

Figure B1: Abstract Review Form

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Does this article **POTENTIALLY** apply to **ANY** of the key questions?

- No
 Yes-include article for full text screening
 Unclear-No abstract or cannot tell from abstract alone --- get it for full-text screen

Key Questions

Key Question 1: In patients that undergo surgery for a renal mass suspicious for stage I or II renal cell carcinoma, how does the pathologic diagnosis compare to the likelihood of malignancy predicted by using a pre-operative composite profile of patient characteristics including demographics, clinical characteristics, blood/urine markers, and/or imaging?

For the purpose of this question and further key questions, a renal mass suspicious for stage I or II renal cell carcinoma includes all solid renal masses and cystic renal masses with a solid component.

Key Question 2: In patients with a renal mass suspicious for stage I or II renal cell carcinoma who are selected for active surveillance, what is the ultimate risk of malignancy as defined by subsequent (greater than six months from diagnosis) biopsy, surgery, metastases or death and how does this compare to a pre-operative composite profile of patient characteristics including demographics, clinical characteristics, blood/urine markers, and/or imaging?

Key Question 3: What is the accuracy (i.e., sensitivity, specificity, positive and negative predictive value) of percutaneous renal mass sampling (fine needle aspiration or core biopsy, with cytopathology or surgical pathology) in the diagnosis of a renal mass suspicious for stage I or II renal cell carcinoma?

Key Question 4: In patients with a renal mass suspicious for stage I or II renal cell carcinoma, what are the adverse effects associated with using renal mass sampling (see KQ2) to estimate the risk of malignancy, including direct complications (e.g., pain, infection, hemorrhage, radiation exposure) and harms related to false positives, false negatives, or non-diagnostic results?

Key Question 5a: In patients with a renal mass suspicious for stage I or II renal cell carcinoma, what is the effectiveness and comparative effectiveness of the available management strategies on adverse effects and final health outcomes?

Available management strategies include: radical nephrectomy (open and minimally-invasive), partial nephrectomy (open and minimally-invasive), thermal ablation (radiofrequency ablation or cryoablation; surgical or image-guided), and active surveillance. The adverse effects and health outcomes of interest include all of the potential benefits and harms listed under outcomes in the PICOTS framework below.

Key Question 5b: Do the comparative benefits and harms of the available management strategies differ according to:

- A patient's demographic or clinical characteristics?
- Disease severity including clinical presentation, tumor characteristics (imaging), renal mass sampling results, or laboratory evaluations?

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