<table>
<thead>
<tr>
<th>Time</th>
<th>Fast track treatment</th>
<th>Conventional treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preadmission</td>
<td>- Psychological optimism</td>
<td>- No psychological optimism</td>
</tr>
<tr>
<td>(After randomization)</td>
<td>- Pre-assessment for risk adjustment</td>
<td>- Pre-assessment for risk adjustment</td>
</tr>
<tr>
<td></td>
<td>- Anesthesiologic information of combined anesthesia consisting of thoracic epidural and general anesthesia</td>
<td>- No Anesthesiologic information of general anesthesia</td>
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<td></td>
<td>- Information of the fast track treatment and the informed consent</td>
<td>- Information of the conventional treatment and the informed consent</td>
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<tr>
<td></td>
<td>- Guided tour of fast track wards</td>
<td>- No tour</td>
</tr>
<tr>
<td></td>
<td>- Operation schedule</td>
<td>- Operation schedule</td>
</tr>
<tr>
<td>Preoperation</td>
<td>- Bowel preparation: semiliquid diet 1 days before operation</td>
<td>- Bowel preparation: liquid diet 1-2 days before operation</td>
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<td></td>
<td>- Enemas:</td>
<td>- Enemas:</td>
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<td></td>
<td>Polyethylene Glycol-Electrolyte Powder ® (Hengkang Zhengqing®, Jiangxi Hygecon Pharmacy CO., Ltd, Shangrao, CN) the afternoon before surgery, 2 boxes mixing with 2000ml warm drinking water</td>
<td>Polyethylene Glycol-Electrolyte Powder ® the afternoon before surgery, 2 boxes mixing with 2000ml warm drinking water</td>
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<td>- Fasting: last meal 2h before operation</td>
<td>- Fasting: last meal 10h before operation</td>
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<td></td>
<td>- Complete Enteral Nutritional Emulsion Supportan (TPF-T) ® (Supportan®, Sino-Swed Pharmaceutical CO. Ltd, Wuxi, CN) 600ml or Fresubin Diabetes (TPF-D) ® (Fresubin Diabetes®, Sino-Swed Pharmaceutical CO. Ltd, Wuxi, CN) 500ml (especially for patients with diabetes mellitus) p.o. 8h before operation</td>
<td>- No oral intake in the operation day</td>
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<td>- 10% Glucose 400ml p.o. 2-3h before operation</td>
<td>- No oral intake in the operation day</td>
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<tr>
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<td>- Nasogastric tube 0.5h before operation for Gastrointestinal decompression</td>
<td>- Nasogastric tube 0.5h before operation for Gastrointestinal decompression</td>
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<tr>
<td>Intraoperation</td>
<td>- Placement of epidural catheter (T6-L1), depending on the surgical resection; test-dose (3 ml of 2% lidocaine (Hefeng®, Harvest Pharmaceutical CO. Ltd, Shanghai, CN)) followed by continuous infusion (10 ml of 0.5% or 0.75% ropivacaine (Naropin®, APP Pharmaceuticals, LLC., Schaumburg, IL) according to the age and size of the patient before surgical incision</td>
<td>- No thoracic epidural anesthesia</td>
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<td>- Balanced Combination with general anesthesia: intravenous midazolam (Liuxue®®, Nhwa Pharmaceutical Co., Ltd., Xuzhou, CN) (0.1 mg/kg), target-controlled infusion (TCI) of propofol (Diprivan®, AstraZeneca Pharmaceutical Co., Ltd., Shanghai, CN) (4-8 μg/ml), sufentanil (Fukang®, Humanwell Pharmaceutical Co., Ltd., Yichang, CN) (0.5-1 μg/mg), rocuronium (Esmeron®, Organon Teknika B.V., Oss, NL) (0.6-0.9mg/kg). The patients were ventilated mechanically. Anesthesia was maintained propofol TCI (2-4 μg/ml), remifentanil (0.02-0.03μg/kg/min) and intermittent boluses of rocuronium.</td>
<td>- Normal General anesthesia: intravenous midazolam (0.1 mg/kg), target-controlled infusion (TCI) of propofol (4-8 μg/ml), sufentanil (0.5-1μg/mg), rocuronium (0.6-0.9mg/kg). The patients were ventilated mechanically. Anesthesia was maintained propofol TCI (2-4 μg/ml), remifentanil (Ruijie®®, Humanwell Pharmaceutical Co., Ltd., Yichang, CN) (0.02-0.03μg/kg/min) and intermittent boluses of rocuronium.</td>
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<td>- As equally depth of anesthesia is also needed in conventional treatment group with no thoracic epidural anesthesia, more drug dosage of general anesthesia</td>
<td>- As equally depth of anesthesia is also needed in conventional treatment group with no thoracic epidural anesthesia, more drug dosage of general anesthesia</td>
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</table>
anesthesia is used.

- Morphia as little as possible
- No restriction of Morphia use
- Monitoring: the same as fast-track group

- Monitoring: (Datex Ohmeda™ S/5 Anesthesia Monitor (Datex-Ohmeda Division, Instrumentarium Corp., Helsinki, Finland)) consists of electrocardiogram (ECG), heart rate (HR), respiratory rate, arterial pressure (BP), SpO2, end-tidal CO2 (etCO2), and bispectral index (BIS).

- The target concentration of propofol: keep BIS between 40 and 60 to maintain adequate hypnosis.
- Perioperative hypotension: systolic blood pressure (SBP) < 80 mmHg or a decrease of 30% baseline value and was treated with reduction of anesthetics, fluid supplement, and a bolus dose of ephedrine (Mahuangsu™, Northeast Pharmaceutical Co., Ltd., Shenyang, CN) (10mg, IV). If SBP was above 160 mmHg or increase >30%, an increase of propofol or remifentanil infusion was given to deepen anesthesia.

- Antibiotic prophylaxis
  - Yes
  - Yes

- Surgical management
  - Laparoscopic/open surgery as randomization
  - Laparoscopic/open surgery as randomization

- Warming
  - Yes, body warming by thickening quilt as well as intravenous fluid warming
  - No body and intravenous fluid warming

- Drains
  - Minimal use and early removal of abdominal drains
  - Regularly use and removal of abdominal drains

- Fluid infusion
  - Totally ≤ 1500ml during operation
  - No restriction

Postoperation

- Pain management
  - Patient-controlled continuous epidural analgesia with a 5ml/h continuous infusion of 0.15% ropivacaine and a bolus dose of 2.5ml (locktime 15min) until 48h after operation, paracetamol (Tylenol™, Johnson & Johnson Pharmaceutical Co., Ltd., Shanghai, CN) p.o. when needed
  - Patient-controlled intravenous analgesia with a 4ug/h continuous infusion of sufentanil and a bolus dose of 1.5ug (locktime 15min)
  - Bucinperazine (Qiangtongding™, Northeast Pharmaceutical Co., Ltd., Shenyang, CN) or Morphine (Mafei™, Northeast Pharmaceutical Co., Ltd., Shenyang, CN) intramuscular injection when patient-controlled intravenous analgesia isn’t enough for pain control

- Diet
  - Chewing gum 1 piece tid p.o.
  - No chewing gum
  - At least 10% Glucose 200ml p.o. within 24h after operation
  - Fasting until flatus
  - Liquid diet and Enteral Nutritional Emulsion Supportan 200ml or Fresubin Diabetes 300ml (especially for patients with diabetes mellitus) p.o. the next day of operation
  - Liquid diet after flatus
  - Diet rehabilitation as early as possible (dose increase of Enteral Nutritional Emulsion or when needed)
  - Normal diet after defecation

- Intravenous fluid infusion
  - Stop intravenous high energy fluid infusion after dosage of Enteral Nutritional Emulsion Supportan ≥ 600ml or Enteral Nutritional Emulsion Fresubin Diabetes ≥ 500ml
  - Intravenous high energy fluid infusion on daily basis and continuing until adequate oral intake
- No intravenous High-energy Nutrient Fluid after 72h post-surgery
- Restricting and avoiding excessive intravenous fluid infusion, keeping body weight as pre-surgery

**- Energy**

- Keep the total energy intake (both diet and intravenous fluid infusion) 25-30kcal/kg/day
- Keep the total energy intake (both diet and intravenous fluid infusion) 25-30kcal/kg/day

**- Nasogastric tube and urethral catheter**

- Remove nasogastric tube as soon as the end of operation
- Remove urethral catheter within 24-48h after operation
- Remove nasogastric tube after 1st flatus postoperation
- Remove urethral catheter when 1st time meet: patient have the feeling of automatic micturition and $\geq 200ml$ after valving-on urethral catheter

**- Ambulation**

- Forced ambulation within 24h post-surgery, no time restriction
- Ambulation time $\geq 1h$ per day, and increasing day by day
- Patients walking to weight themselves every day
- No ambulation scheme

**Adjuvant chemotherapy**

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<thead>
<tr>
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<th>XeloX</th>
<th>mFolfox6</th>
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<tbody>
<tr>
<td>- repeat every 3 weeks for 8 cycles</td>
<td>- repeat every 2 weeks for 12 cycles</td>
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<tr>
<td>- Regimen</td>
<td>- Regimen</td>
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</tbody>
</table>

**- Regimen**

Oxaliplatin 130 mg/ m2 day 1, Capecitabine (Xeloda™) 850-1000 mg/ m2 twice daily for 14 days

Oxaliplatin (Eloxatin™) 85 mg/m2 IV over 2 hours, day 1
Leucovorin (Tongao™) 400 mg/ m2 IV over 2 hours, day 1
5-FU (Jinyao™) 400 mg/ m2 IV bolus on day 1, then 1200 mg/ m2 /day x 2 days (total 2400 mg/m2 over 46-48 hours) continuous infusion

**- No peripherally inserted central catheter (PICC)**

- Peripherally inserted central catheter and care of PICC in outpatient clinic every week

**- Hospitalization no more than 24h each cycle**

- Hospitalization for 3 days each cycle