Official Title: *LCI-GYN-VUL-FSDE-001*: A Prospective, Randomized, Single Blinded Study Evaluating the Effect of Frozen-Section Directed Excision Surgery on Positive Surgical Margins in High-Grade Vulvar Dysplasia
NCT# 05934851
IRB-Approved Date: *08/26/2025*

ATRIUM HEALTH WAKE FOREST BAPTIST COMPREHENSIVE CANCER CENTER
CONSENT TO PARTICIPATE IN A RESEARCH STUDY
AND AUTHORIZATION TO DISCLOSE HEALTH INFORMATION

Sponsor / Study Title:	**Atrium Health Wake Forest Baptist Comprehensive Cancer Center/ "A Prospective, Randomized, Single-blinded Study Evaluating the Effect of Frozen-Section Directed Excision on Positive Surgical Margins in High-grade Vulvar Dysplasia"**
Protocol Number:	**LCI-GYN-VUL-FSDE-001**
Principal Investigator: (Study Doctor)	**R. Wendel Naumann, MD**
Telephone:	[redacted]
Address:	**Levine Cancer Institute** [redacted]

Contact Information for Winston-Salem Region

Lead Investigator: (Study Doctor)	**Michael G. Kelly, MD**
Telephone:	[redacted]
Address:	**Atrium Wake Forest Baptist Health** [redacted]

SUMMARY

You are invited to participate in a research study. The purpose of this research is to compare "Frozen-Section Directed Excision", which has been a proven method of surgery used in Dermatology (skin), versus the current, standard method called "Wide Local Excision" to treat your type of dysplasia. You are invited to be in this study because you have dysplasia (abnormal cells) in the area of your vulva (external female genital area) and will need surgery for removal of this dysplasia. Your participation in this research will involve a Screening Visit, Surgery Day, 2 Week Post-operative visit (± 1 week), and 6 Month Post-operative follow up visit (±1 month) and will last about 6-8 months.

If you choose to participate you will be asked to:

1. Have surgery to remove the abnormal cells in the area of your vulva

Affix Participant Barcode Label Here

WFU School of Medicine
Institutional Review Board
IRB Number: IRB00094930
Meeting Date Approved 8/26/2025
Version Valid Until: 5/27/2026

2. Have 2 post-operation visits
3. Complete several questionnaires

All research studies involve some risks. Surgical procedure risks from this study that you should be aware of include possible incision infection, dehiscence (wound re-opening after surgery), wound breakdown, slight blood loss, and post-operative pain. You may or may not benefit from participation in this study.

Your participation in this study is voluntary. You do not have to participate in this study if you do not want to. There may be other choices available to you. Some other choices may include: Burning the area with a laser or using medical treatments, or Wide Local Excision (the standard). Wide Local Excision is currently the least invasive surgical treatment method in practice. You will not lose any services, benefits, or rights you would normally have if you choose not to participate.

The remainder of this form contains a more complete description of this study. Please read this description carefully. You can ask any questions if you need help deciding whether to join the study. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study please contact the Principal Investigator, R. Wendel Naumann, MD at [redacted]

If you have any questions, suggestions, or concerns about your rights as a volunteer in this research, contact the Institutional Review Board at [redacted] or the Wake Forest University Health Sciences Research Subject Advocate at [redacted]

INTRODUCTION

You are invited to be in a research study. Research studies help scientist learn new information that may help other people in the future. You are being asked to be in this study because you have dysplasia (abnormal cells) in the area of your vulva (external female genital area) and will need surgery for removal of this dysplasia. The purpose of this study is to compare "Frozen-Section Directed Excision", which has been a proven method of surgery used in Dermatology (skin), versus the current, standard method called "Wide Local Excision" to treat your type of dysplasia. Wide Local Excision is the current standard surgical procedure which removes a defined area of tissue around the visually abnormal skin. Frozen-Section Directed Excision is a method in which repeated excisions (surgical cuts) are made to maximize the removal of abnormal skin, while keeping as much healthy skin as possible.

Your participation is voluntary. You do not have to be a part of this study if you do not want to. Please take your time in making your decision if you would like to join. Ask your study doctor or the study staff to explain any words or information contained in this informed consent document that you do not understand. You may also discuss the study with your friends and family.

WHY IS THIS STUDY BEING DONE?

This study is being done to see if the Frozen-Section Directed Excision will decrease the amount of abnormal cells left behind compared to Wide Local Excision. With the Frozen-Section

Affix Participant Barcode Label Here

Directed Excision method, one or more skin excisions will be sent to the pathology department during your procedure to examine the edges of the removed skin under the microscope. If the pathologist finds abnormal cells, the surgeon will continue to remove more skin only around the area of abnormality until the pathologist tells the surgeon that no more abnormal cells are seen. If the surgery time becomes too lengthy, the lesion size becomes too large, or the continuation of skin removed begins to get too close to delicate areas of your body (clitoris, urethra, anus), then any further removal of skin will be stopped. Potential benefits of the Frozen-Section Directed Excision procedure is the removal of more of the abnormal cells in the current area of abnormality and a possible decrease in recurrence (return) of the dysplasia. Additionally, Frozen-Section Directed Excision surgery may minimize the amount of healthy tissue that is removed.

This is a randomized, single-blinded study. Randomized means you will be assigned by chance (like a flip of a coin) to one of two "arms", or groups, of participants. One group of participants will be assigned to the Frozen-Section Directed Excision surgery arm and will undergo this procedure. The other group of subjects will be assigned to the Wide Local Excision (standard of care) arm and will undergo this procedure. The randomization will be 1:1, meaning for every subject who gets assigned to the Frozen-Section Directed Excision surgery arm, one will also be assigned to the Wide Local Excision arm. There is a 50% chance of getting assigned (randomized) to either the Frozen-Section Directed Excision procedure or Wide Local Excision. The assignment to either study arm is chosen randomly by a computer system.

A single-blinded study means that in this study, the surgeons will know which "arm" you have been assigned to prior to surgery, but you will not, and you will be "blinded" to this information. The surgeon can tell you which arm you were randomized (assigned) to after the completion of the 6-month post-operative (after surgery) questionnaires.

The study team seeks to be as thorough as possible in understanding this method of treatment for the best way to remove vulvar cell abnormalities. Information regarding the surgery procedure, the amount of time the surgery procedure takes, and total amount of pain medication required during surgery and while in the surgery recovery area will be collected. Photos of the areas where skin is removed may be taken during surgery. The study team will also look at recurrence rates (return of the cancer) in six months, if any other therapies are required, and your satisfaction related to the surgery, recovery, and sexual function by using questionnaires before and after your procedure.

HOW MANY PEOPLE WILL TAKE PART IN THE STUDY?
Approximately 118 participants will be enrolled into this study over 30 months.

WHAT IS INVOLVED IN THE STUDY?
To participate in this study, you will need to review, sign and date this consent form and provide authorization for the release of your medical records for research purposes. By doing so, you are giving us permission to determine if you are eligible to participate in this study. The following is what happens at each study visit:

Screening

R. Wendel Naumann, MD

Affix Participant Barcode Label Here

- Review and signing of Informed Consent Form
- You will have a physical exam
- Study team will collect specific demographics (age, gender, race, ethnicity, insurance status, and zip code)
- Study team will collect information regarding your disease history and smoking history
- You will complete the FSFI (Female Sexual Function Index) questionnaire
- You will complete the Sexual Partner Survey
- Randomization (will be assigned to one of the study "arms", or group of subjects) after you are confirmed to be eligible for the study

Surgery Day

- You will have a physical exam prior to surgery
- Surgery will be performed according to randomization
- Collection of information on any Events of Special Interest (ESI)*

2 Week Post-operative visit (± 1 week):

- You will have a physical exam
- You will complete the SSQ-8 (Surgical Satisfaction Questionnaire)
- Collection of information on any Events of Special Interest (ESI)*

6 Month Post-operative follow up visit (±1 month):

- You will have a physical exam
- You will complete the FSFI (Female Sexual Function Index) questionnaire
- You will complete the Sexual Partner Survey
- You will complete the SSQ-8 (Surgical Satisfaction Questionnaire)
- You will complete the Unblinding Survey
- Collection of information of any Events of Special Interest (ESI)*

SURVEY DETAILS:

Please note that surveys may be completed in person on paper or electronically. If unable to complete in person or electronically, surveys may be completed over the phone.

Female Sexual Function Index Questionnaire (FSFI):

The FSFI has 19 multiple choice questions concerning sexual function and satisfaction.

Sexual Partner Survey:

This survey is a one question survey that asks if you currently have a sexual partner.

Surgical Satisfaction Questionnaire (SSQ-8):

This 8-question survey contains questions related to postoperative pain, recovery, and return to normal function. These questions focus on the satisfaction of the surgical experience and will be ranked on a 5-point scale with most questions ranging from "very satisfied" to "very unsatisfied".

Affix Participant Barcode Label Here

Unblinding Survey:
This 4-question survey consists of questions related to whether you know or suspect you know which surgery arm you were assigned to.

The day after completion of the last study procedure as part of your 6-month study visit, you will have completed the study. The surgeon can tell you which arm you were randomized (assigned) to after the completion of the Unblinding Survey.

If a suspected new lesion is found at your 6 month follow up visit, it will be biopsied (removal of a sample of body tissue for examination under a microscope) to see if this is a recurrence of your dysplasia. If you have a biopsy, you will still be considered on study until the biopsy results have been returned to your physician's office. The day the biopsy report is received, you will have completed the study.

***Events of Special Interest (ESI):** The study team will collect information on specific events associated with the surgery that are not intended, such as longer than normal surgical time or more than usual blood loss. If other specific events occur after the surgery and up until the 6-month post-operative visit, the study team will also collect information on these: the return to surgery due to complications, unplanned hospital stay related to your surgery, wound infection, wound breakdown or the wound re-opening after the surgery.

HOW LONG WILL I BE IN THE STUDY?
You will be in the study for about 7 months. You can stop participating at any time. If you decide to stop participating in the study, we encourage you to talk to the investigators or study staff first.

WHAT ARE THE RISKS OF THE STUDY?
Being in this study involves some risk to you. You should discuss the risk of being in this study with the study staff. Risks and side effects related to the procedures we are studying include:

Surgical Risks	The risks for both the Frozen-Section Directed Excision and the Wide Local Excision surgeries are the same and include possible incision infection, dehiscence (wound re-opening after surgery), wound breakdown, slight blood loss, and post-operative pain. However, Frozen-Section Directed Excision surgery may also include a larger than expected surgical area and increased or decreased operative time.
Emotional Distress	Some questions in the questionnaires could create emotional distress or confusion. Some people feel uncomfortable when answering questions about the quality of their life. Though it is always better to have fully completed questionnaires, you do not need to answer any questions that make you feel uncomfortable.
Confidentiality and privacy	Taking part in this research study may involve providing information that you consider confidential or private. You may be asked to submit your information using electronic systems to sign consent or

Affix Participant Barcode Label Here

	complete surveys. Efforts, such as using a code instead of your name when possible, keeping paper and electronic research records secure and allowing only authorized people to have access to research records, will be made to keep your information safe. However, there is some risk of loss of confidentiality and privacy.

This study is comparing two approved methods for treating your condition. You will be randomly assigned to one of the two groups. It is possible that one treatment group may have a better response than the other. Therefore, there is a risk that you may be assigned to a group that does not perform as well as its comparison.

There also may be other risks that we cannot predict.

A Data Safety and Monitoring Committee, an independent group of experts, will be reviewing the data from this research throughout the study to identify possible safety issues to participants and to provide advice and recommendations on possible changes to the research study for the protection of participants.

REPRODUCTIVE RISKS AND OTHER ISSUES RELATED TO PARTICIPATING IN RESEARCH

You may not take part in this study if you are pregnant or think that you may be pregnant. It is important for you to tell the study doctor at once if you get pregnant or think that you might be pregnant while you are in the research study. If this happens, the study doctor will discuss with you the next steps you should take. If you get pregnant prior to your surgery, you will be asked to stop taking part in the study.

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

If you agree to take part in this study, there may or may not be direct benefit to you. Potential benefits of the Frozen-Section Directed Excision procedure is the removal of more of the abnormal cells in the current area of abnormality and a possible decrease in recurrence (return) of the dysplasia. Additionally, Frozen-Section Directed Excision surgery may minimize the amount of healthy tissue that is removed. We hope the information learned from this study will benefit other people with vulvar dysplasia in the future.

WHAT OTHER CHOICES ARE THERE?

You do not have to be in this study. You should talk to the researchers about all the choices you have. Other treatments for vulvar cell abnormality include burning the area with a laser or using medical treatments, or Wide Local Excision (the standard). Wide Local Excision is currently the least invasive surgical treatment method in practice. This is why the Frozen-Section Directed Excision method is being studied, to see if it would be a better alternative to the current surgical management of this disease.

Affix Participant Barcode Label Here

Your study doctor can discuss the alternatives and the risks and benefits of these alternatives with you.

Alternatives to this study for the treatment of your condition may include drugs already approved or being used for treatment of your condition, surgery, or other experimental drugs. Your study doctor can discuss the risks and advantages of these alternative treatment methods with you. In addition, you may discuss your options with your regular health care provider.

WHAT ARE THE COSTS?
You or your insurance carrier will be billed in the usual manner for the surgical procedure. Cost will vary depending on the length of surgery.

Your insurance company may not pay for research treatments. You may wish to discuss coverage with your insurance company before agreeing to participate in this research study.

If you have any questions about the costs associated with this research study, please contact the study team using the contact information on the first page of this form or reach out to Atrium Health Customer Billing Support for assistance.

WILL YOUR RESEARCH RECORDS BE CONFIDENTIAL?
The results of this research study may be presented at scientific or medical meetings or published in scientific journals. Your identity and/or your personal health information will not be disclosed unless it is authorized by you, required or permitted by law, or necessary to protect the safety of yourself or others.

Your information may be provided to Federal and other regulatory agencies as required. The Food and Drug Administration (FDA), for example, may inspect research records and learn your identity if this study falls within its jurisdiction.

EMAIL COMMUNICATION: By providing my email address, I give permission for Atrium Health, Wake Forest University Health Sciences, and their respective affiliated entities and representatives (including third-party agents if applicable) to send me information, reminders, and messages about the research study by email. I understand that these email messages may not be encrypted, and I understand and accept the risks that individuals not involved in the research study may be able to access unencrypted email messages. I also understand that email is not to be used for emergency situations.

WILL YOU BE PAID FOR PARTICIPATING?
You will receive no payment or other compensation for taking part in this study.

WHAT HAPPENS IF YOU EXPERIENCE AN INJURY OR ILLNESS AS A RESULT OF PARTICIPATING IN THIS STUDY?
Wake Forest University Baptist Medical Center maintains limited research insurance coverage for the usual and customary medical fees for reasonable and necessary treatment of injuries or

Affix Participant Barcode Label Here

illnesses to some participants in certain research studies. To the extent research insurance coverage is available under this policy, the reasonable costs of these necessary medical services will be paid, up to a maximum of $25,000. To the extent research coverage is not available, you or your insurance company may be charged for the costs of medical care. You may receive care at Wake Forest University Baptist Medical Center and/or Atrium Health.

If you are injured, the insurer may require information such as your name, social security number, and date of birth in order to pay for your care. This is because the insurer is required by law to report any payments made to cover the care of any persons who are members of a government insurance plan to the Department of Health and Human Services.

You do not give up any legal rights as a research participant by signing this consent form. For more information on medical treatment for research related injuries or to report a study related illness, adverse event, or injury, contact the study investigator using the contact information listed on the first page of this consent form.

WHAT ARE MY RIGHTS AS A RESEARCH STUDY PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Refusing to participate or leaving the study will not result in any penalty or loss of benefits to which you are entitled. If you decide to stop participating in the study we encourage you to talk to the investigators or study staff first to learn about any potential health or safety consequences. The investigators also have the right to stop your participation in the study at any time if your condition gets worse, if you have serious side effects, or if your study doctor determines that it is no longer in your best interest to continue. Information that identifies you may be removed from the data or specimens that are collected as part of this study and could be used for future research or shared with others without additional consent.

You will be given any new information we become aware of that would affect your willingness to continue to participate in the study.

Clinically relevant research results will be disclosed to you. You will be informed of any clinically relevant information found in your pathology reports during the post-operative visit.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or in the event of a research-related injury, contact the study investigator using the contact information listed on the first page of this consent form.

The Institutional Review Board (IRB) is a group of people who review the research to protect your rights. If you have a question about your rights as a research participant, or you would like to discuss problems or concerns, have questions or want to offer input, or you want to obtain additional information, you should contact the Chair of the IRB at [redacted] or the Research Subject Advocate at [redacted]

You will be given a copy of this signed consent form.

Affix Participant Barcode Label Here

AUTHORIZATION TO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

In this research study, any new information we collect from you and/or information we get from your medical records or other facilities about your health or behaviors is considered Protected Health Information. The information we will collect for this research study includes**:** all information in your medical record, such as results of physical examinations, medical history, lab tests, or certain health information indicating or relating to a particular condition.

If this research study involves the diagnosis or treatment of a medical condition, then Protected Health Information collected from you during this study will be placed in your medical record, and may be used to help treat you, arrange payment for your care, or assist with the health care operations of Atrium Health, Wake Forest University Health Sciences, and their respective affiliated entities.

We will take steps to keep your Protected Health Information private. We will store records of your Protected Health Information in a cabinet in a locked office or on a password protected computer.

Your personal health information and information that identifies you ("your health information") may be given to others during and after the study. This is for reasons such as to carry out the study, to determine the results of the study, to make sure the study is being done correctly, to provide required reports and to get approval for new products.

Some of the people, agencies and businesses that may receive and use your health information are the research sponsor; representatives of the sponsor assisting with the research; investigators at other sites who are assisting with the research; central laboratories, reading centers or analysis centers; the Institutional Review Board; representatives of Wake Forest University Health Sciences and Atrium Health Facilities; representatives from government agencies such as the Food and Drug Administration (FDA) or the Office of Human Research Protections (OHRP), the Department of Health and Human Services (DHHS) and similar agencies in other countries.

Some of these people, agencies and businesses may further disclose your health information. If disclosed by them, your health information may no longer be covered by federal or state privacy regulations. Your health information may be disclosed if required by law. Your health information may be used to create information that does not directly identify you. This information may be used by other researchers. You will not be directly identified in any publication or presentation that may result from this study unless there are photographs, videotapes, audiotapes or other recorded media which identify you unless we have your written authorization.

Monitors, auditors, IRB or other regulatory agencies will be granted direct access to your medical record for verification of clinical trial procedures or data to the extent permitted by other applicable laws. These monitors, auditors, and other individuals are also required to maintain the confidentiality of your protected health information.

Affix Participant Barcode Label Here

If required by law or court order, we might also have to share your Protected Health Information with a judge, law enforcement officer, government agencies, or others. If your Protected Health Information is shared with any of these groups, it may no longer be protected by federal or state privacy rules.

Any Protected Health Information collected from you in this study that is maintained in the research records will be kept for an indeterminate period of time. This authorization does not expire.

Any research information entered into your medical record will be kept for as long as your medical record is kept by the Medical Center. You will not be able to obtain a copy of your Protected Health Information in the research records until all activities in the study are completely finished.

You can tell R. Wendel Naumann, MD that you want to take away your permission to use and share your Protected Health Information at any time by sending a letter to this address:

R. Wendel Naumann, MD

[redacted]

However, if you take away permission to use your Protected Health Information you will not be able to be in the study any longer. We will stop collecting any more information about you, but any information we have already collected can still be used for the purposes of the research study.

By signing this form, you give us permission to use your Protected Health Information for this study.

If you choose to participate in this study, your medical record at Atrium Health, Wake Forest University Health Sciences, or their respective affiliated entities will indicate that you are enrolled in a clinical trial. Information about the research and any medications or devices you are being given as a participant may also be included in your medical record. Authorization to access this part of the medical record will only be available to people who have a need to know this information in order to perform their job-related duties. If you are not a patient of these health care facilities, a medical record will be created for you anyway to provide access to this important information to providers in case of an emergency.

A description of this clinical trial will be available on http://www.ClinicalTrials.gov, as required by U.S. Law. This website will not include information that can identify you. At most, the website will include a summary of the results. You can search this Web site at any time.

Laboratory test results and other clinically relevant medical reports created as a result of your participation in the research study may be entered into the computer systems of Atrium Health,

Affix Participant Barcode Label Here

Wake Forest University Health Sciences, and/or their respective affiliated entities. These results and reports will be kept secure in compliance with applicable laws, with permission to access this information limited to individuals with proper authority, but who may not be directly involved with this research study.

A medical record will be created for all study participants seen on-site and if a medical record doesn't already exist. Information about your participation in the study will be placed in the medical record, along with any routine medical test results that were obtained as part of this study.

SIGNATURES

I agree to take part in this study. I authorize the use and disclosure of my health information as described in this consent and authorization form. If I have not already received a copy of the Privacy Notice, I may request one or one will be made available to me. I have had a chance to ask questions about being in this study and have those questions answered. By signing this consent and authorization form, I am not releasing or agreeing to release the investigator, the sponsor, the institution or its agents from liability for negligence.

Subject Name (Printed):_____

Subject Signature: _____ Date: _____Time:_____ am pm

STATEMENT OF PERSON EXPLAINING CONSENT

I have carefully explained to the subject the nature and purpose of the above study. There has been an opportunity for the subject to ask questions about this research study. I have been available to answer any questions that the subject has about this study.

Person Obtaining Consent (Printed):_____

Person Obtaining Consent Signature:_____ Date:_____Time:_____ am pm

Affix Participant Barcode Label Here