

Version2.0**Date:** February 4, 2026

Title:Multicenter Study on Symptom Cluster Heterogeneity and
Related Gut Microbiota and Metabolite Mechanisms in Childhood
Cancer Survivors

NCT Number: NCT07450872

Date: February 4, 2026

Multicenter Study on Symptom Cluster Heterogeneity and Related Gut Microbiota and Metabolite Mechanisms in Childhood Cancer Survivors

Informed Assent Form

We are inviting you to take part in a clinical research study titled “*Multicenter Study on Symptom Cluster Heterogeneity and Related Gut Microbiota and Metabolite Mechanisms in Childhood Cancer Survivors.*” This study is being conducted to learn more about certain health conditions. The following information explains the study. Please read it carefully and decide whether you would like to participate. If you have any questions or do not understand something, you can ask the researchers, and they will explain everything clearly until you understand.

1. What is the background and purpose of this study?

We understand that some children may experience physical or emotional discomfort after recovering from illness, such as fatigue, pain, or difficulty concentrating. These discomforts may occur alone or together.

To better help children, we want to study how these discomforts are related and whether they are associated with gut microbiota and metabolites.

In this study, we will ask you to complete questionnaires about how you feel and collect stool samples to analyze bacteria and chemical substances. We hope to identify patterns among these discomforts and their relationship with gut health. The results may help doctors provide more personalized care in the future, reduce discomfort, and improve quality of life.

2. What do I need to do before participating?

If you agree to participate, the study doctor will ask you to sign this assent form before the study begins. Your parents (or legal guardians) will also need to sign a separate consent form.

Both you and your parents/guardians must agree before you can participate. You may discuss the study with your parents and review the information provided to them. If the consent form is updated during the study, you may be asked to sign a new version.

3. What will happen if I participate?

The study will last for about 6 months. You will not need to make extra hospital visits, and all procedures will be conducted during your routine medical care.

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- **At the start of the study:**

We will collect basic information from your medical records, such as your age, sex, type of illness, and treatment. No additional blood tests or examinations will be required. You will be asked to complete simple questionnaires about your feelings and daily life, which will take about 30 minutes.

- **Follow-up:**

We will contact you again by phone or during clinic visits to complete the same questionnaires and understand any changes.

- **Stool sample collection:**

If you meet the study requirements, we will provide a clean container and instructions for collecting and storing a stool sample.

4. Will anything make me feel uncomfortable or upset?

- **During questionnaires:**

Some questions may make you feel tired or embarrassed. If you feel uncomfortable, you can stop at any time.

- **Privacy protection:**

Your name will not be made public. All data will be coded with numbers, and only authorized research doctors can access it.

If you feel unwell at any time during the study, you should tell your parents or doctor. You or your parents can contact the research team at any time.

5. Will participating help me?

Participating in this study will not improve your health directly, and you will not receive individual study results. However, your participation may help other children with similar conditions in the future.

6. Do I have to participate?

No, participation is your choice. If you decide not to participate, no one will blame you. Your doctor or parents cannot force you to join.

If you agree now but change your mind later, you can stop participating at any time. Simply tell the research team or your parents/guardians. Even if you withdraw, your doctor will continue to care for you.

7. Will I need to pay any fees?

There are no additional costs for participating in this study.

8. Will I receive any compensation?

We understand that participation requires time and effort from you and your family. As a token of appreciation, families who complete all study procedures will receive a total of 50 RMB, covering both questionnaire completion and stool sample collection.

This compensation is not related to study results and will not affect your right to withdraw at any time.

9. How will my privacy be protected?

We will make every effort to protect your privacy within the limits of the law. All study-related documents will use codes instead of your name, and no personal information will be disclosed in any reports.

All data linking codes to personal information will be securely stored at the Children's Hospital affiliated with Zhejiang University School of Medicine. Research data will be retained for at least 10 years.

During the study, if any important new medical information related to your health becomes available, we will inform you and your parents/guardians promptly.

10. Who can I contact if I have questions?

You can ask questions about the study at any time or contact the doctor:

Physician: Wang Jinhu

Phone: 13606636547

If you have questions about your rights as a research participant, you may contact:

Ethics Committee: Medical Ethics Committee, Children's Hospital affiliated with Zhejiang University School of Medicine

Address: No. 3333 Binsheng Road, Binjiang District, Hangzhou, Zhejiang Province

Phone: 0571-86670076

Assent Signature Page

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I have read and understood the information in this assent form. I have had the opportunity to ask questions and am satisfied with the answers. I voluntarily agree to participate in this study.

I understand that I will receive a signed copy of this document.

Participant Name:

Participant Signature:

Date/Time:

Parent/Legal Guardian Signature:

Date/Time:

Investigator Statement

I have explained all aspects of the study to the participant to the best of their understanding.

I have answered all questions from the participant.

I believe the participant's decision is voluntary.

During the study, if the participant expresses any physical or emotional objections to procedures conducted solely for research purposes, the research team will respect their wishes.

Investigator Name:

Investigator Signature:

Date/Time: