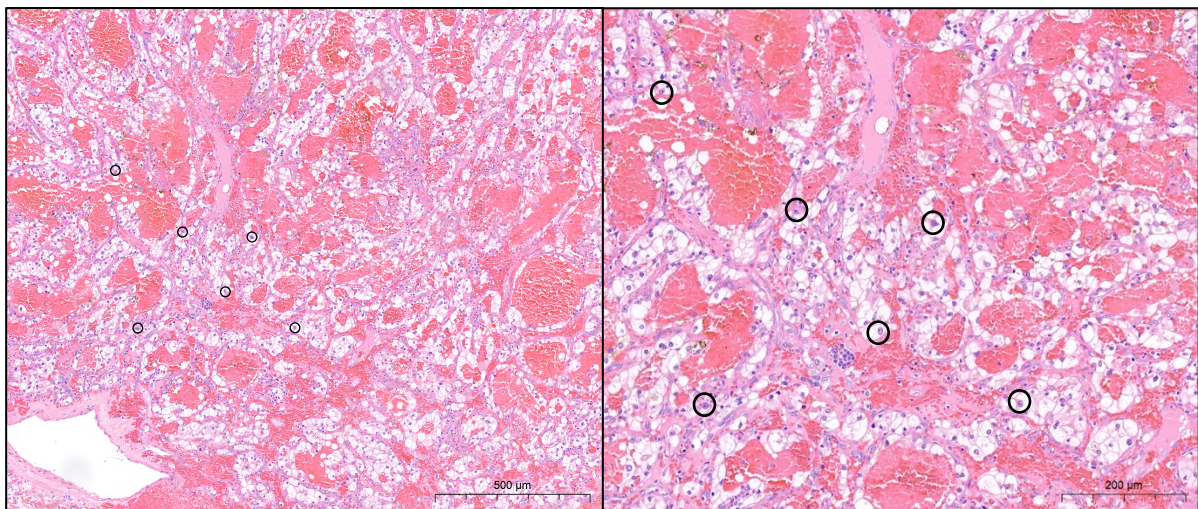


**Supplementary Table 1 - Scanner characteristics and acquisition protocol.**

| <b>Acquisition parameters</b> | <b>GE Healthcare Omni Legend</b> |           |
|-------------------------------|----------------------------------|-----------|
|                               | PET                              | CT        |
| <b>[89Zr]Zr-girentuximab</b>  | 37 MBq $\pm$ 10%                 | –         |
| <b>Min/bed position</b>       | 5                                | –         |
| <b>Crystal</b>                | Digital BGO                      | –         |
| <b>Reconstruction</b>         | Qclear 1500                      | –         |
| <b>DFOV (CM)</b>              | 70                               | -         |
| <b>Matrix (pixels)</b>        | 384×384                          | 512×512   |
| <b>Resolution (mm)</b>        | 1.82X1.82                        | 1.37X1.37 |
| <b>Slice thickness (mm)</b>   | 2.07                             | 2.5       |
| <b>Slices</b>                 | 963                              | 943       |
| <b>Voltage (kV)</b>           | –                                | 120       |
| <b>Tube current (mA)</b>      | –                                | 150       |

**Supplementary Figure 1** - The photomicrographs provide a detailed view of the lesion, which displays a rich vascular network and is composed of neoplastic cells with abundant clear cytoplasm, arranged in a complex tubular and nested architectural pattern. Importantly, no areas of necrosis were identified. At low magnification (100X; circles, left), the nuclei of the neoplastic cells already showed conspicuous eosinophilic nucleoli, which became more prominent and sharply delineated at higher magnification (200X; circles, right). These cytological and features are consistent with an overall grade 3, in accordance with the ISUP/WHO nucleolar grading system currently applied to renal neoplasms.



**Supplementary Figure 2** - Descriptive analysis of the overlap between *ex-vivo* imaging at preclinical PET/CT and immunohistochemistry staining for CAIX by manual superimposition with increasing transparency showing spatial correspondence of regions with increased radiopharmaceutical uptake and regions with high expression of CAIX at immunohistochemistry.

