

APPENDIX. Full voting results for 15 key clinical questions regarding the management of advanced and metastatic renal cell carcinoma

1. For advanced or metastatic clear cell RCC, which of the following are the first and second most important patient- or disease-related factors when selecting the first-line treatment regimen?

	First most important (No. of panellists)	Second most important (No. of panellists)
IMDC risk group	11	0
Age	0	0
Co-morbidities	1	3
Burden of disease or presence of symptoms	0	9
PD-L1 expression status	0	0
Others	0	0

2. For advanced or metastatic clear cell RCC, what are the first and second most important efficacy endpoints when selecting the first-line treatment regimen?

	First most important (No. of panellists)	Second most important (No. of panellists)
Overall survival	12	0
Progression-free survival	0	6
Objective response rate	0	5
Complete remission rate	0	1
Disease control rate	0	0
Others	0	0

3. For advanced or metastatic clear cell RCC, which of the following are the first and second most important treatment-related factors when selecting the first-line treatment regimen?

	First most important (No. of panellists)	Second most important (No. of panellists)
Treatment efficacy	12	0
Treatment toxicities	0	11
Potential chance to stop treatment	0	0
Treatment mechanism of action	0	0
Influence of treatment on patient's quality of life	0	1
Others	0	0

Abbreviations: IMDC = International Metastatic RCC Database Consortium; PD-L1 = programmed death-ligand 1; RCC = renal cell carcinoma

APPENDIX. (cont'd)

4. For IMDC favourable-risk advanced or metastatic clear cell RCC, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	1	4
Pazopanib	8	3
Axitinib/pembrolizumab	3	4
Lenvatinib/pembrolizumab	0	0
Cabozantinib/nivolumab	0	1
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	0	0
Others	0	0

5. For IMDC intermediate/poor-risk advanced or metastatic clear cell RCC, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	0	0
Pazopanib	0	0
Axitinib/pembrolizumab	10	2
Lenvatinib/pembrolizumab	0	0
Cabozantinib/nivolumab	0	1
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	0	0
Nivolumab/ipilimumab	2	9

6. For IMDC favourable-risk advanced or metastatic RCC with sarcomatoid de-differentiation, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	1	3
Pazopanib	0	0
Axitinib/pembrolizumab	6	4
Lenvatinib/pembrolizumab	1	0
Cabozantinib/nivolumab	4	4
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	0	0
Others	0	1

APPENDIX. (cont'd)

7. For IMDC intermediate/poor-risk advanced or metastatic RCC with sarcomatoid de-differentiation, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	0	0
Pazopanib	0	0
Axitinib/pembrolizumab	3	3
Lenvatinib/pembrolizumab	1	2
Cabozantinib/nivolumab	3	0
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	0	0
Nivolumab/ipilimumab	5	6
Others	0	1

8. For IMDC favourable-risk advanced or metastatic clear cell RCC (excluding recurrent disease with prior nephrectomy), would you consider performing cytoreductive nephrectomy?

	No. of panellists
Yes	5
No	7
Depends on symptoms	0
Depends on extent of disease	0

9. For IMDC intermediate-risk advanced or metastatic clear cell RCC, would you consider performing cytoreductive nephrectomy?

	No. of panellists
Yes	2
No	1
Depends on symptoms	3
Depends on extent of disease	6

10. For IMDC poor-risk advanced or metastatic clear cell RCC, would you consider performing cytoreductive nephrectomy?

	No. of panellists
Yes	0
No	6
Depends on symptoms	5
Depends on extent of disease	1

APPENDIX. (cont'd)

11. For patients with clear cell RCC who had prior adjuvant immunotherapy, which are your first and second most preferred treatment regimens when metastatic disease develops?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	2	3
Pazopanib	6	3
Axitinib/pembrolizumab	3	3
Lenvatinib/pembrolizumab	1	3
Cabozantinib/nivolumab	0	0
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	0	0
Nivolumab/ipilimumab	0	0
Everolimus/lenvatinib	0	0
Everolimus	0	0
Others	0	0

12. For advanced or metastatic non-clear cell RCC, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	4	5
Pazopanib	0	1
Axitinib/pembrolizumab	2	0
Lenvatinib/pembrolizumab	0	3
Cabozantinib/nivolumab	0	0
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	5	0
Nivolumab/ipilimumab	1	2
Everolimus/lenvatinib	0	0
Everolimus	0	1
Others	0	0

APPENDIX. (cont'd)

13. For advanced or metastatic clear cell RCC that progressed after prior nivolumab/ipilimumab, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	1	4
Pazopanib	2	0
Axitinib/pembrolizumab	1	1
Lenvatinib/pembrolizumab	1	2
Cabozantinib/nivolumab	0	0
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	7	5
Nivolumab/ipilimumab	0	0
Everolimus/lenvatinib	0	0
Everolimus	0	0
Nivolumab	0	0
Axitinib	0	0
Others	0	0

14. For advanced or metastatic clear cell RCC that progressed after prior immune checkpoint inhibitor + tyrosine kinase inhibitor combination treatment, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	0	0
Pazopanib	0	0
Axitinib/pembrolizumab	0	0
Lenvatinib/pembrolizumab	0	1
Cabozantinib/nivolumab	0	0
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	8	5
Nivolumab/ipilimumab	0	1
Everolimus/lenvatinib	4	4
Everolimus	0	0
Nivolumab	0	0
Axitinib	0	1
Others	0	0

APPENDIX. (cont'd)

15. For advanced or metastatic clear cell RCC that progressed after prior tyrosine kinase inhibitor monotherapy, which are your first and second most preferred treatment regimens?

	First most preferred (No. of panellists)	Second most preferred (No. of panellists)
Sunitinib	0	0
Pazopanib	0	0
Axitinib/pembrolizumab	5	0
Lenvatinib/pembrolizumab	1	0
Cabozantinib/nivolumab	0	1
Axitinib/avelumab	0	0
Bevacizumab/atezolizumab	0	0
Cabozantinib	0	8
Nivolumab/ipilimumab	0	3
Everolimus/lenvatinib	0	0
Everolimus	0	0
Nivolumab	6	0
Axitinib	0	0
Others	0	0