**Informed Consent Form (Version 1.1)**

**Introduction to the Research Project:** Colorectal cancer has the fastest rising incidence rate among digestive tract malignant tumors in China. Capecitabine in combination with oxaliplatin (CAPEOX) is a common chemotherapy regimen for gastrointestinal malignancies. In studies of adjuvant therapy in colon cancer patients, the completion rate of CAPEOX was only 83.6%, and the dose intensity was only 77.8%. Suspending or reducing chemotherapy may lead to disease progression and drug resistance. The main reason for suspending treatment or reducing dosage is chemotherapy-induced nausea and vomiting (CINV), with a complete control rate of acute nausea and vomiting of only 62.8% and a complete control rate of delayed nausea and vomiting as low as 48.7%. Currently, our hospital is conducting a clinical study on the transdermal granisetron patch to prevent delayed nausea and vomiting caused by CAPEOX chemotherapy. The purpose of this study is to explore the efficacy and safety of the transdermal granisetron patch (Sancuso®, ProStrakan, Inc., USA) in preventing delayed nausea and vomiting caused by CAPEOX chemotherapy.

**Drug Administration and Observations:** The transdermal granisetron patch will be used for antiemetic prophylaxis with CAPEOX chemotherapy. The granisetron patch will be applied 48 hours before the first day of chemotherapy, with dexamethasone 12mg orally on the first day of chemotherapy, 8mg of dexamethasone orally on the second and third day of chemotherapy, and replacement of the granisetron patch to 3.1mg on the fifth day of chemotherapy. On the twelfth day of chemotherapy, the granisetron patch will be removed and discarded. Benefits of Participating in this Study: The transdermal granisetron patch has been approved by the U.S. Food and Drug Administration (FDA) for the prevention and treatment of CINV. Sancuso® is the first transdermal granisetron patch used for the prevention and treatment of CINV. The patch contains 34.3mg of granisetron and can release 3.3mg of granisetron through the skin every 24 hours, lasting up to 7 days. In a phase III clinical trial of the granisetron patch, a total of 641 patients receiving multi-day chemotherapy were included. The results showed that the granisetron patch was not inferior to the orally administered granisetron in achieving complete control of CINV. The most common drug-related adverse events in both groups were constipation, especially in the

orally administered granisetron group. Electrocardiography showed that two patients in the orally administered granisetron group had prolonged QTc intervals, which were considered related to granisetron. All adverse events were mild to moderate and tolerable.

**Risks of Participating in this Study:** The potential adverse reactions of this drug are gastrointestinal disorders, constipation, nausea, abdominal pain, diarrhea, abdominal distention, dry mouth, headache, rash, blister, itching, urticaria, joint pain, myocardial ischemia, epistaxis, hypertension, and decrease in white blood cell count. If any adverse events occur during the trial, we will provide appropriate treatment promptly. All subjects in this study will have one blood sample taken 48 hours before each chemotherapy cycle to detect CES1 polymorphism, functional CES1 gene, and baseline plasma 5-HT concentration. Each blood draw will be approximately 5ml, and a total of 10ml of blood will be taken. Pain and bruising may occur at the site of blood collection. You may also feel dizzy, and infection may occur at the site of blood collection.

**Other Possible Treatment Options:** You are completely voluntary to participate in this clinical trial. In addition to participating in this clinical trial, you may choose the following treatment methods: NK-1 inhibitors (such as aprepitant and fosaprepitant), long-acting $5HT_3$ receptor antagonists (such as palonosetron), oral $5HT_3$ receptor antagonists (such as granisetron and ondansetron), or combination therapy with oral olanzapine. Your study doctor will discuss with you the possible risks and benefits of alternative treatments.

**Your Rights:** Your participation in the trial is entirely voluntary, and you can withdraw from the trial at any time without giving reasons. This will not affect your relationship with the medical staff or your future treatment. All of your personal information and observation records belong to confidentiality and are only used for this study. During the trial, you can obtain related information materials at any time. If problems occur during the trial or if you need to consult related issues, you can contact the responsible doctor.

**Possible Benefits of Participating in the Study:** You and society may benefit from this study. These benefits include the potential improvement of nausea and vomiting caused by chemotherapy,

and the development of a new treatment method through this study, which can be used for other patients with similar conditions. You will receive good medical services during the study. In this study (1 cycle of chemotherapy), you will enjoy free access to two transdermal granisetron patches, continuously applied to prevent CINV.

**As a patient, I have fully understood the purpose, method, possible treatment benefits, and potential adverse reactions of this trial. I am willing to participate in this study and cooperate fully with the doctors.**

Patient signature: _____ Contact phone: _____ Date: , __//_

Representative signature: _____ Contact phone: _____ Date: , __//_

Doctor signature: _____ Contact phone: _____ Date: , __//_

# 知情同意书

（1.1 版）

**研究项目简介：**

我国结直肠癌的发病率是上升最快的消化道恶性肿瘤之一，卡培他滨联合奥沙利铂（CAPEOX)方案是消化道恶性肿瘤治疗中常用化疗方案。在对结肠癌辅助治疗患者的研究中，CAPEOX 的完成率只有 83.6%，而足剂量应用只有 77.8%。暂停或减量治疗可能造成疾病进展及药物耐药。暂停用药或化疗减量的主要原因为化疗相关性恶心呕吐（CINV），CAPEOX 方案急性恶心呕吐完全控制率只有 62.8%，延迟性恶心呕吐完全控制率低至 48.7%。目前我院正开展格拉司琼透皮贴剂预防 CAPEOX 方案化疗引起的延迟性恶心和呕吐的临床研究。

本研究旨在探索格拉司琼透皮贴剂（Sancuso®，ProStrakan，Inc.，USA）预防 CAPEOX 方案化疗引起延迟性恶心和呕吐的疗效及安全性。

**用药方法和观察内容：**

在应用 CAPEOX 方案化疗应用格拉司琼透皮贴予以止吐预防。化疗第 1 天前 48 小时予以格拉司琼透皮贴剂，化疗第 1 天口服地塞米松 12mg，化疗第 2 天、第 3 天口服地塞米松 8mg，化疗第 5 天更换格拉司琼透皮贴剂 3.1mg，化疗第 12 天揭去格拉司琼透皮贴并弃去。

**参与本项目的好处：**

格拉司琼透皮贴剂已被美国食品和药品监督管理局（FDA）批准用于预防和治疗 CINV。Sancuso®是第一种用于预防和治疗 CINV 的格拉司琼透皮贴。该贴剂含 34.3 mg 格拉司琼，每 24 h 可通过皮肤持续释放 3.3 mg 格拉司琼，最长可持续 7 天。格拉司琼透皮贴的III期临床试验中，共纳入 641 例接受多日化疗的患者。结果显示，格拉司琼透皮贴在实现 CINV 的完全控制方面不劣于口服的格拉司琼。在两组中，最常见的研究药物相关不良事件为便秘，其中在口服格拉司琼组中尤为常见。心电图检查显示，口服格拉司琼组中有 2 例患者出现 QTc 间期延长，考虑与格拉司琼相关。所有不良事件均为轻至中度可耐受。

**参加本项目的风险：**

本药物潜在不良反应为：胃肠系统疾病，便秘，恶心，腹痛，腹泻，腹胀，口干，头痛，皮疹，水疱，瘙痒，丘疹，关节痛，心肌缺血，鼻衄，高血压，白细胞计数降低等。如试验过程中出现我们将会及时给予适当的处理。

本项目所有受试者将在化疗前 48 小时采血 1 次，用于检测 CES1 多态性、功能性 CES1 基因以及基线血浆 5-HT 浓度，每次采血约 5cml，共采血 10ml。采血部位可能会发生疼痛和瘀伤，您也有可能感到头晕，采血部位还有可能引发感染。

**目前存在的其他可能治疗措施：**

您是完全自愿参加本临床研究。除了参与此项临床研究，您还可以选择如下治疗方法：NK-1 抑制剂（如阿瑞匹坦、福沙匹坦等）、长效 $5HT_3$类药物（帕罗诺司琼等）、口服 $5HT_3$ 类药物（如格拉司琼、昂丹司琼等），或联合应用奥氮平口服等。您的研究医生将会与您讨论替代治疗的可能风险和受益。

**您的权利：**

您参与试验是完全自愿的，您可以随时退出试验而无需理由，绝不会影响您和医务人员的关系及今后的诊治；您的所有个人资料和观察记录均属保密，仅供本研究使用；试验期间，您可随时了解有关的信息资料，如在试验中发生问题或需要咨询有关问题时,可与主管医生联系。

**参加研究可能的受益：**

您和社会将可能从本项研究中受益。此种受益包括可能改善您化疗所致的恶心呕吐，以及本项研究可能帮助开发出一种新治疗方法，以用于患有相似病情的其他病人。

您将在研究期间获得良好的医疗服务。本研究（1 周期化疗）中，您将享受免费获得格拉司琼透皮贴 2 贴，连续贴敷用于预防 CINV。

作为一名患者，我在了解了本项试验的目的、方法、可能获得的治疗利益和可能发生的不良反应后，愿意参加此项研究，并与医生充分合作。

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患者签名：_____ 联系电话：_____ 日期：___ __年__ __月__ __日

代理人签字：_____ 联系电话：_____ 日期：___ __年__ __月__ __日

医师签名：_____ 联系电话：_____ 日期：___ __年__ __月__ __日