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| For patients who were diagnosed with a small renal mass (SRM,) when is renal tumor biopsy (RTB) indicated? What is the contemporary accuracy and complication profile of RTB? | On the basis of tumor-specific findings and competing risks of mortality, all patients with an SRM should be considered for RTB when the results may alter management. | Type: evidence based  
Evidence quality: intermediate  
Strength of recommendation: strong |
| In patients with an SRM, is there an age limit at which active surveillance is a better option than surgical resection or thermal ablation? Is there an anticipated life expectancy for which active surveillance is a better option than surgical intervention or thermal ablation? Are patients with significant and active medical comorbidities—that is, CKD, congestive heart failure, coronary artery disease, and chronic obstructive pulmonary disease—better treated with active surveillance than surgical intervention or ablation? | Active surveillance should be an initial management option for patients who have significant comorbidities and limited life expectancy  
Qualifying statement: absolute indication: high risk for anesthesia and intervention or life expectancy < 5 years; relative indication: significant risk of end-stage renal disease (ESRD) if treated, SRM (< 1 cm), or life expectancy < 10 years. | Type: evidence based  
Evidence quality: intermediate  
Strength of recommendation: moderate |
| In patients with an SRM, what are the optimal indications for undergoing PN, radical nephrectomy, or thermal ablation? What is the impact of these procedures on renal function? | PN for SRMs is the standard treatment that should be offered to all patients in whom an intervention is indicated and who possess a tumor that is amenable to this approach. | Type: evidence based  
Evidence quality: intermediate  
Strength of recommendation: strong |
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|                                                                                  | Percutaneous thermal ablation should be considered an option for patients that possess tumors such that complete ablation will be achieved. A biopsy should be obtained before or at the time of ablation. | Type: evidence based  
Evidence quality: intermediate  
Strength of recommendation: moderate                                                            |
|                                                                                  | Radical nephrectomy for SRMs should only be reserved for patients who possess a tumor of significant complexity that is not amenable to PN or for whom PN may result in unacceptable morbidity even when performed at centers with expertise. Referral to a surgeon and a center with experience in PN should be considered. | Type: evidence based  
Evidence quality: intermediate  
Strength of recommendation: strong                                                                  |
|                                                                                  | Referral to a nephrologist should be considered for patients with CKD (estimated glomerular filtration rate [eGFR] < 45 mL/min/1.73 m²) or progressive CKD after treatment, especially if associated with proteinuria. | Type: evidence based  
Evidence quality: intermediate  
Strength of recommendation: moderate                                                                  |