Appendix 1

[1] Written informed consent signed by the subject or legal representative/independent witness must be obtained before screening.

[2] Medical history: including tumor history (tumor diagnosis, surgery, radiotherapy, drug treatment) and history of other comorbidities and drug allergies.

[3] ECOG score: assessments are made within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during the safety follow-up.

[4] Vital signs: includes blood pressure, pulse, body temperature, and respiratory rate; time points of testing are within 7 days before the screening period (within 7 days before the first dose), before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up; tests can be added at any time if there are any associated discomfort symptoms.

[5] Physical examination: time points of testing are within 7 days before the screening period (within 7 days before the first dose), before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up; comprehensive physical examinations, including general condition, head and face, neck, skin, lymph nodes, eyes, otolaryngology, oral cavity, respiratory system, cardiovascular system, abdomen, genitourinary system, musculoskeletal system, nervous system, mental status, and other examinations; targeted physical examination are carried out on condition that there are clinical indications.

[6] Routine blood tests: testing items include red blood cell count, Hb, PLT count, WBC count, neutrophil count, lymphocyte count; testing time points are within 7 days before the first dose, before dose on the first day of each week during the study period (if tests are completed in the screening period within 7 days before the first dose the test, there is no need to test again for the first dose), within 1 week before surgery, before each cycle of adjuvant therapy, completing study treatment, withdrawing from the study treatment, and during safety follow-up; if there are any related discomfort symptoms, tests can be added at any time. If the subject performed the tests within the specified window period of the study, it is not necessary to repeat the test during the screening period.

[7] Routine urine tests: includes WBCs, red blood cells, and urine protein; tests are done within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up; if there are any related discomfort symptoms, tests can be added at any time. If the urine protein is ≥2+, 24-hour urine protein quantitative determination should be added.

[8] Blood biochemistry: includes ALT, AST, γ-glutamyl transferase (GGT), TBIL, direct bilirubin, alkaline phosphatase (AKP), BUN or urea (preferably BUN), total protein, albumin, Cr, blood glucose, lactate dehydrogenase, K^+, Na^+, Ca^{2+}, Mg^{2+}, and Cl^-. Tests are conducted within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up. If there are any related discomfort symptoms, tests can be added at any time.

[9] Fecal occult blood tests: tests are performed within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up. If there are any related discomfort symptoms, tests can be added at any time.

[10] Thyroid function: testing items included thyroid stimulating hormone (TSH), free triiodothyronine (FT3), and free thyroxine (FT4). Tests are performed within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up. If there are any related discomfort symptoms, tests can be added at any time.

[11] Blood coagulation function: testing items included activated partial thromboplastin time (APTT), prothrombin (PT), fibrinogen (FIB), and INR. Tests are done within 7 days before the first administration, before each cycle of medication,

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within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up. If there are any related discomfort symptoms, tests can be added at any time.

[12] Evaluation of liver and kidney function: evaluations are made within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up.

[13] Pregnancy test: applicable to women, serum pregnancy tests can be used during the screening period, and urine pregnancy tests can be used at other time points. Tests are done within 14 days prior to the first dose, upon completion/withdrawal of study treatment, and one assessment at the first visit during the safety follow-up.

[14] Virological examination: hepatitis B surface antigen (HBsAg; if positive, HBV-DNA needs to be tested), hepatitis B surface antibody (HBs-Ab), hepatitis B e-antigen (HBe-Ag), hepatitis B e-antibody (HBe-Ab), hepatitis B core-antibody (HBc-Ab), and HCV-Ab (if positive, HCV-DNA needs to be tested), and human immunodeficiency virus (HIV)-Ab. Tests are done within 14 days before the first dose.

[15] 12-lead electrocardiogram: tests are conducted within 7 days before the first administration, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, when completing study treatment, withdrawing from study treatment, and during safety follow-up. If there are any related discomfort symptoms, tests can be added at any time.

[16] Tumor imaging examination: including chest X-ray, CT scan of the neck, chest, and abdomen, gastroscope and abdominal B-ultra sonography examination; MRI, positron emission tomography (PET)-CT, bone scan, brain magnetic resonance, and other tests can be selected to be perform when other imaging examinations identify problems or patients experience symptoms in the corresponding sites.

- ❖ During the screening period, the tumor evaluation can be up to 4 weeks before the first use of the study drug, and the imaging examination results obtained before signing the informed consent can be used for the tumor evaluation in the screening period as long as they meet the requirements of RECIST 1.1.
- ❖ During the study treatment period, imaging examinations are performed once in the first two cycles or before surgery, and imaging examinations are performed every 9 weeks thereafter. Imaging examinations should be performed in a timely manner (±4 weeks, if the previous examination time was within 4 weeks of the termination of treatment, reexaminations are not required when leaving the group). Imaging conditions should be the same as the baseline (including scan slice thickness, contrast agent, etc.). The allowable window period for imaging studies is ±7 days, and unscheduled imaging studies can be performed when disease progression is suspected (such as worsening symptoms).
- ❖ During safety follow-up and survival follow-up, subjects without imaging progression should still have imaging assessments at the same frequency if possible, until disease progression or initiation of other antitumor therapy.
- ❖ In addition to disease progression confirmed by imaging, subjects who discontinue study treatment for other reasons should also undergo imaging examinations at the frequency specified in the protocol as much as possible until documented disease progression, initiation of new antitumor therapy, or death.

[17] Administration of nab-paclitaxel: 100 mg/m^2, administered on the first day of each cycle, repeated Q3W, 2 cycles of neoadjuvant therapy before surgery and 6 cycles after surgery.

[18] LBP: 85 mg/m^2, administered on the first day of each cycle, repeated Q3W, 2 cycles of neoadjuvant therapy before surgery and 6 cycles after surgery.

[19] Tegafur gimeracil oteracil potassium: one treatment cycle includes 40–60 mg/m2 tegafur, orally, twice a day, after breakfast and dinner, for 14 consecutive days, followed by 7 days off; repeated Q3W.

[20] Surgery: within 3 to 6 weeks after the end of the last treatment, the investigator should decide whether to perform surgery according to the specific condition and the patient's informed preference.

[21] Tumor marker: assessed within 7 days before the first dose, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, completion/exit of study treatment, and during safety follow-up.

[22] Pathological evaluation: pathological diagnosis and evaluations are performed within 60 days before the first administration and after gastric cancer resection, respectively.

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[23] AEs: the evaluation time commences from signing the informed consent form until the 30th day after the last medication; after that, only the concomitant medication of AEs related to the study drug will be recorded. If the patient starts a new antitumor therapy during the AE collection period, only AEs related to the study drug will be collected after the new antitumor treatment.

[24] Combined medication: all combined medication and concomitant therapy from 14 days before signing the informed consent form to the last safety follow-up will be recorded; after that, only concomitant medications for AEs related to the study drug will be recorded. Any SAE or AEs of special interest (AESI) related to the study drug should be recorded until the end of the AE.

[25] NRS: NRS assessment of patients will be conducted using the NRS 2002 scale within 14 days before the first dose, within 1 week before surgery, before each cycle of adjuvant therapy, upon completion/exit of study treatment, and during safety follow-up.

[26] Nutritional status assessment: the nutritional status of patients will be assessed using the Patient-Generated Subjective Global Assessment (PG-SGA) scale within 7 days before the first dose, before each cycle of medication, within 1 week before surgery, before each cycle of adjuvant therapy, upon completion/exit of study treatment, and during safety follow-up.

[27] Survival information and antitumor treatment follow-up: the safety assessment and AE follow-up should be continued after the 90-day safety follow-up till death or the subjects are lost to follow-up or termination of the study. Meanwhile the concomitant treatment of patients should be recorded. The subjects themselves, their family members or local physicians will be contacted once every 3 months by telephone to collect information on survival (date of death and cause of death) and after the end of study treatment (including treatment received). The situation of each survival follow-up should be recorded in detail into the follow-up table. Follow-up will be conducted every 3 months (±7 days) in the 1st to 2nd years, and every 6 months (±14 days) in the 3rd to 5th years. After that, follow-up will be conducted once a year to collect survival information and follow-up treatment information.

[28] Study completion/withdrawal: if the 12-lead electrocardiogram, routine laboratory tests (including routine blood routine, urine routine, blood biochemistry, blood electrolytes, coagulation function, thyroid function, fecal occult blood, and virology tests), and the results of the subject's self-assessment are completed within 7 days prior to withdrawal from treatment, these tests do not need to be performed again at the visit.

[29] Safety follow-up: all subjects are required to be followed up in the research center at 30 days after the last medication (if the visit of withdrawal from the study treatment was completed, the visit is changed to telephone follow-up). The telephone follow-up is used to obtain safety information (including AE outcomes, new-onset SAEs, and AEs of special concern).

[30] Survival follow-up: after the safety follow-up period, the subjects enter the survival follow-up period until the subjects die, are lost to follow-up, withdrew their informed consent, or the sponsor terminates the study. During this period, the follow-up will be conducted every 3 months in the 1st to 2nd years, every 6 months in the 3rd to 5th years, and once every year thereafter to collect survival information and follow-up.

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