

Appendix 3. List of excluded studies after full-text review and justifications.

Reference	Justification
1. Joudi FN, Konety BR. The impact of provider volume on outcomes from urological cancer therapy. <i>J Urol.</i> 2005;174(2):432-438.	Review
2. Joudi FN, Konety BR. The volume/outcome relationship in urologic cancer surgery. <i>Support Cancer Ther.</i> 2004;2(1):42-46.	Review
3. Killen SD, O'Sullivan MJ, Coffey JC, Kirwan WO RH. Provider volume and outcomes for oncological procedures. <i>Br J Surg.</i> 2005;92:389-402.	Review
4. Mayer EK, Purkayastha S, Athanasiou T, Darzi A, Vale JA. Assessing the quality of the volume-outcome relationship in uro-oncology. <i>BJU Int.</i> 2009;103(3):341-349.	Review
5. Nuttall M, Vandermeulen J, Phillips N, et al. a Systematic Review and Critique of the Literature Relating Hospital or Surgeon Volume To Health Outcomes for 3 Urological Cancer Procedures. <i>J Urol.</i> 2004;172(6):2145-2152.	Review
6. Peyronnet B, Couapel J-P, Patard J-J, Bensalah K. Relationship between surgical volume and outcomes in nephron-sparing surgery. <i>Curr Opin Urol.</i> 2014;24(5):453-458.	Review
7. Pieper D, Mathes T, Neugebauer E, Eikermann M. State of evidence on the relationship between high-volume hospitals and outcomes in surgery: a systematic review of systematic reviews. <i>J Am Coll Surg.</i> 2013;216(5):1015-1025.	Review
8. Penson DF. Mortality after major surgery for urologic cancers in specialized urology hospitals: are they any better? <i>Urol Oncol.</i> 2006;24(5):460.	Commentary
9. Sugihara T, Yasunaga H, Horiguchi H, et al. Performance comparisons in major uro-oncological surgeries between the USA and Japan. <i>Int J Urol.</i> 2014;21(11):1145-1150.	Volume-outcome relationship not described
10. Fernando A, Fowler S, O'Brien T, et al. Nephron-sparing surgery across a nation - Outcomes from the British Association of Urological Surgeons 2012 national partial nephrectomy audit. <i>BJU Int.</i> 2016;117(6):874-82.	Volume-outcome relationship not described
11. Wang HH, Tejwani R, Zhang H, Wiener JS, Routh JC. Hospital Surgical Volume and Associated Postoperative Complications of Pediatric Urological Surgery in the United States. <i>J Urol.</i> 2015;194(2):506-511.	Paediatric cohort
12. Tinay I, Gelpi-Hammerschmidt F, Leow JJ, et al. Trends in utilisation, perioperative outcomes, and costs of nephroureterectomies in the management of upper tract urothelial carcinoma: A 10-year population-based analysis. <i>BJU Int.</i> 2016;117(6):954-60.	Volume-outcome relationship in nephroureterectomy only
13. Gilbert SM, Dunn RL, Miller DC, Daignault S, Ye Z, Hollenbeck BK. Mortality After Urologic Cancer Surgery: Impact of Non-index Case Volume. <i>Urology.</i> 2008;71(5):906-910.	Overlapping studied period. Eliminated as per rule 2.
14. Joudi FN, Allareddy V, Kane CJ, Konety BR. Analysis of complications following partial and total nephrectomy for renal cancer in a population based sample. <i>J Urol.</i> 2007;177(5):1709-1714.	Overlapping studied period. Eliminated as per rule 2.
15. Konety BR, Allareddy V, Modak S, Smith B. Mortality after major surgery for urologic cancers in specialized urology hospitals: are they any better? <i>J Clin Oncol.</i> 2006;24(13):2006-2012.	Overlapping studied period. Eliminated as per rule 2.
16. Trinh QD, Schmitges J, Sun M, et al. Does partial nephrectomy at an academic institution result in better outcomes? <i>World J Urol.</i> 2012;30(4):505-510.	Overlapping studied period. Eliminated as per rule 2.
17. Finlayson EVA, Goodney PP, Birkmeyer JD. Hospital volume and operative mortality in cancer surgery: a national study. <i>Arch Surg.</i> 2003;138(7):721-726.	Overlapping studied period. Eliminated as per rule 4.
18. Goodney PP, Stukel TA, Lucas FL, Finlayson EVA, Birkmeyer JD. Hospital volume, length of stay, and readmission rates in high-risk surgery. <i>Ann Surg.</i> 2003;238(2):161-7.	Did not report on mortality/complications
19. Porpiglia F, Mari A, Bertolo R, Antonelli A, Bianchi G, Fidanza F, et al. Partial Nephrectomy in Clinical T1b Renal Tumors: Multicenter Comparative Study of Open, Laparoscopic and Robot-assisted Approach (the RECORd Project). <i>Urology.</i> 2016;89:45-51.	Did not report on mortality/complications