

## Protocol: GPU-20200708\_113

1. Is the duration of your illness more than five years?

YES (what is the duration?) / NO

2. Has any treatment been used in the last 90 days?

YES (medications, dosages, duration) / NO

3. Have you received radiotherapy and (or) chemotherapy?

YES / NO

4. Do your blood relatives have a similar diagnosis?

YES (who? and how many?) / NO

5. Do you have any comorbid chronic conditions?

YES (which ones? duration) / NO

6. Do you have bad habits (smoking, frequent consumption of sweets and alcohol)?

YES (which ones?) / NO

7. Has it been 6 months or more since the gastroectomy?

YES / NO

8. Have you received more than 25 courses of chemotherapy?

YES / NO

9. Have you had a PET-CT to detect the presence of MTS?

YES / NO

10. Have you previously been treated with monoclonal antibodies?

YES / NO

11. Have you received immunotherapy ?

YES (result ?) / NO

12. Has your histological differentiation been determined?

YES ( TNM degree, G(?) )

13. Have you been treated with combination therapy?

YES (what kind?)

14. Have you had your CA-72-4 and CA-19-9 markers in the last 90 days?

YES (result ?) / NO

15. Have you had a liver, kidney, and ECOG function test in the last 90 days?

YES (result ?) / NO

16. Have you had a clinical and biochemical blood test in the last 90 days ?

YES (result ?) / NO

After you answer all the questions, you need to send us an email (dongpharr19@gmail.com) with the answers, stating the protocol number, then the question number and the answer.

Also in the subject of the letter, also be sure to specify the number of the protocol.

Your application will be considered as soon as possible. If the information we receive from you fully meets the criteria for inclusion in the clinical trial, we will contact you within 7 days of receipt of your questionnaire email.

