## Figure B2: Article Review Form

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Kex Du	estion 1: In patients tha	t undergo surgen: fo	r a repai mass suspiciou	is for stage L or II rep.	al cell carcinoma, hou	a does the pathologic	diagnosis compare							
to the likelih	rood of malignancy prec	licted by using a pro	-operative composite p	rofile of patient char	acteristics including d	emographics, clinical	characteristics, blood/	urine markers, and/or	imaging? For the pu	pose of this question	and further key questic	ons, a renal mass susp	vicious for stage	e I o
🔲 Key Qu	estion 2a: What is the a	couracy (i.e., sensiti	rity, specificity, positive	and negative predict	tive value) of percutar	ieous renal mass sam	pling (fine needle aspi	iration or core biopsy,	with cytopathology o	r surgical pathology)				
	iosis (malignancy, histol iestion 2b: In patients wi													
with using re	iestion 2b: In patients wi enal mass sampling to e	m a renai mass sus stimate the risk of m	ncrous for stage 1 or 11 re alignancy, including dir	enai cell carcinoma, i rect complications (e	.g., pain, infection, he	eneous associated emorrhage, radiation	exposure) and harms re	elated to false positive	es, false negatives, or	non-diagnostic result	67			
	estion 3a: In patients wi							· · · · · · · · · · · · · · · · · · ·		•				
comparative	e effectiveness of the av.	silable managemer	t strategies on adverse	effects and final hea	Ith outcomes?									
	anagement strategies in lestion 3b: Do the comp						sive), thermal ablation	radiotrequency abla	ition or cryoablation;	surgical or image-gui	ded), and active surve	illance.		
A patient's d	lestion 30: Do the comp demographic or clinical	arative benefits and characteristics?	narms of the available	management strateg	gies differ according to	n -								
Disease sev	erity including clinical p	resentation, tumor o	haracteristics (imaging)	i, renal mass samplin	g results, or laboratory	evaluations?								
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