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Version 3.0 Date : 2023/05/21

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## Informed Consent Form • Consent Signature Page

**Name of study:** Chemotherapy combined with cadonilimab (AK104) as neoadjuvant treatment for locally advanced gastric/gastroesophageal junction adenocarcinoma: a single-arm, phase II clinical trial

**Sponsor:** West China Hospital, Sichuan University

**Statement of Investigators:** I have informed the participant of the research background, purpose, implementation process, risks, and benefits of a single arm, phase II clinical study evaluating the efficacy and safety of chemotherapy combined with cadonilimab (AK104) in neoadjuvant therapy for locally advanced gastric cancer/gastroesophageal junction adenocarcinoma. We give him/her sufficient time to read the informed consent form, discuss with others, and answer their research questions; I have informed the subject that they can contact the research doctor at any time when encountering research related issues, and can contact the Biomedical Ethics Review Committee of West China Hospital of Sichuan University at any time when encountering issues related to their own rights/interests, and have provided accurate contact information; I have informed the subject that he/she can withdraw from this study without any reason; I have informed the subject that he/she will receive a copy of this informed consent form, which includes my and his/her signatures.

**Statement of Participants:** I have read the above introduction about this study, and my researchers have fully explained and explained to me the purpose, operation process, potential risks and benefits of participating in this study, and answered all my relevant questions. I voluntarily participate in this study.

Name of participant :

Signature of participant :

Date: \_ \_ YEAR \_ \_ MONTH \_ \_ DAY

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Email:

Phone:

Name of legal representative:

(if applicable)

Relationship with participant:

Signature of legal representative:

Date: \_ \_ YEAR \_ \_ MONTH \_ \_ DAY

Reason for requiring legal representative to sign:

Signature of investigator:

Date: \_ \_ YEAR \_ \_ MONTH \_ \_ DAY

Phone:

**Biomedical Ethics Review Committee of West China Hospital, Sichuan****University Phone: 028-85422654, 028-85423237**

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