Guideline Page and Request	Panel Discussion/References	Institution Vote			
		YES	NO	ABSTAIN	ABSENT
KID-1 External request: Submission from the Society of Interventional Oncology (SIO) to consider removing the phrase “in selected patients” from below Ablative techniques and Ablative techniques be moved above Active surveillance.	Based on panel discussion, the consensus supported this requested change. • See submission for references.	18	0	0	11
KID-A External request: • Submission from the SIO to consider moving text related to thermal ablation to a position in front of surveillance. • Submission from the SIO to consider adding qualification to state that both thermal ablation and surgery are very effective and the difference in treatment success is very small or absent (5% or less), and to indicate that cancer specific survival is also similar amongst treatment strategies for small renal tumors. • Submission from the SIO to consider mentioning the benefits of thermal ablation.	Based on panel discussion, the consensus supported this requested change. • See submission for references. Based on panel discussion, the consensus was to not make changes to the current recommendations. • See submission for references. Based on panel discussion, the consensus was to not make changes to the current guidelines language. • See submission for references.	18 18 18	0 0 0	0 0 0	11 11 11

• Submission from the SIO to consider including "those patients willing to accept a potential very low increased incidence of local recurrence" and "those patients in whom partial nephrectomy is not possible and nephron preservation is imperative" when considering patients appropriate for thermal ablation.	Based on panel discussion, the consensus was to not make changes to the current guidelines language. • See submission for references.	18	0	0	11
KID-B (2 of 4) External request: Submission from the SIO to consider adding this statement: "Biopsy or repeat biopsy: New enhancement or enlarging nodularity along the surgical margin following partial nephrectomy or new enhancing mass in the surgical bed following radical nephrectomy."	Based on panel discussion, the consensus was to not make changes to the current guidelines language. • See submission for references.	18	0	0	11
KID-C, 1 of 2 Internal request: Comment to reassess pazopanib as a first-line therapy option for poor/intermediate-risk patients with advanced clear cell RCC.	Based on panel discussion and review of the available data, the consensus supported the continued listing of pazopanib for patients with advanced clear cell RCC. • This recommendation changed from category 1 to category 2A due to uncertainty in the data within the context of new trials and new treatment options.	18	0	0	11
KID-C, 1 of 2 Internal request: Comment to reassess sunitinib as a first-line therapy option for poor/intermediate-risk patients with advanced clear cell RCC.	Based on panel discussion and review of the available data, the consensus supported the continued listing of sunitinib for patients with advanced clear cell RCC.	18	0	0	11

	• This recommendation changed from category 1 to category 2A due to uncertainty in the data within the context of new trials and new treatment options.				
KID-C, 1 of 2 Internal request: Comment to reassess bevacizumab + interferon alfa-2b as a first-line therapy option for favorable-risk and poor/intermediate-risk patients with advanced clear cell RCC.	Based on panel discussion, the consensus was to remove bevacizumab plus interferon alfa-2b as a first-line therapy option for favorable-risk and poor/intermediate-risk patients with advanced clear cell RCC due to limited clinical use in this setting.	18	0	0	11
KID-C, 1 of 2 Internal request: Comment to reassess temsirolimus as a first-line therapy option for poor/intermediate-risk patients with advanced clear cell RCC.	Based on panel discussion, the consensus supported the continued listing of temsirolimus for patients with advanced clear cell RCC. • This recommendation changed from category 1 to category 2A due to uncertainty in the data within the context of new trials and new treatment options.	18	0	0	11
KID-C, 1 of 2 & KID-C, 2 of 2 Internal request: Comment to reassess the inclusion of gemcitabine + doxorubicin and gemcitabine + sunitinib for clear cell and non-clear cell RCC with predominant sarcomatoid features.	Based on panel discussion, the consensus was to remove gemcitabine + doxorubicin and gemcitabine + sunitinib as a subsequent therapy option for patients with advanced clear cell RCC due to limited clinical use in this setting.	18	0	0	11
KID-C, 1 of 2 Internal request: Comment to consider adding bevacizumab-awwb as a subsequent therapy option for patients who have relapsed or have stage IV clear cell RCC, similar to bevacizumab.	Based on the FDA approval and panel discussion, the consensus supported the addition of bevacizumab-awwb as a subsequent therapy option for patients with clear cell RCC with the same category of evidence and consensus as the reference product, bevacizumab, for this indication.	18	0	0	11

KID-C, 2 of 2 Internal request: Comment to consider adding bevacizumab-awwb as a systemic therapy option for patients who have relapsed or have stage IV non-clear cell RCC, similar to bevacizumab.	Based on the FDA approval and panel discussion, the consensus supported the addition of bevacizumab-awwb as a systemic therapy option for patients with non-clear cell RCC with the same category of evidence and consensus as the reference product, bevacizumab, for this indication.	18	0	0	11
KID-C, 2 of 2 External request: Submission from Merck & Co., Inc., to consider adding pembrolizumab as a first-line treatment option for patients with advanced non-clear cell renal cell carcinoma.	Based on a review of the data and discussion, the panel consensus was to not make changes and wait for publication of the data. • See submission for references.	4	13	1	11
KID-C, 2 of 2 External request: Submission from Exelixis to reconsider the recommendation of cabozantinib as an “other recommended regimen” for patients with relapsed or stage IV non-clear cell histology.	Based on a review of the data and discussion, the panel consensus was to not make changes to the current recommendations due to limited available data. • See submission for references.	2	15	1	11