



- 1 These recommendations are to be followed only if non-neoplastic causes of a renal mass (e.g., infections) have been excluded; see Ref. 48 for details. The recommendations are offered as general guidance and do not necessarily apply to all patients. See Table 1 for detailed description of Bosniak Classification.
- 2 When a mass smaller than 1 cm has the appearance of a simple cyst, further work-up is not likely to yield useful information.
- 3 Interval and duration of observation may be varied (e.g., longer intervals may be chosen if the mass is unchanged; longer duration may be chosen for greater assurance).

- 4 In selected patients (e.g., young), early surgical intervention may be considered, particularly if a minimally invasive approach (e.g., laparoscopic partial nephrectomy) can be utilized.
- 5 Morphologic change refers to change in feature characteristics, such as number of septations or their thickness. Growth should be noted, but by itself does not indicate malignancy.
- 6 Surgical options include open or laparoscopic nephrectomy and partial nephrectomy; each provides a tissue diagnosis. Open, laparoscopic, and percutaneous ablation may be considered where available, but biopsy would be needed to achieve a tissue diagnosis. Long-term (5- or 10-year) results of ablation are not yet known.

- 7 Limited life expectancy and co-morbidities that increase the risk of treatment.
- 8 Cystic masses 1.5 cm or smaller that are not clearly simple cysts or that cannot be characterized completely may not require further evaluation in patients with co-morbidities and in patients with limited life expectancy.
- 9 Percutaneous biopsy of Bosniak Category III masses may be considered, but may not be diagnostic.