

Supporting Information S2: Supplement to Table 1 for details regarding patient characteristics

Article 1 – All patients had some degree of nephrectomy

Article 2 – 2x bilateral RCCs not included in analysis, limited medical treatment data. Used TNM staging.

Article 4 – short-term alive post-operatively

Article 5 – RCC NOS but unable to test for translocation type RCC.

Article 6 – RN only. No medical therapies. Short-term alive post-operatively.

Article 7 - 1x experimental vaccine and autologous BMT died, 1x experimental protocol died, 1x IL-2 +cisplatin-based CTx+RTx+sunitinib died, 1x re-resection – free of disease, 1xPN on contralateral tumour (detected 3yrs after PN) – free of disease

Article 8 – 49 patients, site known for 47 but 2 unspecified hence why numbers do not add up. 2 of 4 with distant mets had ITx with CTx with surgery (both alive, 1x disease-free at 6.9 years at time of study. EFS and OS at 5 years were 96% for localised RCC, 69% and 75% for regional lymph node positive, 25% and 33% for distant metastatic RCC, respectively. Outcomes available for 47 patients rather than 49 as 2 patients lost to follow-up.

Article 9 – 2 patients had unspecified site of tumour. Modified Robson staging used.

Article 10 – 8x alive and disease-free, 6 dead, 5x disease-recurrence within 2-34 months after diagnosis, 1x progression. Modified Robson staging used.

Article 11 – Fuhrman Grade 3. Post-op RTx and CTx planned no details.

Article 12 – RN alone. Alive at 3 months follow-up.

Article 13 – Treatment entailed RN, LND (showed no disease), 1xCTx (doxorubicin, vinblastine). Left thoracotomy and wedge resection post-CTx (confirmed RCC) then right thoracotomy and right lower lobe medial basilar segmentectomy. Fuhrman Grade 3. 11 years post-op disease-free.

Article 14 - 2 out of 4 cytogenetically analysed tumours turned out to be tRCC. Modified Robson staging used. 3x stage 1 disease-free and well at 1.5-3.5 years postdiagnosis. 7x stage 3 disease-free and well 13months-16 years postdiagnosis. 6x stage 4 died at 4 months to 12 years postdiagnosis (median 13.5 months)

Article 15 - 1x alive 30 months postdiagnosis, 1x alive 45 months postdiagnosis

Article 16 – 5 patients but 6x RCC as 1 patient had 2 separate RCCs. 1xPN (due to previous right RN and left PN for bilateral Wilms). All stages not recorded so only confirmed one stage 3 and one stage 4 patient. 3x outcomes not available, 1x died 2.5 years post-diagnosis (not cancer related), 1x alive 3 months post-diagnosis.

Article 17 – One large left-sided lesion. Additional lesions reported on right. Pathology showed granular + clear-cell + tubulopapillary components. Alive 6 months post-operatively.

Article 18 – Surgery only. No medical therapy.

Article 19 – Only 1 bilateral recorded, others has no site specified. Bilateral case had left PN and right RN with adrenalectomy. Modified Robson staging used. 23x no evidence of disease, 15x dead, 2x lost to follow-up, 1x alive with disease. Follow-up was 1-280 months. 20-year EFS 53.3% for all patients. 20-year OS 54.9% for all patients.

Article 20 - 1x stage 4 dead 8 months post-op. 14x alive at 4.9 years mean follow-up. All but 1 remain recurrence-free at time of publication including all who underwent PN.

Article 21 - Hepatic metastases 6 months after initial treatment, hence underwent reduced intensity chemotherapy conditioning regimen followed by 2x HSCT. Alive 5.7 years post-HSCT.

Article 22 – RCC NOS (granular cytoplasm and pleiomorphic nuclei RCC). Alive without disease at 18 months follow-up.

Article 23 – 2x dead nearly 10 months and 12 months post-diagnosis.

Article 24 – Exploratory thoracotomies were to remove residuals. Alive without disease at 2 years follow-up.

Article 25 – TNM staging used. 11x died from disease (all high-stage). 12x disease-free at median follow-up up to 44 months. 1x lost to follow-up.

Article 26 – Sirolimus is an mTOR inhibitor and this was used to preserve the left kidney. Chromophobe RCC detected from tissue from right kidney with Fuhrman Grade 3. Alive with disease 13 months subsequent therapy.

Article 27 – Intratumoral oncolytic therapy was a phase 1 trial. Zoledronate for bone mets. Period of stability on cabozantinib. 2nd patient had RTx for bone mets (cord compression). 1 dead near-17 months post-immunotherapy and one alive with disease at 18 months follow-up.

Article 28 – RN only.

Article 29 – 1 year follow-up alive without disease.

Article 30 – Alive without disease 8 months post-operative.

Article 31 – Progression resulting in 2x IL-2 and IFN-alpha. Further progression so phase 1 trial with iriffulven. Further progression so had 2x cyclophosphamide + topotecan. Further progression so palliative debulking for symptom control. Subtype was type 2 pRCC. Death 15 months from diagnosis.

Article 32 – Regional lymphadenectomy (was node positive). Post-operative ankle pain revealed metastatic disease to tibia resulting in palliative radiotherapy and put into study for IFN + cyclical chemotherapy. Died 9 months post-operatively.

Abbreviations

RCC	Renal cell carcinoma
tRCC	Translocation renal cell carcinoma
RN	Radical nephrectomy
PN	Partial nephrectomy
CTx	Chemotherapy
RTx	Radiotherapy
ITx	Immunotherapy
IL-2	Interleukin-2
TNM	Tumour, node, metastases
NOS	Not otherwise specified
BMT	Bone marrow transplant
LND	Lymph node dissection
EFS	Event-free survival
OS	Overall survival
HSCT	Haematopoietic stem cell transplant
mTOR	Mammalian target of rapamycin
IFN	Interferon