

1.1 BALANCE SHEET AS AT 31 DECEMBER 2020

	2020 ANG	2019 ANG
ASSETS		
FIXED ASSETS		
Tangible fixed assets		
Buildings and land	7,782	26,767
Medical devices	2,264,643	1,807,787
Other tangible fixed assets	35,511	41,823
Fixed assets in progress	19,520	-
	<u>2,327,456</u>	<u>1,876,377</u>
CURRENT ASSETS		
Receivables		
Accounts receivable	10,679	104,098
Other receivables and current assets	1,954,806	208,793
	<u>1,965,485</u>	<u>312,891</u>
Cash and cash equivalents	1,110,241	2,150,896
	<u>5,403,182</u>	<u>4,340,164</u>

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	<u>2020</u>	<u>2019</u>
	ANG	ANG
EQUITY AND LIABILITIES		
FOUNDATION'S CAPITAL		
5	2,818,185	1,860,012
RESERVES FOR SPECIAL PURPOSES		
6	2,150,039	1,695,448
SHORT-TERM LIABILITIES		
Short-term portion Loans Stichting Monumentenfonds Curaçao	7 -	8,356
Accounts payable	237,927	470,271
Taxes and social security premiums	8 50,622	52,541
Other payables and short term liabilities	9 146,409	253,536
	<u>434,958</u>	<u>784,704</u>
	<u>5,403,182</u>	<u>4,340,164</u>

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1.2 STATEMENT OF BENEFITS AND EXPENDITURE FOR THE YEAR 2020

		2020 ANG	2019 ANG
Revenues and benefits	10	3,493,633	2,791,316
Salaries and wages	11	1,120,373	1,055,681
Depreciation of tangible fixed assets	12	64,318	209,078
Housing expenses	13	324,515	179,655
Marketing expenses	14	168,469	79,273
Operational expenses	15	810,414	541,281
General expenses	16	250,286	224,974
Total operating expenses		<u>2,738,375</u>	<u>2,289,942</u>
Operating result		755,258	501,374
Financial income and expense	17	<u>12,543</u>	<u>16,833</u>
Net result after taxation		<u><u>767,801</u></u>	<u><u>518,207</u></u>

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1.3 NOTES TO THE FINANCIAL STATEMENTS

General notes

The most important activities of the entity

The objective of Fundashon Prevenshon is to promote public health in Curaçao and to reduce mortality through the implementation of periodic population screening.

The Dutch methodology is used as a model for the screenings with adaptations to the local situation. European guidelines for quality assurance are used as quality standard. The aim is to reach a high attendance rate (approximately 80% according to screening programs in other countries). Adequate follow up and treatment of the participants and periodic epidemiological evaluation are major conditions for the screening program.

General accounting principles

The accounting standards used to prepare the financial statements

The financial statements have been prepared in accordance with Book 2 of the Curaçao Civil Code and accounting principles generally accepted in the Netherlands. Preparation of financial statements according to these policies requires from management to make estimates and assumptions that may affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities reported in the financial statements and accompanying notes.

Accounting principles

Property, plant and equipment

Fixed assets are valued at cost less accumulated depreciation. Depreciation is calculated on the straight line basis over the useful lives of the assets and an eventual residual value has been taken into consideration.

Current assets

Current assets are stated at face value, unless otherwise stated.

Current liabilities

Current liabilities are measured at face value, unless otherwise stated.

Accounting principles for determining the result

Revenues and benefits comprise compensation for treatments by insurers and of subsidies and donations. Compensation for treatments by insurers are recognized as they accrue. Expenses are allocated to the reporting year to which they relate. Expenses are recognized in the income statement on an accrual basis.

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1.4 NOTES TO THE BALANCE SHEET

Fixed assets

1 Tangible fixed assets

	Buildings and land	Medical devices	Other tangible fixed assets	Fixed assets in progress	Total
	ANG	ANG	ANG	ANG	ANG
Balance as at 1 January 2020					
Cost	482,868	2,476,035	229,131	-	3,188,034
Accumulated depreciation	(456,101)	(668,248)	(187,308)	-	(1,311,657)
Book value as at 1 January 2020	<u>26,767</u>	<u>1,807,787</u>	<u>41,823</u>	<u>-</u>	<u>1,876,377</u>
Movements					
Investments	-	1,046,231	-	19,520	1,065,751
Depreciation	(18,985)	(435,718)	(6,312)	-	(461,015)
Transfer to investments	-	(190,372)	-	-	(190,372)
Disposal accumulated depreciation	-	36,715	-	-	36,715
Balance movements	<u>(18,985)</u>	<u>456,856</u>	<u>(6,312)</u>	<u>19,520</u>	<u>451,079</u>
Balance as at 31 December 2020					
Cost	482,869	3,331,894	229,131	19,520	4,063,414
Accumulated depreciation	(475,087)	(1,067,251)	(193,620)	-	(1,735,958)
Book value as at 31 December 2020	<u>7,782</u>	<u>2,264,643</u>	<u>35,511</u>	<u>19,520</u>	<u>2,327,456</u>
Depreciation percentages used	<u>10%</u>	<u>14-20%</u>	<u>20-25%</u>	<u>0%</u>	

- Investments in assets during the year are depreciated at half the annual rate.

- Residual value for the tangible fixed assets excluding building improvements is 10% of the historical cost price.

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Current assets

	31-12-2020 ANG	31-12-2019 ANG
2 Accounts receivable		
Debtors	10,679	89,089
To be invoiced	-	20,251
	10,679	109,340
Provision for bad debts	-	(5,242)
	<u>10,679</u>	<u>104,098</u>

The provision for doubtful debt relates to an estimated amount of receivables of which management assumes that these will not be collected. The receivables, invoiced according to the realized screening production, relate to both public and private insurance companies. Management is working on preparing production agreements with these institutes.

3 Other receivables and current assets

Other receivables	213,832	114,026
To receive from Stichting Preventie Fonds	1,645,424	-
Prepaid expenses	95,550	94,767
	<u>1,954,806</u>	<u>208,793</u>

The receivable Stichting Preventie Fonds relates to donations Stichting Preventiefonds has committed to in connection with the Colon project.

4 Cash and cash equivalents

Maduro & Curiël's Bank N.V.	1,110,111	2,150,565
Petty cash	130	331
	<u>1,110,241</u>	<u>2,150,896</u>

The Foundation provided a bankguarantee for ANG 52,083.

5 Foundation's capital

Cumulative results	<u>2,818,185</u>	<u>1,860,012</u>
--------------------	------------------	------------------

Cumulative results

Balance as at 1 January	1,860,012	1,270,206
Appropriation of result	767,801	518,207
Transfer to appropriated reserve	-	71,599
Correction prior years reserves	190,372	-
Balance as at 31 December	<u>2,818,185</u>	<u>1,860,012</u>

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An amount of ANG 700,000 will be preserved for research on how to improve the Quality of our Screening procedures.

Prevention of death due to breast cancer, colorectal cancer and cervical cancer can be achieved through population screening and early detection of these diseases. The Fundashon Prevenshon will start scientific research on the quality of screening with the aim to improve our methodology and the ways of approaching the targeted population for each of the diseases mentioned. We realize that the optimal methodology on how to approach the people of our island is likely different from those in European countries and the USA. Still it is our goal is to convince a similar percentage of our population on the need for screening.

	31-12-2020 ANG	31-12-2019 ANG
6 Reserves for special purposes		
Equalisation reserve	2,150,039	1,018,964
Appropriated reserve	-	676,484
	<u>2,150,039</u>	<u>1,695,448</u>
Equalisation reserve		
Balance as at 1 January	1,018,964	613,081
Transfer from appropriated reserve to equalisation reserve	522,827	-
Addition regarding donation	1,004,937	523,793
Amount released (equal to amortization)	(396,689)	(117,910)
Balance as at 31 December	<u>2,150,039</u>	<u>1,018,964</u>

The equalisation reserve is formed for the donations received for the purchase of a number of assets. The release of the equalisation reserve is equal to the depreciation of the assets donated.

Appropriated reserve		
Balance as at 1 January	676,484	748,083
Adjustment	(153,657)	-
Transfer to (equalisation) reserve	(522,827)	(71,599)
Balance as at 31 December	<u>-</u>	<u>676,484</u>

The appropriated reserve is transferred to the equalisation reserve as the balance is formed by the medical devices which are donated.

Short-term liabilities

7 Short-term portion Loans Stichting Monumentenfonds Curaçao

Interest bearing loan	-	8,356
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8 Taxes and social security premiums

Social security premiums	41,965	42,233
Wage tax	8,657	10,308
	<u>50,622</u>	<u>52,541</u>

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	31-12-2020	31-12-2019
	ANG	ANG
9 Other payables and short term liabilities		
Other payables	118,726	93,131
Vacation payables	25,407	21,106
Net wages	2,276	13,081
Payable to Stichting Preventie Fonds	-	126,218
	<u>146,409</u>	<u>253,536</u>

Subsequent events

In Q1 2021 the Foundation has purchased the building on Klipstraat 11 Willemstad for an amount of ANG 100.000.

There is a bank guarantee #5544 by Maduro & Curiel's Bank ifo Douane Curacao for an amount of ANG 52,083.

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1.5 NOTES TO THE STATEMENT OF INCOME AND EXPENSES

	2020 ANG	2019 ANG
10 Revenues and benefits		
Subsidy Government Curacao	1,900,000	1,900,000
Compensation for treatment from insurers	792,446	891,316
Donations colon	801,187	-
	<u>3,493,633</u>	<u>2,791,316</u>

In 2020 the foundation was granted a subsidy by the Government of Curacao for the amount of ANG 1,900,000 (2019: 1,900,000). This subsidy has been granted to cover operational cost regarding:

- Prevention screening of Mammo and Cervix;
- Provision of information regarding prevention;
- Application of methods that stimulate prevention;
- Promotion and performance of research regarding prevention.

There has also been a donation from Stichting Preventie Fonds of 801,187 for the Colon Project. All direct expenses of the project will be paid by the foundation. This amount includes an amount of ANG 160,000 received from SVB as part of a five year payment relating to expenses of the Colon project.

11 Salaries and wages

Salaries and wages	927,175	855,019
Social security premiums and pension premiums	174,199	178,858
Other personnel expenses	18,999	21,804
	<u>1,120,373</u>	<u>1,055,681</u>

Social security premiums and pension premiums

Premium BVZ	71,260	67,199
Premium AOV/AWW	68,293	65,195
Pension premiums	18,466	32,165
Premium ZV/OV	9,988	10,113
Premium AVBZ	4,432	4,186
Premium Cessantia	1,760	-
	<u>174,199</u>	<u>178,858</u>

The total amount of employees in 2019 was 25 (2018: 23).

12 Depreciation of tangible fixed assets

Depreciation of tangible fixed assets	<u>64,318</u>	<u>209,078</u>
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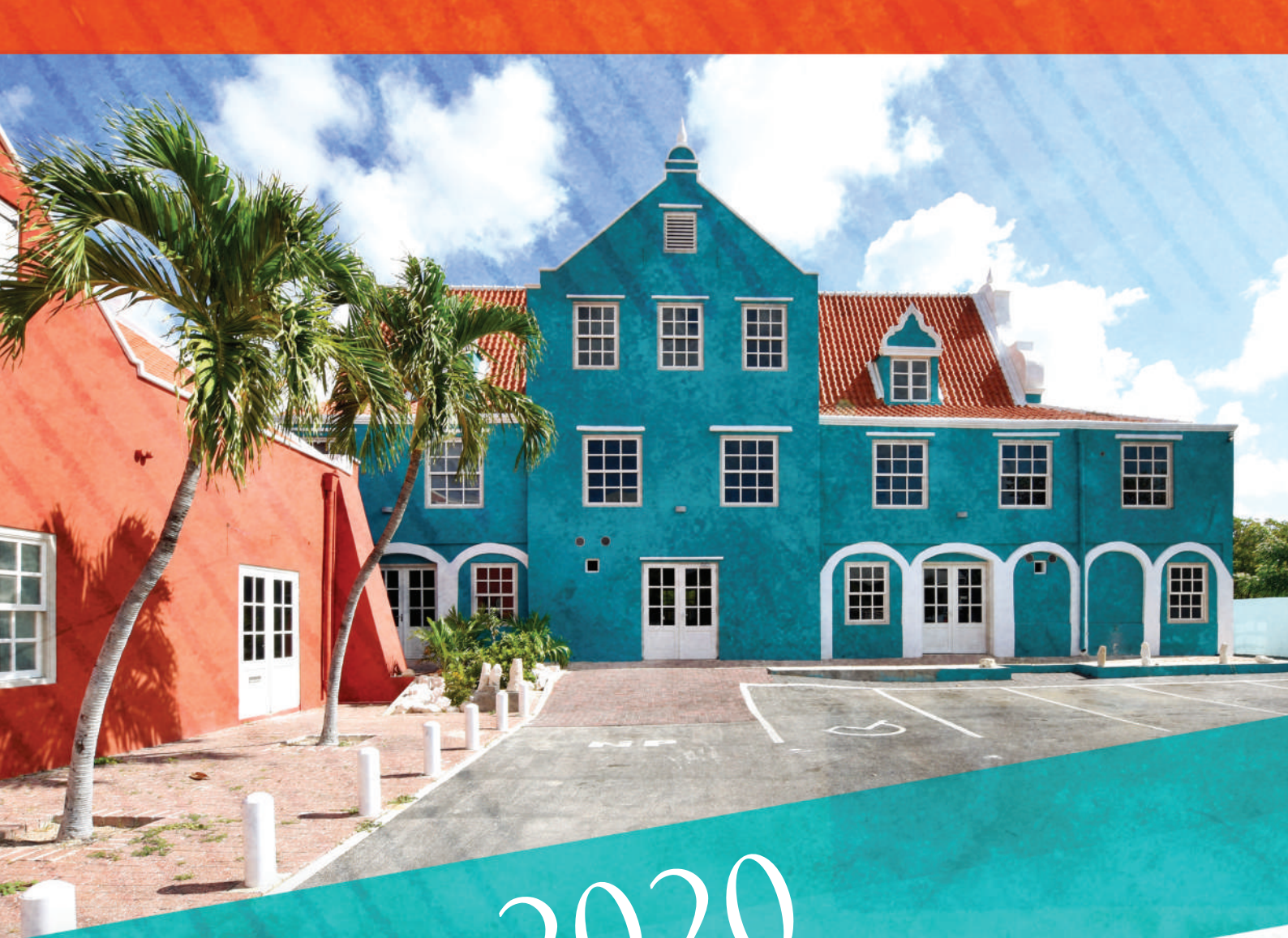
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	2020 ANG	2019 ANG
Depreciation of tangible fixed assets		
Depreciation costs medical devices	435,718	279,911
Other fixed assets	6,312	5,951
Buildings and land	18,985	41,128
	461,015	326,990
Release equalisation reserve	(396,697)	(117,912)
	<u>64,318</u>	<u>209,078</u>
13 Housing expenses		
Repair and maintenance	117,478	23,938
Security	86,404	48,984
Utilities	46,962	33,550
Telephone, fax and internet	39,783	38,538
Insurance premium	18,560	10,149
Cleaning	10,165	2,826
Rent	4,313	21,220
Other housing expenses	850	450
	<u>324,515</u>	<u>179,655</u>
14 Marketing expenses		
Postage and reminder	83,679	67,181
Advertising expenses	45,542	5,710
Representation expenses	29,989	5,887
Awareness expenses	9,259	495
	<u>168,469</u>	<u>79,273</u>
15 Operational expenses		
Screening Cervix	248,629	288,808
Screening fee radiologists	217,442	178,176
Repair and maintenance medical devices	150,092	36,149
Material Colon (Medical material)	122,329	-
Costs Laboratoria Fittest	49,425	-
Quality monitoring fee	22,497	38,148
	<u>810,414</u>	<u>541,281</u>

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	<u>2020</u>	<u>2019</u>
	ANG	ANG
16 General expenses		
IT Expenses	114,787	85,137
Other general expenses	76,919	92,316
Exchange gains and losses	30,016	19,939
Car expenses	13,753	14,766
Office supplies	6,012	3,190
Bank expenses	5,042	4,082
Board expenses	2,417	1,703
Insurance premium	1,340	2,929
Telephone, fax and internet	-	912
	<u>250,286</u>	<u>224,974</u>
17 Financial income and expense		
Interest and similar income	13,130	18,593
Interest and similar expenses	<u>(587)</u>	<u>(1,760)</u>
	<u>12,543</u>	<u>16,833</u>
Interest and similar income		
Interest deposit	<u>13,130</u>	<u>18,593</u>
Interest and similar expenses		
Interest charges interest bearing loan	<u>587</u>	<u>1,760</u>

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ANNUAL REPORT 2020



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