1 Supplementary Table 1 List of all participating centers

No.	Organization	Principal Investigator
1	Tongji Hospital, Tongji Medical College, Huazhong University of Science and Technology	Ding Ma, Kezhen Li, Gang Chen
2	Women's Hospital, School of Medicine, Zhejiang University	Weiguo Lu、Yuanming Shen
3	The Southwest Hospital of Army Medical University	Yanzhou Wang
4	Qilu Hospital of Shandong University	Kun Song
5	Obstetrics & Gynecology Hospital of Fudan University	Xiaojun Chen
6	Anhui Province Cancer Hospital	Bairong Xia
7	Chongqing University Cancer Hospital	Dongling Zou
8	Tianjin Medical University General Hospital	Yingmei Wang

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Supplementary Table 2 A plan of collection of the different outcomes.

Item required	Screening		Treatment					Follow-up	
	Within 1 month	Within 7D	NT	P-NACT1	P-NACT2	□Surgery [1]	End of therapy [2]	S1/S3	S2 ~ S12
			D1	D1±7D	D1±7D	□CCRT	±7D	±30D	±30D
Baseline characteristics									
Informed Consent	√								
Medical history [3]	√								
Medication history [4]	√		√	√	√	√		√	√
Lab examination									
Blood routine		√		√	√	√	√	√	
Urine Routine		√							
Blood biochemistry		√		√	√	√	√	√	
Coagulation function		√							
Myocardial enzyme		√							
HBV/HCV/HIV	√								
Tumor marker [5]	√		√	√	√	√	√	√	√
HPV and TCT	√							√	√
Imaging examinations									
Chest X-ray/CT	√		√	√	√	√	√		
Pelvic [6]	MRI		MRI			MRI	MRI	MRI/CT	MRI/CT

Whole Abdomen [7]	MRI		MRI	B/MRI	B/MRI	MRI	B/MRI		MRI/CT
Other examination									
Electrocardiograph		√		√	√	√	√		
Cervical pathology [8]	√					√			
The study drug [9]			√	√	√				
Clinical evaluation									
Physical examination [10]		√		√	√	√	√	√	√
ECOG score		√							
Adverse event [11]			√	√	√	√	√	√	√
Quality of Life		√		√		√	√	√	√
Survival analysis									
Recurrence [12]								√	√
Death [13]								√	√

All examinations and tests are performed according to the study schedule. Unless otherwise specified, all items are recorded as pretreatment results for each cycle.

[1] Choose the treatment according to the neoadjuvant immunotherapy response. Surgical patients with postoperative adjuvant treatment should have their time and dose of radiotherapy, time and dose of chemotherapy administration, adverse events, radiotherapy, or concurrent chemoradiotherapy recorded. The time and dose of CCRT and adverse events should be collected for patients undergoing CCRT.

[2] Definition of end of therapy. In patients undergoing surgery, if they have high-risk factors or meet the Sedlis criteria, it means completion of all postoperative adjuvant therapy. If postoperative risk factors do not meet the NCCN guidelines for treatment, it means that the operation is completed. In patients undergoing CCRT, it means concurrent radiochemotherapy is completed.

[3] Patients during pregnancy and lactation patients are excluded.

[4] Record use of drugs, in addition to the study drugs, is recorded.

[5] Squamous cell carcinoma antigen (SCCA) should be detected for the type of squamous cell carcinoma, CA125 for adenocarcinoma, and both for adenosquamous carcinoma.

[6] If there is contraindicated, contrast-enhanced CT is recommended. If a pelvic MRI shows an enlargement of the retroperitoneal pelvic lymph node (short diameter > 15 mm), an entire abdominal enhanced CT should be performed. MRI/CT means both are allowed. MRI/CT is required at the end of treatment only in the CCRT group

(not in the surgery group), and the CCRT group should be followed up by MRI.
[7] B/MRI and MRI/CT are allowed.
[8] Including vaginal biopsy, histopathological examination, or pathological examination of tumor tissue after surgery.
[9] Including the time and dose of cisplatin, nab-paclitaxel, and camrelizumab.
[10] Including gynecological examinations.
[11] Collecting of intraoperative and postoperative complications in patients undergoing surgery.
[12] Therecurrence, recurrence time, recurrence location, and anti-tumor therapy after recurrence are recorded.
[13] Including the death time and cause of death.
NT, induction chemotherapy cycle; P-NACT; PD-1 inhibitor combined neoadjuvant chemotherapy; D, days; CCRT, concurrent chemoradiotherapy; CT, computed tomography; CT, computed tomography; MRI, magnetic resonance imaging; B, B-ultrasonography; ECOG, Eastern Cooperative Oncology Group.

Supplementary Table 3 List of ongoing trials of chemo-immunotherapies for locally advanced cervical cancer.

Identifier	Study Phase	Study population	Estimated participants	Intervention
NCT05554276	II	Unresectable CSCC	36	NACT combined with PD-1 antibody + RT
NCT05227651	II	IB2-IIA2	30	NACT+AK104+RS
NCT04238988	II	IB2-IIB	45	Neoadjuvant CPP +RS+Adjuvant CPP (high-risk patients)
NCT05013268	II	IB2-IIB	15	Tislelizumab plus TP+RS

CSCC, cervical squamous cell carcinoma; NACT, neoadjuvant chemotherapy; RT, radiotherapy; CPP, Carboplatin-Paclitaxel-Pembrolizumab; TP, paclitaxel/docetaxel+cisplatin/carboplatin regimen.