Management of Small Renal Masses

Small Renal Mass (≤4cm T1aN0M0 lesion)

Renal Tumor Biopsy when results may alter management

Benign → Surveillance²

No Biopsy, Non-diagnostic¹ or cancer

Does the patient have significant comorbidities and/or limited life expectancy?

Yes → Perform patient-specific quantitative assessment to determine if active surveillance is appropriate

No → Surveillance²

Is the SRM amenable to nephron-sparing treatment?

Yes → Partial Nephrectomy⁶

No → Radical Nephrectomy⁵,⁶

Can Ablation completely treat lesion?

Yes → Energy Ablation⁶

No → Biopsy (if none previous)

¹Repeat biopsy can be considered
²Intensity of surveillance varies from active to watchful waiting based on life expectancy and biology of the tumour.
³Relative indications for surveillance include high risk of ESRD if treated, SRM < 1 cm or life expectancy < 10 years
⁴Referral to surgeon or center with expertise should be considered
⁵Ideally performed in a minimally invasive manner
⁶Referral to a nephrologist should be considered for patients with CKD or progressive CKD after treatment especially if associated with proteinuria.

This algorithm is derived from recommendations in Management of Small Renal Masses: American Society of Clinical Oncology Clinical Practice Guideline. This is a tool based on an ASCO® guideline and is not intended to substitute for the independent professional judgment of the treating physician. Practice guidelines do not account for individual variation among patients. This tool does not purport to suggest any particular course of medical treatment. Use of the guideline and this tool are voluntary.

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