Written informed consent form

Medical Research Topics:	Preoperative Pancreatic Stents Placement Before the Enucleation of Insulinoma Located in the Head and Neck of the Pancreas in Proximity to the Main Pancreatic Duct
Protocol number (if applicable):	
Study Site:	Peking Union Medical College Hospital, Chinese Academy of Medical Sciences
Principal investigators:	Qiang Xu
Informed consent form Version No.	V3.0
Informed consent	2022/12/30

form version date _____

Subject Name: _____

Subject ID: _____

Dear Subject:

We would like to invite you to participate in a clinical study entitled "A Randomized Controlled Study of Preoperative Pancreatic Stents Placement Before the Enucleation of Insulinoma Located in the Head and Neck of the Pancreas in Proximity to the Main Pancreatic Duct ".

Before you decide whether to consent to participate, please read this informed consent form carefully and ask the investigators questions about your concerns. You may also ask your family, friends, or others. Once you have decided to participate in the study, you will be asked to sign this informed consent form.

1. Research Background

Insulinoma is the most common type of functional pancreatic endocrine tumors, which is characterized by uncontrolled excessive insulin secretion. Its main treatment is surgical resection. 90% of patients with insulinoma can be cured by surgical treatment. We found that for insulinomas located in the pancreatic head and neck near the main pancreatic duct, enucleation is prone to cause main pancreatic duct injury, which increases the risk of postoperative pancreatic fistula and other serious complications. Therefore, pancreaticoduodenectomy is recommended, but it requires combined resection of part of the stomach, duodenum, common bile duct and gallbladder, and there is a high risk of postoperative pancreatic exocrine insufficiency. In contrast, enucleation still has the advantages of less trauma and low incidence of long-term postoperative pancreatic secretion insufficiency, which is of great help to improve the long-term quality of life of patients after surgery. At present, the surgical management of this type of tumor is still inconclusive in the world, and many large pancreatic centers are still conducting clinical studies on enucleation. Studies have shown that preoperative placement of pancreatic duct stents followed by enucleation can reduce the incidence of postoperative pancreatic fistula and increase the long-term postoperative benefits, but the placement of pancreatic duct stents may cause stent-related adverse events. However, the placement of pancreatic stent may cause stent-related adverse events. However, there is no high-level clinical study to demonstrate its advantages and disadvantages. Therefore, the aim of this study is to investigate the safety and efficacy of preoperative pancreatic stent placement in patients with insulinoma in the pancreatic head and neck near the main pancreatic duct through a multi-center randomized controlled trial, so as to provide evidence-based medical evidence for standardized treatment of insulinoma and thus to change the current treatment guidelines.

This study was approved by the Peking Union Medical College Hospital Ethics Committee.

2. What was the purpose of this clinical study?

To compare the clinical efficacy, safety and efficacy between direct enucleation and preoperative placement of pancreatic stent followed by enucleation for insulinoma near the main pancreatic duct in the head and neck of the pancreas, and to evaluate the application value of the former surgical treatment strategy.

3. Methods: Study

This study was an intervention study. Participants were divided into two groups: experimental

group and control group. Enrollment in the two groups is 1:1, grouping will be random (like a lottery), and neither you nor the investigator can choose in advance which group to participate in. The study was unblinded, meaning that after randomization, you, the investigator, and the clinician knew which group you had been assigned to. The study had an anticipated enrollment of 78 patients nationwide.

4. Study PROCESS

Before commencing any research related activities, you will first need to sign this informed consent form.

During the screening period, the researcher will ask and collect your personal information, previous diagnosis and treatment, your combined medications, comorbidities, and order your blood routine, liver function, renal function, pancreatic function, fasting blood glucose, insulin, C-peptide, abdominal and pelvic enhanced CT, MRI and other examinations. We will determine whether you meet the inclusion criteria through your current clinical symptoms, performance, and examination results.

If you meet the eligibility criteria, study treatment will be initiated, and you will be randomly assigned to either an experimental group (placement of a pancreatic duct stent before enucleation) or a control group (enucleation alone). You will then proceed to endoscopic stent placement and surgery according to standard protocols.

During your hospitalization, we will collect your laboratory test results, surgery-related information, and recovery, which do not require your additional cooperation. If you are assigned to the experimental group, you will be scheduled to undergo ERCP-guided pancreatic duct stenting approximately 1 day before the procedure, which is in accordance with the usual practice of our hospital.

After you are discharged from the hospital, you are required to follow the doctor's advice for regular outpatient follow-up. At follow-up visits, the investigator will ask about your diet and measure your blood sugar. You will be contacted by telephone every 1 month to inquire about your postoperative recovery, diet, etc.

5. How the Study Ended

If you complete all study visits, the study will last for 24 months, and you will be scheduled for additional visits as needed during the study, after which you will be available at your usual frequency.

The study will conclude after the completion of the last subject's treatment, and it is anticipated that your time in the study may last 1-2 years.

You may opt out of the study at any time during the study, and the study physician may ask you to do so for your health and benefit. Prior to withdrawal, the study physician may order tests to ensure that you can exit safely. Your data will not be included in the results of the study, and your medical treatment and rights will not be affected.

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During the course of the study, study physicians, study funders, regulatory authorities, and ethics committees may terminate the study.

6. Study Benefits

Your surgical outcome and long-term quality of life may improve by participating in this study, but we cannot guarantee that you will. You will receive careful evaluation, monitoring, and treatment beyond routine monitoring.

Your participation in this study may help physicians learn more about the effects of treatment for high-risk insulinomas, information that other patients with the same or similar conditions may benefit from in the future.

7. Research Risks and inconveniences

There are known or unknown risks associated with any research. Some are mild and transient, some are severe and permanent, and whether and which risks arise and their severity will vary from person to person. Your research physician will take all precautions and monitor your condition closely. If you experience any discomfort, be sure to inform your study physician immediately so that necessary treatment can be taken promptly.

Risks of study-related procedures: Preoperative ERCP endoscopy and pancreatic duct stenting may pose risks of pancreatitis, perforation, bleeding, and stent migration. There are risks of pancreatic fistula, bleeding, and infection after surgery, and these risks are also risks in the process of disease treatment. Participation in this study does not increase the incidence of these risks.

Possible inconvenience of the study: To participate in this study, you need to strictly record the amount of drainage and the time of extubation. The rest were the same as routine. Patients were followed up 4 times on time after the operation and completed the examinations required by the experiment (the number and content of follow-up visits were the same as the recommended routine diagnosis and treatment process for postoperative patients). Please take these inconvenients into account when deciding whether to participate in this study.

8. Alternatives that can be adopted

If you do not participate in the study, you can choose to perform pancreaticoduodenectomy or enucleation with or without pancreatic stent placement, as is standard practice for insulinoma management at this hospital. Your study physician will explain to you the potential benefits and risks of treatment.

9. New information during the study

During the course of the study, the investigator has acquired important and up-to-date information relevant to the study. We will keep you informed and it is up to you to decide whether to continue participating in the study.

10. Study-related costs

If you are assigned to the experimental group, you may be responsible for some study-related costs, which primarily include the cost of endoscopic procedures (including pancreatic stent

placement) that may be involved in the study. Regardless of whether you are assigned to the control group or the experimental group, medications and other routine tests are necessary in the course of routine clinical care and therefore will be paid for by you (or covered by medical insurance, if applicable). You will also have to pay for the treatment and tests you need for any coexisting medical conditions.

You will not be paid for your participation in the study, but the study will purchase clinical trial liability insurance for each patient who participates, which will be paid directly by the study investigators.

11. Study-related damages

If you experience any discomfort during the study, please contact the study doctor in time. The study doctor will guide you in the follow-up treatment. The researcher has purchased insurance for this study, and the insurance company will be responsible for the cost of treatment and reimbursement if you suffer any damage to your health as a result of participating in this study.

12. Confidentiality Policy

Your personal and medical information may be collected or processed in this study, including but not limited to: your name, gender, date of birth, address, telephone, diagnosis and treatment, examination, medical imaging, surgical records, etc.

Your personal information will be used only for the purposes described in the study protocol and this informed consent form.

Your medical information obtained by participating in this study will be kept confidential. The results of the study will also be published in academic journals without revealing any personally identifiable information about you.

13. Possible conflicts of interest from funding sources

This study was funded by the National High Level Hospital Clinical Research Funding of Peking Union Medical College Hospital, and there was no conflict of interest between the investigators and this study.

14. Voluntary Participation

Your participation is entirely voluntary. You may not participate or withdraw from the study at any time during the course of the study. This will not affect your relationship with the medical staff and your usual medical care will not be affected in any way.

15. Notes for Subjects

- Please tell the research doctor about your health status (especially whether you have other tumors and heart and lung diseases) and previous surgery history;
- Please follow the doctor's advice to the hospital on time for follow-up;
- If you feel any discomfort, please inform your research doctor in time;

16. Contact information

If you experience any discomfort, or if you have any questions about the study, you can contact the investigator at:

Position: Research physician	Name: Xu Qiang	Telephone number:

If you have any questions about your rights as a subject, you can contact the Ethics Committee at:

Position: Ethics Secretary	Name: Li Jiayue	Phone number:

Thank you for reading and considering participation in the study.

17. Signature page

Subject:

I confirm the following information:

（1）I have read and understood the informed information and have had sufficient time to consider participation in the study.

（2）All my questions have been satisfactorily answered.

（3）I voluntarily participated in the study and followed the study procedures.

（4）I understand that I can withdraw from the study at any time without giving a reason and that my treatment or rights will not be affected.

（5）I have received an informed consent form and signed consent form for my retention.

（6）I agree to have my sample collected and used as described in this informed consent.

（7）I give permission for my personal information to be collected and used in this study.

（8）I understand that I may be contacted in the future to obtain my permission for this study or any related substudy.

By signing this document, I agree to participate in the study as stated in the Informed Information and consent form.

Subject's name (in block letters) :

Signature of Subject: Date:

The following is limited to the subject who is incapacitated, and the signature of the guardian is required.

[Subject's name (in block letters), relationship between guardian and subject is.]

Guardian's name (in block letters) : Contact Number:

Signature of Guardian: Date:

The following is limited to subjects without the ability to read and write, and the signature of an impartial witness is required.

Witness's name (in block letters) : Contact Number:

Signature of Witness: Date:

Name of investigator/authorizer (in block letters) :

Signature of investigator/authorizer: Date:

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