Good afternoon everybody. Thank you for the opportunity. I'm going to discuss this acarumensia, a muncipolea based multi genomic profile in advanced non-small cell lung cancer.
As we had discussed, we were discussing earlier, PDL1 is not a very good marker for the response
of immunotherapy. So, there has been research to study the microbiota for this setting.
Anemia muncipolea is a human intestinal symbiotic. That is, I've been isolated from human feces.
It is a gram negative anaerob that is mucin layer degrading bacterium. It constitutes
about 3% of total microbiota of healthy adult. Metagenomic data has shown that it has inverse
correlation between abundance of acramemia munciphelia and disease such as inflammatory
voldecease, obesity and diabetes. Alternation and gut microbiota, this biosis are capable
of inducing abnormal immune response in gut associated lymphatic tissue and that these
alterations can compromise the systemic immune response. And this is the immune response that
is responsible for treatment for response to immunotherapy. Stool acarumensia munciphelia
is associated with immunotherapine clinical benefit. An
acarumensia is associated with acute lymphatic tissue and acute lymphatic tissue. The
acute lymphatic tissue is associated with acute lymphatic tissue. The acute lymphatic
tissue is associated with acute lymphatic tissue. The acute lymphatic tissue is associated with
acute lymphatic tissue. So, AKK level in stool is generally a proxy for this, this biosis in, in, in, in the gut. How can we explain AKK loss in stool? So, patient with
NSCLC, that one, that one I'm able to affront immunotherapy with chemotherapy one and role
between June 2020 and March 2024 in this study. So, the stool sample was collected at baseline
and after two cycle of immunotherapy. And in this study, the genome, quantitative genomic study was done from stool and from plasma antibody levels were, were studied
and subsequently response to immunotherapy was, was studied in this setting. So, the
matter that was used was, was topo score. It is a rapid, rapid tool was that, that is
able to, uh, stratify patient individually. It, based on 92, shotgun metagenomic sequencing
across, across the malignancy. It was developed in, in, in, in NSCLC, RC, C, C, u, u, u, u,
thieleal cancer, melanoma and see, uh, colorectal cancer. Uh, in, in, according to this,
this, this, this study, the U biosis, that means, ideal gut flora should contain, uh,
lankenosplyaracy family, oshalo spireacy family, polyamine and tiptoe, tiptofin pathway.
In this virus, biosis gut, that there is, uh, enrichment of enterocloster genus, streptococcal
genus, uh, venolatia genus, and lactobacilli family. Topo, uh, topo score represent first
easy to use and cause effective tool. That is capable of detecting intestinal,

this,
biosis associated with longer OS and, uh, OS after immunotherapia across the cancer.
Higher, uh, this, this study also checked the NT, AKK, AKK, IGG title. So this, uh, higher title was associated with this gut dysbiosis and was then, uh, tend to loss of AKK in intestinal, uh, residency. So this, in serum, uh, uh, the, uh, the NT, AKK,
IGG, anti body, well, test test in the study. And it result that, that commensal specific
human immune response in multivariate analysis. Uh, so it, the conclusion was the higher,
IGG, anti AKK level correlate with worst survival. Uh, so, uh, the hazard ratio was 7.84 with confidence interval between 2.2, 2.04 to 30.2 with p value of 0.03. So the
patient who had NT, uh, NT, AKK, IGG, they'd worse with immunotherapy. This was through
in, uh, in, this was, this is also, uh, uh, uh, subsequently the T's is basically the
AKK specific IGG, IH1 and IH17 immune response that is found up to 20% of cases are delayed
areas for clinical benefit to immune, immune therapy. The patient with a positive results
shows poor PFS, uh, in, uh, in both a patient when compared to interferon gamma and interleukin
17. So in conclusion, RK minutia species and immune response directed against them are
surrogate marker for this, uh, gut this biases stool, RK minutia, mulsi, uh, pilia prevalence
and relative awareness has prognostic value in, uh, ICA treatment in first line and second
line NSCLC. Immune response targeting a clinical relevant and immunogenic commercial such as
RK minutia lead to bacteria elimination and can be deteriorated in NSCLC. Now there is
subsequent phase one phase two trial also going on in the authors. Thank you.