

# Renal Mass and Localized Renal Cancer

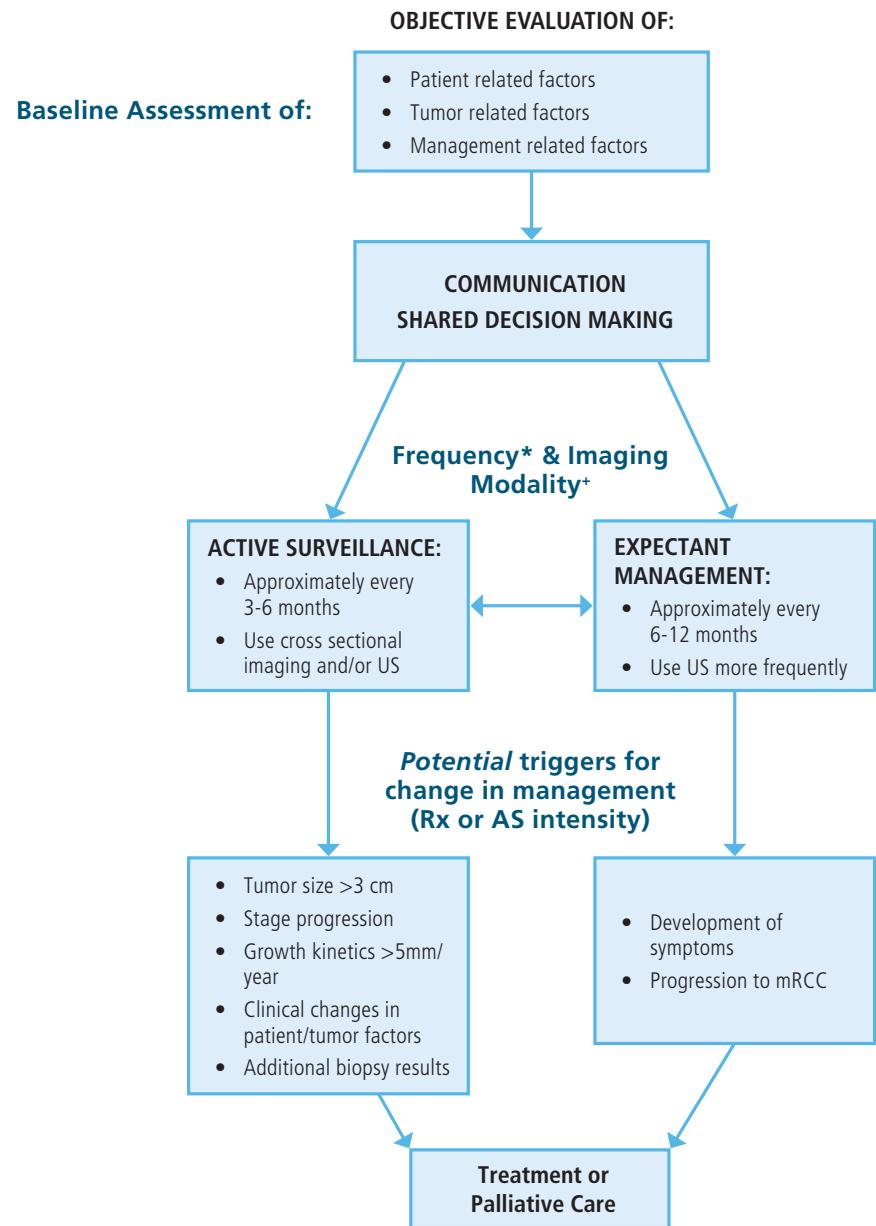
## Active Surveillance

### ACTIVE SURVEILLANCE (AS)

- For patients with a solid renal mass < 2cm, or those that are complex but predominantly cystic, AS with potential for delayed intervention is an option for initial management.
- Prioritize AS/Expectant Management when the anticipated risk of intervention or competing risks of death outweigh the potential oncologic benefits of intervention. If asymptomatic, periodic clinical surveillance/imaging can be based on shared decision-making.
- When the risk/benefit analysis for treatment is equivocal and the patient prefers AS, clinicians should repeat imaging in 3-6 months to assess for interval growth and may consider RMB for additional risk stratification. Repeat cross-sectional imaging should be obtained 3-6 months later. Periodic clinical/imaging surveillance can then be based on growth rate and shared decision-making with intervention recommended if substantial interval growth or if other clinical/imaging findings suggest that the risk/benefit analysis is no longer equivocal or favorable for continued AS.
- When the oncologic benefits of intervention outweigh the risks of treatment and competing risks of death, clinicians should recommend intervention. In this setting, AS may be pursued only if the patient is willing to accept the associated oncologic risk. Clinicians should encourage RMB for additional risk stratification. If the patient continues to prefer AS, close clinical and cross-sectional imaging surveillance with periodic reassessment and counseling should be recommended.

### FACTORS FAVORING AS/EXPECTANT MANAGEMENT

Patient-related	Tumor-related
Elderly	Tumor size < 3cm
Life expectancy <5 years	Tumor growth < 5mm/year
High comorbidities	Non-infiltrative
Excessive perioperative risk	Low complexity
Frailty (poor functional status)	Favorable histology
Patient preference for AS	Predominantly cystic
Marginal renal function	



\* 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.)