

Iparomlimab and Tuvonralimab Plus Paclitaxel and Platinum as Neoadjuvant Therapy for Locally Advanced Cervical Cancer: A Prospective Single-Arm Phase II Trial

Informed Consent

Version: 4.0

Version Date: May 16,2026

Informed Consent Form · Information Disclosure Page

Honorific_____ Ms/Mr:

You will be invited to participate in a study evaluating "***Iparomlimab and Tuvonralimab Plus Paclitaxel and Platinum as Neoadjuvant Therapy for Locally Advanced Cervical Cancer:A Prospective Single-Arm Phase II Trial***"

Before agreeing to participate in this study, please read this document carefully and feel free to ask any questions to ensure you understand what participation entails. We will promptly address all your inquiries throughout the study.

1、 Research Overview

The Incidence and Mortality Rates of Cervical Cancer Rank First Among Gynecological Malignancies Globally and in China, Particularly in Asian Countries. Patients with locally advanced cervical cancer (LACC) account for the highest proportion of cases, with Chinese mainland accounting for 51% of such cases. LACC refers to cervical cancer confined to large lesions in the cervix or involving localized pelvic areas, characterized by extensive surgical requirements and high operative difficulty, a high risk of postoperative recurrence and metastasis, and typically necessitating adjuvant radiotherapy after surgery. Currently, concurrent chemoradiotherapy is considered the standard treatment regimen for these patients with locally advanced disease, achieving a 5-year survival rate of 20%–70%. However, recurrence or metastasis still occurs in 23.3%–34.4% of cases. Whether radical surgery following neoadjuvant chemotherapy can serve as an alternative to concurrent chemoradiotherapy remains controversial; previous studies have shown comparable overall survival rates between the two approaches, with concurrent chemoradiotherapy offering longer disease-free survival while presenting similar or fewer long-term complications associated with neoadjuvant therapy. Approximately 9.8%–30.6% of patients show no response to neoadjuvant chemotherapy, potentially delaying effective local treatment. In studies evaluating surgery following platinum-based neoadjuvant chemotherapy, clinical response rates ranged from 71.4% to 80.2%, while pathological complete response rates ranged from 8.5% to 16%. Over 30% of patients require adjuvant radiotherapy or chemoradiotherapy postoperatively, sparking debates regarding health economics. Therefore, novel therapeutic strategies are urgently needed for locally advanced cervical cancer.

Since 2008, Professor Liu Jihong's Research Team Has Been Investigating the Efficacy of Neoadjuvant Chemotherapy in Early-Stage Large-Tumor Cervical Cancer. Regarding related influencing factors, it has been found that achieving pathological complete response after neoadjuvant chemotherapy in locally advanced cervical cancer can improve

cure rates and overall survival. Moreover, patients with locally advanced disease receiving neoadjuvant chemotherapy may avoid adjuvant radiotherapy, thereby reducing permanent toxic side effects post-radiotherapy and lowering overall treatment costs.

In recent years, immune checkpoint inhibitors (ICIs) have revolutionized the landscape of cancer treatment. Based on increasing clinical research data, authoritative international and domestic clinical guidelines have explicitly included pembrolizumab combined with chemotherapy as the first-line treatment standard for PD-L1-positive advanced/recurrent/persistent cervical cancer patients. ICIs are indicated for recurrent metastatic cervical cancer. The efficacy of this approach has driven its exploration in the initial treatment of cervical cancer. Existing research data demonstrate that neoadjuvant chemotherapy combined with immunotherapy significantly improves both the objective response rate (73.7%–98 vs 71.4%–80.2%) and the pathological complete response rate in postoperative specimens (36.2%–60.9% vs 8.5%–16%) compared to neoadjuvant chemotherapy alone. The treatment regimen combining immunotherapy with neoadjuvant chemotherapy followed by radical surgery may offer a novel option for patients with low-grade squamous cell carcinoma (LACC) potentially reducing the risk of postoperative recurrence or metastasis and thereby improving cure rates. For patients who do not achieve pathologic complete response (pCR), adjuvant radiotherapy can be avoided, minimizing permanent toxic side effects associated with radiation therapy and lowering overall treatment costs. This approach may even provide young patients with the opportunity to preserve fertility.

2. Who Will Be Invited to Participate in This Study?

The patient has been confirmed by histopathology to have cervical cancer; diagnosed as stage IB3/IIA2 cervical cancer; imaging studies have demonstrated no distant organ metastasis, with a short diameter of retroperitoneal lymph nodes less than 1.5 cm according to imaging evaluation; patients with adequate bone marrow function and normal liver and kidney function will be invited to participate in this study.

3. Research Process

(1) Filter

If you are willing to participate in this study, we will first determine whether you meet the eligibility criteria, a process referred to as screening. The screening process includes: reviewing your medical history, performing a comprehensive physical examination, and conducting additional tests as required by the study, such as complete

blood count (CBC), liver function tests, renal function tests, blood tumor marker assays, electrocardiogram (ECG), and imaging-based tumor evaluation.

(2) Treatment

Upon meeting the enrollment criteria, you will receive a neoadjuvant treatment regimen:

Paclitaxel: 150–175 mg/m², administered via intravenous drip (IV) over a duration exceeding 3 hours; prior to infusion, anti-allergic treatment should be performed.

Cisplatin: 70–75 mg/m², administered via IV over a duration exceeding 1 hour; administered over two days. Or carboplatin with an AUC of 5, administered via intravenous drip for more than 1 hour.

Ipalotinib (tivolumab) : 250 mg, intravenous drip, infusion duration exceeding 30 minutes

After two courses of treatment, a clinical physician conducts a physical examination and assessment. If tumor enlargement or stability is detected during the examination, imaging studies are performed to evaluate the condition, and the investigator decides whether to proceed with radical surgery or radical radiotherapy. If tumor reduction is observed, treatment continues for another two courses followed by imaging evaluation to assess efficacy. Patients demonstrating complete response on imaging are scheduled for cervical conization and sentinel lymph node biopsy or pelvic lymph node dissection. Those achieving optimal pathological response after postoperative pathology examination receive an additional two courses of the aforementioned regimen, followed by eight cycles of epalolide plus torvolumab maintenance therapy every 3 months. Once weekly. For patients who do not achieve optimal pathological response after postoperative pathology examination, or those with partial response (PR) as assessed by imaging studies, radical abdominal hysterectomy/cervicectomy combined with sentinel lymph node biopsy/pelvic lymph node dissection should be performed. Postoperative adjuvant therapy is administered in accordance with the NCCN guidelines.

(3) Follow-Up

Throughout the entire study period, please fully cooperate with your physician by reporting any adverse events and providing truthful responses to all medical inquiries. We will document all adverse events occurring from the date of signing this informed consent form until 30 days after the completion of the final dose administration. With your prior consent, we will conduct follow-up assessments every 3 months via telephone or in-person visits following disease progression or discontinuation of study treatment, including completion of relevant quality-of-life questionnaires.

4、 Participate in Understanding Potential Risks and Discomforts Associated With the Study

The risks associated with participating in this study are similar to those faced by other patients with locally advanced cervical cancer, including potential adverse reactions to treatment medications or study-related examinations during therapy. Common toxic side effects of the treatment drug paclitaxel include decreased white blood cell count, hair loss, reduced neutrophil count, fatigue, sensory impairment, anemia, nausea, and loss of appetite. Platinum-based drugs frequently cause renal toxicity, ototoxicity, neurotoxicity, bone marrow suppression, and allergic reactions. Epalolide and toripalimab may lead to hypothyroidism, hyperthyroidism, anemia, leukopenia, skin rashes, elevated alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels, neutropenia, fatigue, lymphopenia, and proteinuria.

Most reported adverse effects are classified as Grade 1–2 in severity. Your physician will closely monitor your condition, conduct timely evaluations, and provide appropriate treatment as needed. Adverse reactions will be meticulously recorded on case report forms to assess their nature, severity, and relevance to the trial; however, the study itself does not pose additional risks. We urge you to adhere to medical instructions, cooperate fully with treatment, and comply with all observation and follow-up requirements specified in the trial protocol.

5、 Possible Benefits

By participating in this clinical study, you will receive follow-up visits and monitoring by physicians. The information obtained from this study will contribute to a deeper understanding of the efficacy and safety of epalolizumab combined with TP/TC neoadjuvant chemotherapy in the treatment of locally advanced cervical cancer, potentially providing valuable clinical experience and theoretical insights for cervical cancer management.

Additionally, it may help identify the optimal patient population benefiting from immunotherapy combined with chemotherapy. Furthermore, neoadjuvant immunotherapy with bispecific antibodies combined with chemotherapy can reduce tumor size in patients with locally advanced cervical cancer and minimize residual circulating tumor cells, thereby narrowing the surgical resection margin and enabling young cervical cancer patients to undergo uterus-preserving surgery while maintaining fertility.

6、 Other Optional Treatment or Care Interventions

If you decide not to participate in this study, your physician will select an alternative option based on your specific medical condition.

7、 Research-Related Expenses

The immunotherapy drug epalolide towarilimab used in this study is provided free of charge. Participation in this study will not incur any additional examination costs beyond those required for standard clinical care.

8、 Research on Relevant Compensation Measures

The researchers have purchased the relevant insurance for this clinical study in accordance with the laws and regulations applicable in China. During the study, if you suffer any research-related injuries, you will receive free treatment and legal compensation.

9、 Confidentiality and Privacy Authorization

Your health information is protected by China's relevant laws. By signing this informed consent form, you hereby agree that the research physicians and center personnel may collect, use, and share your health data. Your name abbreviation will be assigned a code as part of the study data and provided to the investigators.

Your medical records (including study case files/CRFs, laboratory reports, etc.) will be fully retained at the hospital where you received treatment. Physicians will document laboratory test results in your medical records. Researchers, ethics committees, and regulatory authorities will be authorized to access your medical records. No publicly disclosed reports regarding this study's outcomes will reveal your personal identity, and your privacy will be strictly protected by us.

10、 Voluntary Participation/complete or Partial Withdrawal from the Study

Participation in this study is entirely voluntary on your part. You may choose not to participate or withdraw at any time without any impact on your medical benefits or rights, and you will not face discrimination from healthcare professionals.

11、 Regarding the Collection of Blood and Tissue Specimens

This study intends to collect a portion of your blood and tissue samples for scientific research purposes. For participants who consent and complete the specimen donation, we will provide a transportation and nutrition subsidy of RMB 300 as appreciation for your contribution. This funding is allocated from the dedicated research budget and will be disbursed separately after sample collection; it will not affect your regular medical consultations, treatment plans, or any eligible fee reductions.

It is particularly important to clarify that whether or not to provide a specimen is entirely your personal choice. Even if you decide not to provide a specimen, you may still participate in this study and receive the associated treatments; neither your regular medical care nor the fee reduction policies related to this study will be affected. This decision fully respects your personal preference.

12、 Questions and Information

Prior to signing this consent form, all members of the research team will address all your questions. Should you have any further inquiries, suggestions, or concerns after signing the form, you may communicate with the investigators or consult the Ethics Committee. You are welcome to obtain updates on relevant study information and progress at any time.

Contact:Zhou Yun

Contact Number:18520122069

Ethics Committee : _____

contact number : _____

Informed Consent Form · Signature Page for Agreement

The principal investigator or relevant researchers have orally informed me of the details regarding this study, and I have also reviewed the aforementioned written materials.

I had ample opportunity to discuss the aforementioned research and raise questions.

I consent to participate in this study and understand that my involvement is entirely voluntary, with full cooperation from my physician.

I am aware that I may withdraw from the study at any time, and my withdrawal will not affect my future medical care.

By signing this informed consent form, I agree that my personal information, including medical data, will be used in accordance with the aforementioned methods.

I understand that I will receive a copy of this informed consent form.

patient's name : _____

Patient Signature: _____ Signature Date: ____year__month__ Day or

Legal Representative's Signature: _____ Signature Date: ____year__month__Day
(only applicable when the subject lacks capacity for action)

The relationship with the patient is as follows:

_____ contact number : _____

Researcher's Signature: _____ Signature Date: _____year____mon____D