Fig. S1 Physician Treatment Selection Assessment Survey

(a)

**PHYSICIAN TREATMENT SELECTION ASSESSMENT SURVEY**

**NEW SYSTEMIC THERAPY**

| Site Number: ______________________ | Provider Name: ______________________ | Date of Visit: __/__/____ |
|------------------------------------|---------------------------------------|--------------------------|
| 8-digit Subject ID: _______________ | Subject Name: ________________________ |                          |
| Prescribed Therapy: _______________ |                                       |                          |

**SECTION A: NO SYSTEMIC THERAPY SELECTED FOR THE PATIENT**

Please select the primary reason and up to two (2) secondary reasons for NOT initiating therapy.

| Primary Reason (SELECT ONE)                        | Secondary Reason (OPTIONAL)                        | Secondary Reason (OPTIONAL)                        |
|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| ☐ Active surveillance, no evidence of disease following procedure | ☐ Active surveillance, no evidence of disease following procedure | ☐ Active surveillance, no evidence of disease following procedure |
| ☐ Active surveillance, disease present              | ☐ Active surveillance, disease present              | ☐ Active surveillance, disease present              |
| ☐ Poor prognosis – supportive care, without Hospice | ☐ Poor prognosis – supportive care, without Hospice | ☐ Poor prognosis – supportive care, without Hospice |
| ☐ Poor prognosis – Hospice enrollment              | ☐ Poor prognosis – Hospice enrollment              | ☐ Poor prognosis – Hospice enrollment              |
| ☐ Unable to afford treatment                       | ☐ Unable to afford treatment                       | ☐ Unable to afford treatment                       |
| ☐ Patient declined treatment                       | ☐ Patient declined treatment                       | ☐ Patient declined treatment                       |
| ☐ Local therapy (metastasectomy, etc)              | ☐ Local therapy (metastasectomy, etc)              | ☐ Local therapy (metastasectomy, etc)              |
| ☐ Other (SPECIFY):                                 | ☐ Other (SPECIFY):                                 | ☐ Other (SPECIFY):                                 |

**SECTION B: NEW SYSTEMIC THERAPY SELECTED FOR THE PATIENT**

Please select the primary reason and up to two (2) secondary reasons why you chose the mRCC agent for the patient. For combination therapies, please indicate reasons in relation to the combination as a whole.

| Primary Reason (SELECT ONE)                        | Secondary Reason (OPTIONAL)                        | Secondary Reason (OPTIONAL)                        |
|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| Patient Characteristics                          | Patient Characteristics                          | Patient Characteristics                          |
| ☐ Age                                             | ☐ Age                                             | ☐ Age                                             |
| ☐ Performance status/frailty                      | ☐ Performance status/frailty                      | ☐ Performance status/frailty                      |
| ☐ Prognostic factors (MSKCC, Heng risk)           | ☐ Prognostic factors (MSKCC, Heng risk)           | ☐ Prognostic factors (MSKCC, Heng risk)           |
| ☐ Comorbidities (SPECIFY):                        | ☐ Comorbidities (SPECIFY):                        | ☐ Comorbidities (SPECIFY):                        |
| Likelihood of Clinical Benefit                    | Likelihood of Clinical Benefit                    | Likelihood of Clinical Benefit                    |
| ☐ Potential for Tumor regression                  | ☐ Potential for Tumor regression                  | ☐ Potential for Tumor regression                  |
| ☐ Overall survival/progression-free survival      | ☐ Overall survival/progression-free survival      | ☐ Overall survival/progression-free survival      |
| ☐ Patient quality of life                         | ☐ Patient quality of life                         | ☐ Patient quality of life                         |
| ☐ Other (SPECIFY):                                | ☐ Other (SPECIFY):                                | ☐ Other (SPECIFY):                                |
| Side Effect Profile                               | Side Effect Profile                               | Side Effect Profile                               |
| ☐ Less Cardiac toxicities                         | ☐ Less Cardiac toxicities                         | ☐ Less Cardiac toxicities                         |
| ☐ Less GI toxicities                              | ☐ Less GI toxicities                              | ☐ Less GI toxicities                              |
| ☐ Less Fatigue                                    | ☐ Less Fatigue                                    | ☐ Less Fatigue                                    |
| ☐ Less Metabolic toxicities                       | ☐ Less Metabolic toxicities                       | ☐ Less Metabolic toxicities                       |
| ☐ Other (SPECIFY):                                | ☐ Other (SPECIFY):                                | ☐ Other (SPECIFY):                                |
| Other                                             | Other                                             | Other                                             |
| ☐ Patient preference                              | ☐ Patient preference                              | ☐ Patient preference                              |
| ☐ Cost                                            | ☐ Cost                                            | ☐ Cost                                            |
| ☐ Other (SPECIFY):                                | ☐ Other (SPECIFY):                                | ☐ Other (SPECIFY):                                |

Prescribing Physician Signature: ______________________

Date: __/__/____
PHYSICIAN TREATMENT SELECTION ASSESSMENT SURVEY
DISCONTINUING SYSTEMIC THERAPY

Site Number: ____________  Provider Name: ____________  Date of Visit: __/__/____
8-digit Subject ID: ____________  Subject Name: ____________  DD MM YYYY
Prescribed Therapy: ____________

Please select the PRIMARY REASON for discontinuing the most immediate prior systemic therapy with the patient.

- Toxicity (GO TO C1)
- Disease Progression (GO TO C2)
- Other (GO TO C3)

C1. Please indicate the PRIMARY and SECONDARY toxicities and 1 ADDITIONAL (optional) toxicity the patient experienced that led to your decision to remove the patient from systematic therapy.

| Primary Toxicity (SELECT ONE) | Secondary Toxicity (SELECT ONE) | Secondary Toxicity (OPTIONAL) |
|-------------------------------|---------------------------------|--------------------------------|
| Constitutional                | Constitutional                   | Constitutional                   |
| Fatigue/Asthenia             | Fatigue/Asthenia                | Fatigue/Asthenia                |
| Arthralgia                   | Arthralgia                      | Arthralgia                      |
| Gastrointestinal             | Gastrointestinal                 | Gastrointestinal                 |
| Soreness in mouth/throat     | Soreness in mouth/throat         | Soreness in mouth/throat         |
| Diarrhea                     | Diarrhea                         | Diarrhea                         |
| Nausea/vomiting              | Nausea/vomiting                  | Nausea/vomiting                  |
| Abdominal pain               | Abdominal pain                   | Abdominal pain                   |
| Loss of appetite             | Loss of appetite                 | Loss of appetite                 |
| Cardiovascular and Pulmonary | Cardiovascular and Pulmonary     | Cardiovascular and Pulmonary     |
| Hypertension                 | Hypertension                     | Hypertension                     |
| Cardiac dysfunction          | Cardiac dysfunction              | Cardiac dysfunction              |
| Pneumonitis                  | Pneumonitis                      | Pneumonitis                      |
| Dermatologic/Skin            | Dermatologic/Skin                | Dermatologic/Skin                |
| Soreness in hands/feet       | Soreness in hands/feet           | Soreness in hands/feet           |
| Rash                         | Rash                             | Rash                             |
| Hematologic and Laboratory   | Hematologic and Laboratory       | Hematologic and Laboratory       |
| Hemorrhage                   | Hemorrhage                       | Hemorrhage                       |
| Anemia                       | Anemia                           | Anemia                           |
| Neutropenia                  | Neutropenia                      | Neutropenia                      |
| Thrombocytopenia             | Thrombocytopenia                 | Thrombocytopenia                 |
| Increased AST, ALT or Bilirubin | Increased AST, ALT or Bilirubin | Increased AST, ALT or Bilirubin |
| Increased Creatinine         | None                             | Increased Creatinine             |
| Other (SPECIFY):             | Other (SPECIFY):                 | Other (SPECIFY):                 |

C2. Please select the PRIMARY indicator(s) of DISEASE PROGRESSION that led to discontinuation of systemic treatment for the patient.

- New lesion(s) within already involved body organ (radiographic)
- New lesion(s) in entirely new body organ (radiographic)
- Growth of existing lesion(s) (radiographic)
- Symptomatic, disease related (not treatment related toxicity)
- Other (SPECIFY): ____________

C3. Please select the other reason that led to discontinuation of systemic treatment for the patient.

- Patient declined ongoing treatment
- Cost/ Unable to afford treatment
- Other (SPECIFY): ____________

Prescribing Physician Signature: ____________  Date: ____________

Physician Treatment Selection Assessment Survey  Pfizer MaRCC Registry, version 2.0 created 10/20/2014
Fig. S2 The duration of time on AS

Patients initiated with AS (n = 143)

Footnote: AS, active surveillance; Dx, diagnosis; MDx, metastatic diagnosis; ST, systemic therapy. Each bar represents 1 patient. A square at the end of the bar indicates the patient initiated ST.
Fig. S3 Kaplan-Meier curves for OS in disease present, no evidence of disease present, and ST cohorts

Survival Probability

Months from Metastatic Diagnosis

ST/AS status

1: Disease Present
2: No Evidence of Disease Present
3: ST cohort

| 1 | 98 | 93 | 73 | 47 | 28 | 20 | 15 |
|---|----|----|----|----|----|----|----|
| 2 | 45 | 45 | 39 | 25 | 16 | 11 | 8  |
| 3 | 304| 206| 132| 46 | 17 | 8  | 6  |

Footnote: AS, active surveillance; OS, overall survival; ST, systemic therapy.