Informed Consent Form

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Informed Consent Form for the A Phase 1 Trial of Multimodal Evaluation-Guided Surveillance-Intervention with Endoscopic Selective Neck Dissection for Post-RT N3 NPC

Name:	Sex:	Age:	Department:	Medical Record No.:	Contact Phone:

Dear participant,

You are invited to take part in the study entitled "Application of Multimodal Evaluation-Based Endoscopic Selective Neck Dissection for Post-Radiotherapy Residual Cervical Lymph Nodes in Patients With N3 Nasopharyngeal Carcinoma: A Prospective Phase Ib Study," which has been approved by the Medical Ethics Committee of West China Hospital of Stomatology, Sichuan University. This study will be conducted in the Department of Head and Neck Oncology Surgery, West China Hospital of Stomatology, Sichuan University, and approximately 50 participants are expected to participate voluntarily. Please read the following information carefully and decide whether to participate only after you fully understand it.

Special note: This informed consent form concerns the research pathway of post-radiotherapy follow-up, multimodal evaluation, CEUS examination, and individualized management based on evaluation results. It is not a separate surgical informed consent form. This study does not require all participants to undergo surgery. If, according to your condition, endoscopic selective neck dissection (ESND), or another treatment is needed later, the doctor will explain it to you separately and will perform it only after obtaining your written consent.

1. Why Is This Study Being Conducted?

Nasopharyngeal carcinoma (NPC) is one of the common head and neck malignancies in China. After standard anticancer treatment and radiotherapy, patients with N3 NPC may still have residual or suspicious residual cervical lymph node lesions. These lesions may sometimes be small or scattered, or may be confused with post-radiotherapy edema, fibrosis, scarring, or inflammatory changes. In some cases, conventional CT, MRI, PET-CT, and routine ultrasound may have difficulty accurately determining the nature of these lesions.

Contrast-enhanced ultrasound (CEUS) is an imaging technique that can observe blood perfusion and microcirculatory changes in lymph nodes in real time. Combining CEUS with clinical assessment, conventional imaging, Epstein-Barr virus DNA testing, and biopsy when necessary may help identify high-risk or suspicious residual lymph nodes earlier and more accurately, thereby providing a basis for close follow-up, needle biopsy, surgical dissection, or other individualized interventions.

This study aims to evaluate the safety, feasibility, and potential clinical value of incorporating multimodal follow-up evaluation into the post-radiotherapy follow-up pathway for patients with N3 NPC.

2. What Will You Need to Do If You Participate?

Before taking part in this study, you will undergo collection of basic medical history, physical examination, and relevant tests to confirm whether you meet the study requirements. During treatment, you will receive standard anticancer treatment, symptomatic treatment, and routine clinical examinations arranged by your attending doctor.

After completion of standard anticancer treatment and radiotherapy, you will enter the post-radiotherapy follow-up and multimodal cervical lymph node evaluation phase. Follow-up assessments may include:

- Physical examination and specialized head and neck examination;
- Conventional imaging examinations, such as MRI, CT, ultrasound, and PET-CT or other tests when necessary;
- Hematologic tests and plasma Epstein-Barr virus DNA testing;
- Contrast-enhanced ultrasound (CEUS) examination of cervical lymph nodes;
- Nasopharyngoscopy or needle biopsy when clinically needed.

If multimodal evaluation suggests residual or suspicious residual cervical lymph node lesions, the study team will provide individualized management recommendations based on the integrated assessment and multidisciplinary

discussion. Possible management options include continued close follow-up, needle biopsy to clarify the pathological nature, endoscopic selective neck dissection (ESND), or other necessary treatment. All further treatments or surgeries are part of clinical decision-making and will be fully explained by your attending doctor. They will be performed only after you sign the corresponding informed consent form separately.

During the study, doctors will record your imaging findings, CEUS results, subsequent treatment information, adverse events, and follow-up outcomes.

3. What Alternative Diagnostic and Treatment Options Are Available?

Whether or not you take part in this study, you may receive guideline-recommended conventional treatment and follow-up. Conventional options include physical examination, MRI/CT, laboratory tests, and PET-CT, nasopharyngoscopy, or needle biopsy when necessary. If you do not wish to participate in this study, your access to normal medical care will not be affected.

If residual or recurrent cervical lymph nodes are found during follow-up, your doctor will provide treatment recommendations according to your condition, including continued observation, needle biopsy, open or endoscopic-assisted neck lymph node dissection, systemic therapy, re-irradiation, or other individualized treatments.

4. Who Should Not Participate in This Study?

- You are currently receiving other anticancer treatment or participating in another interventional clinical trial;
- You are pregnant or breastfeeding;
- You have severe concomitant disease that, in the investigator's judgment, may pose an unacceptable risk or affect study compliance, such as severe cardiac disease, severe pulmonary dysfunction, significant renal disease, or severe psychiatric illness;
- You have had another invasive malignancy within the past 5 years, except for adequately treated basal cell carcinoma of the skin, cervical carcinoma in situ, or superficial bladder tumor;
- You have difficulty communicating, difficulty with long-term follow-up, or any other condition that the investigator considers medically unsuitable for participation in this study.

5. What Are the Risks of Participating in This Study?

(1) CEUS-related risks: The contrast agent used for CEUS is safe in most cases, but it may still cause mild adverse reactions such as rash, itching, redness or swelling at the injection site, mild allergy, nausea, or discomfort. Severe allergic reactions are rare. In very rare cases, anaphylactic shock, dyspnea, or hypotension may occur and require immediate emergency treatment.

(2) Inconvenience related to follow-up and examinations: During the study, you will need to return to the hospital regularly according to the study plan and your doctor's recommendations, which may require time, travel, and energy. Some examinations may cause temporary discomfort.

(3) Risks related to subsequent clinical management: If residual or suspicious residual cervical lymph nodes are found during follow-up, your doctor may recommend needle biopsy, ESND, or other treatment. Further medical procedures such as biopsy or surgery may involve risks such as bleeding, infection, anesthesia-related risks, nerve or vascular injury, lymphatic leakage, and poor wound healing. These further treatments are not separately authorized by this informed consent form. The doctor will explain them to you in detail before implementation and obtain your written consent.

6. Risk Prevention and Response Measures

During the study, all examinations and necessary clinical management will be performed in medical institutions with appropriate qualifications and emergency rescue capabilities. The study team will closely observe and record adverse events. If any discomfort or adverse event occurs, the study team will evaluate and manage it in a timely manner. Serious adverse events will be reported to the ethics committee and relevant administrative departments according to applicable requirements.

7. Safety Insurance and Compensation Mechanism

This is an interventional clinical study. During the study, follow-up and subsequent treatment recommendations will be individualized according to the results of multimodal evaluation. The study team and hospital will strictly comply with

relevant laws and regulations and ensure that examinations and treatments are performed by qualified medical personnel under standardized medical conditions.

If bodily injury or an adverse consequence is caused by study-related examinations or study procedures and is determined to be related to this study, necessary medical treatment and reasonable compensation will be provided in accordance with relevant national regulations, hospital policies, and insurance contracts.

8. What Are the Possible Benefits of Participating?

Participation in this study may help doctors monitor your condition more closely and may help identify residual or suspicious residual cervical lymph node lesions earlier using multimodal evaluation methods, thereby providing reference information for subsequent management. However, we cannot guarantee that participation in this study will directly benefit your condition.

9. Will You Need to Pay Any Costs?

The cost of cervical lymph node CEUS examinations that are additionally required for this study will be covered by the study project. Routine treatment, routine laboratory tests, routine imaging examinations, nasopharyngoscopy when necessary, needle biopsy, and other clinically necessary items during your diagnosis and treatment will be charged according to the hospital's usual fee schedule and medical insurance policy. If the study team provides transportation or time-loss compensation, it will be implemented according to hospital research management policies.

10. Will Your Personal Information Be Kept Confidential?

Your study data will be properly stored by the study team. Researchers, study management departments, the ethics committee, and legally authorized regulatory personnel may review your medical records when necessary to verify study data. Any public publication or report of study results will not disclose your name, medical record number, telephone number, or other information that can directly identify you. The study team will make every effort within the scope permitted by law to protect your privacy and medical data security.

11. Must You Participate in This Study?

Participation in this study is completely voluntary. You may refuse to participate or withdraw from the study at any stage without discrimination or retaliation, and your normal medical care and rights will not be affected. If you decide to withdraw from this study, please contact your doctor in a timely manner so that the doctor can continue to arrange appropriate diagnosis, treatment, and follow-up for you.

Participant Statement

I have read the above information about this study. The research staff have fully explained to me the purpose, procedures, possible risks, and potential benefits of this study and have answered all my questions. I understand that this informed consent form concerns the research follow-up and evaluation pathway, and is not a separate surgical consent form. If needle biopsy, surgery, or another treatment is needed later, I will receive separate information from the doctor and sign the corresponding informed consent form. After full consideration, I voluntarily agree to participate in this study.

I agree □ / refuse □ to allow my research data and biological specimens to be used for other research outside this study.

Participant printed name	
Participant signature and date	Signature: _____ Date: _____ year ____ month ____ day
Participant contact phone	Mobile phone: _____
Legal representative printed name (if applicable)	
Relationship to participant	
Legal representative signature and date	Signature: _____ Date: _____ year ____ month ____ day
Witness signature and date (if applicable)	Signature: _____ Date: _____ year ____ month ____ day

Reason for witness signature: _____

Doctor Statement

I have explained the details of this study to the above volunteer and have provided him/her with an original signed copy of the informed consent form. I confirm that I have explained the study in detail to the participant, especially the ethical principles and requirements regarding possible risks and benefits, free items and compensation, injury and compensation, voluntariness, and confidentiality.

Doctor signature and date	Signature: _____ Date: _____ year ____ month ____ day
Doctor contact phone	
Ethics committee contact information	Medical Ethics Committee of West China Hospital of Stomatology, Sichuan University; Tel: 028-85501479