Algorithm for active surveillance or expectant management of localized renal masses suspicious for malignancy

**Baseline Assessment**

**PATIENT FACTORS**
- Co-morbidity/life expectancy (Comorbidity Index/Frailty Score)
- Patient expectations/QOL and psychosocial assessment
- Renal functional assessment

**TUMOR FACTORS (ONCOLOGIC POTENTIAL OF SOLID OR COMPLEX CYSTIC RENAL MASSES)**
- Imaging features (degree of enhancement, infiltrative appearance, vascular or fat invasion)
- Tumor complexity
- Prior imaging (if available) to compare size and features
- Renal mass biopsy (subtype, grade, biomarkers)

**MANAGEMENT RELATED FACTORS (RISKS AND BENEFITS)**
- Evidence regarding oncologic, renal function, and peri-procedural outcomes for each type of treatment
- ACS/NSQIP calculator
- Evidence regarding expected growth rates, efficacy of surveillance, triggers and risk of delayed intervention

**COMMUNICATION SHARED DECISION MAKING**

**Frequency* & Imaging Modality**

**ACTIVE SURVEILLANCE:**
- Approximately every 3-6 months
- Use cross sectional imaging and/or US

**EXPECTANT MANAGEMENT:**
- Approximately every 6-12 months
- Use US more frequently

**Potential triggers for change in management (Rx or AS intensity)**
- Tumor size >3 cm
- Stage progression
- Kinetics (>5mm / year)
- Clinical changes in patient/tumor factors

**PROGRESSION TO mRCC**

**TREATMENT**

* Consider concurrent renal functional assessment (sCr, proteinuria), metabolic assessment (LFTs) and chest imaging
* Consider alternatives to contrast when possible or necessary (doppler, diffusion weighted images etc.)