The P-SOX regimen was as follows: On the first day, Nab-paclitaxel was injected at a dose of 135 mg/m² via intravenous infusion for 3 hours, and oxaliplatin was administered at a dose of 85 mg/m² via intravenous infusion for 2–4 hours. From Day 1 to Day 14, S-1 was orally administered. There were three dosing situations according to the body surface area (BSA). When the volume of BSA was less than 1.25 m², the dose per administration was 40 mg. When the BSA ranged from 1.25–1.5 m², the dose per administration was 50 mg. When the BSA concentration was greater than 1.5 m², the dose per administration was 60 mg. The regimen was administered twice a day, half an hour after breakfast and dinner. One cycle lasted for 21 days. The SOX plus sintilimab regimen was as follows: On the first day, oxaliplatin was administered at a dose of 130 mg/m² via intravenous infusion for 2–4 hours, and sintilimab was simultaneously administered at a dose of 200 mg via intravenous infusion. From Day 1 to Day 14, S-1 (with the same administration method as before) was orally administered, and one cycle lasted for 21 days. The CAPOX regimen consisted of oxaliplatin administered intravenously at a dose of 130 mg/m² on day 1, combined with oral capecitabine at a dose of 1000 mg/m² twice daily on days 1–14 of a 21-day cycle.

All patients underwent routine evaluations prior to treatment, including complete blood count, serum biochemistry, chest/abdominal/pelvic CT, and electrocardiography, to exclude patients with contraindications to chemotherapy. During intravenous infusion of albumin-bound paclitaxel, continuous electrocardiographic monitoring was performed for 3 hours. No prophylactic antiemetic or leukocyte-boosting therapy was administered unless patients developed grade 3 or higher adverse events, which were managed with appropriate symptomatic treatment in accordance with the Common Terminology Criteria for Adverse Events (CTCAE) version 5.0. Imaging assessments were performed every two chemotherapy cycles and again prior to surgery. After 2–4 cycles of preoperative chemotherapy, patients underwent upper gastrointestinal endoscopy and CT to evaluate tumor

resectability. D2 radical gastrectomy was performed 3–4 weeks after the final cycle of neoadjuvant chemotherapy. All surgeries were performed by senior attending surgeons specializing in gastrointestinal oncology. Postoperatively, patients received regular chemotherapy, imaging evaluations, and follow-up.