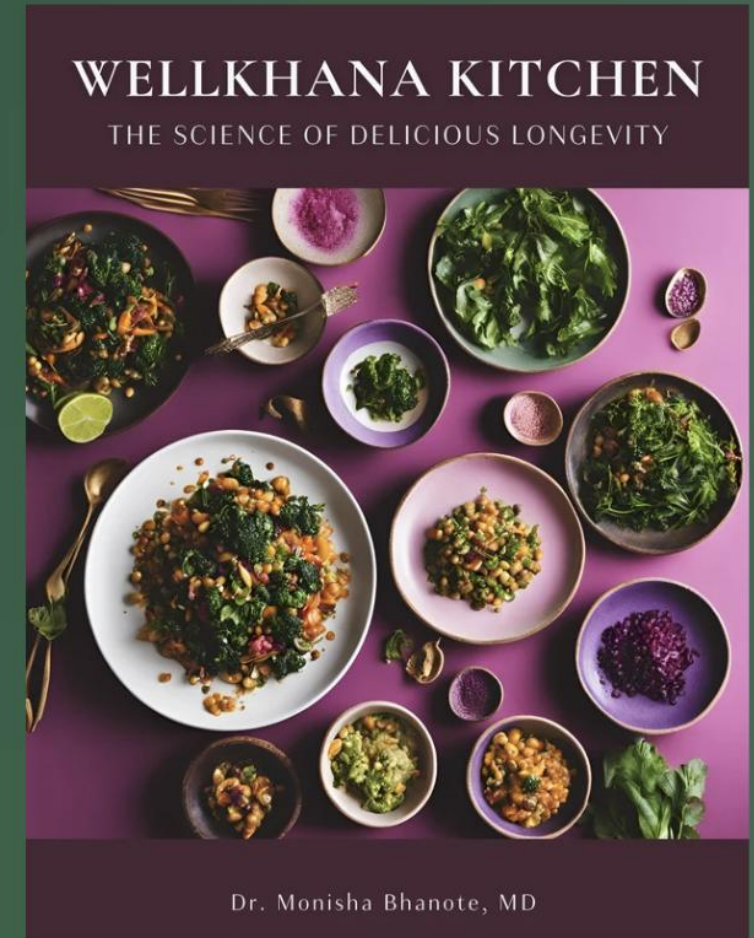
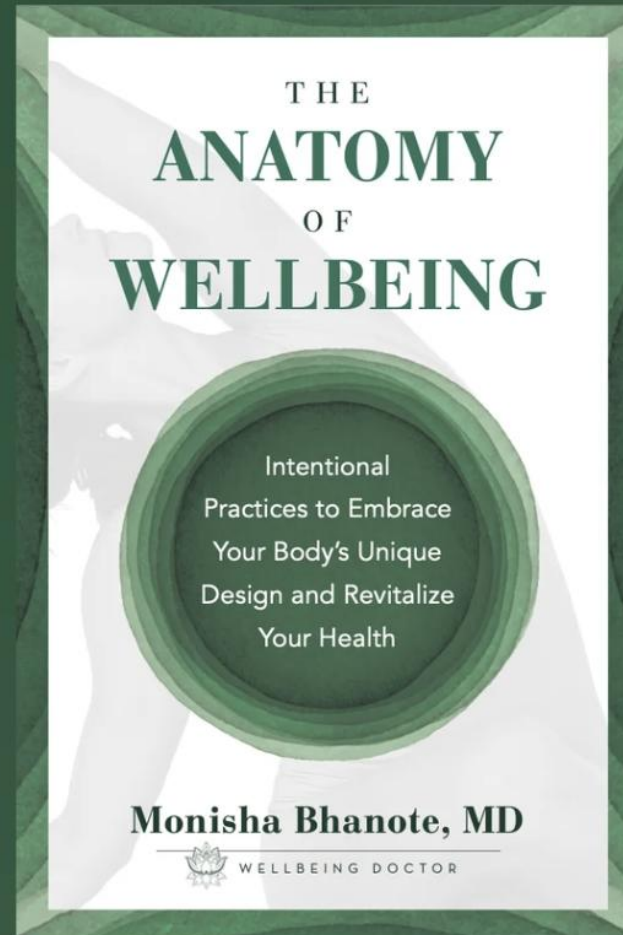
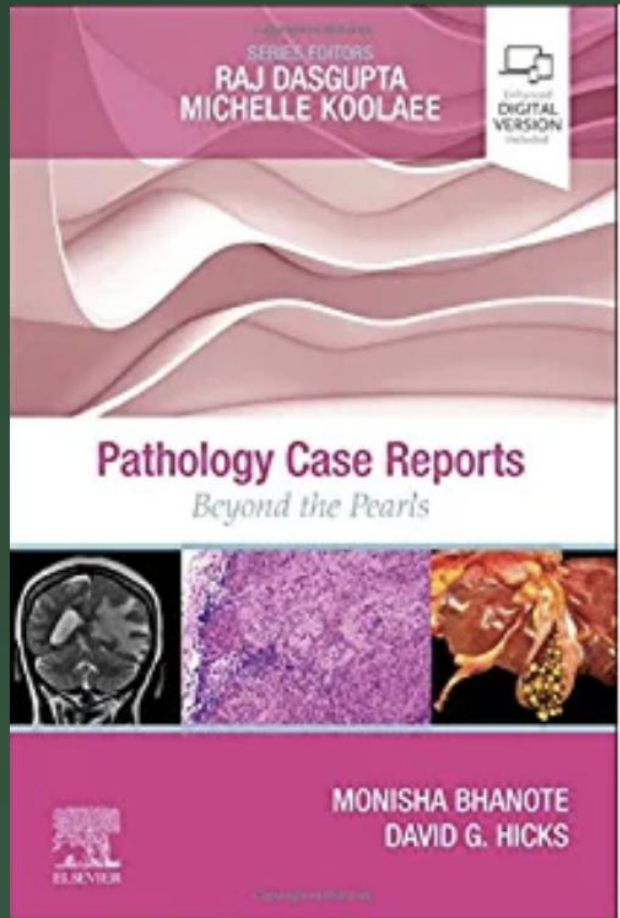


# BOOKS BY DR. BHANOTE



INTEGRATED PERSONALIZED MEDICINE CONGRESS · WESTMINSTER, LONDON

# The Gut Dysbiosis– Cancer Axis

Emerging Mechanisms Linking Microbial Imbalance to Oncogenesis

**DR. MONISHA BHANOTE, MD, ABOIM, FCAP, ACCM**





## QUINTUPLE BOARD CERTIFIED

- ✓ Anatomic Pathology
- ✓ Integrative Medicine
- ✓ Clinical Pathology
- ✓ Culinary Medicine
- ✓ Cytopathology

### THE HOLISTIC HORIZON (Integrative & Lifestyle Medicine)

#### Culinary Medicine Specialist

Certified through **The Goldring Center** at Tulane University for evidence-based nutrition.

### THE DIAGNOSTIC CORE (Pathology & Oncology)

#### The Cellular Perspective

Utilizing cytopathology to analyze disease at the microscopic and cellular levels.

#### Anatomic Pathology, Clinical Pathology, and Cytopathology

Expertise from NYU and Weill Cornell.



# MEET YOUR SPEAKER



**MONISHA BHANOTE, MD,  
ABOIM, FCAP, ACCM, YMTS**

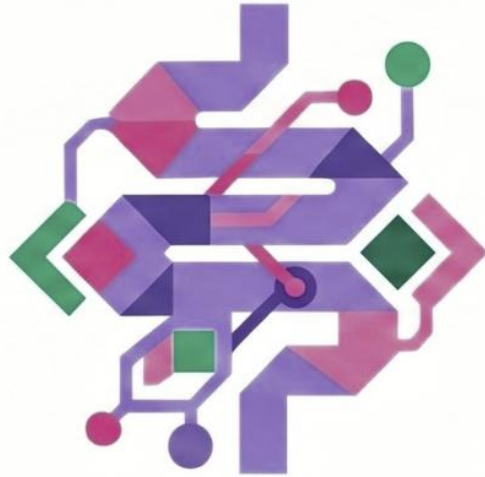


# Learning Objectives



## 01 Analyze Mechanisms of Oncogenesis

Understand how gut dysbiosis drives cancer through inflammation, barrier dysfunction, and the production of genotoxins.



## 02 Map Immune Communication Pathways

Describe microbial-host immune pathways that influence the formation of the tumor micro-environment and drive cancer progression.

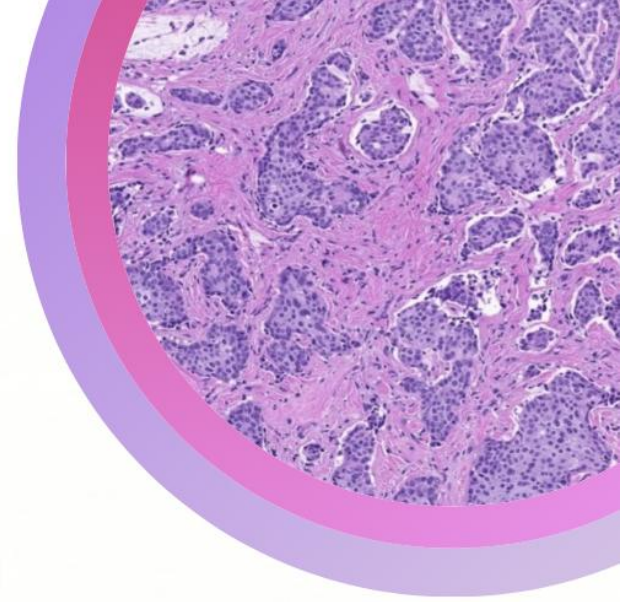


## 03 Identify Resilience Strategies

Leverage evidence-based lifestyle and dietary interventions that support microbial resilience and mitigate cancer-promoting dysbiosis.

## 04 Implement Actionable Frameworks

Translate emerging microbiome science into clinical, personalized, and integrative oncology frameworks for patient practice.





A histological section of glandular tissue, likely from the prostate, stained with hematoxylin and eosin (H&E). The image shows numerous glandular units with varying degrees of architectural complexity. The glands are lined by a single layer of cuboidal to columnar epithelial cells. The nuclei are stained dark purple, and the cytoplasm and surrounding stroma are stained pink. The overall structure is highly organized, with clear glandular lumens and well-defined cell boundaries.

# The Big Picture

Why cancer cannot be understood through genetics alone



# Rethinking What Drives Cancer



## 'THE GENETIC MINORITY'

**5–10%**  
**OF CANCER CASES**

Only a small fraction of all cancer cases are attributable to genetic defects, specifically somatic and germline mutations.

## 'THE ENVIRONMENTAL MAJORITY'

**90–95%**  
**OF CANCER CASES**

The vast majority of cancer cases have their roots in environment and lifestyle factors.

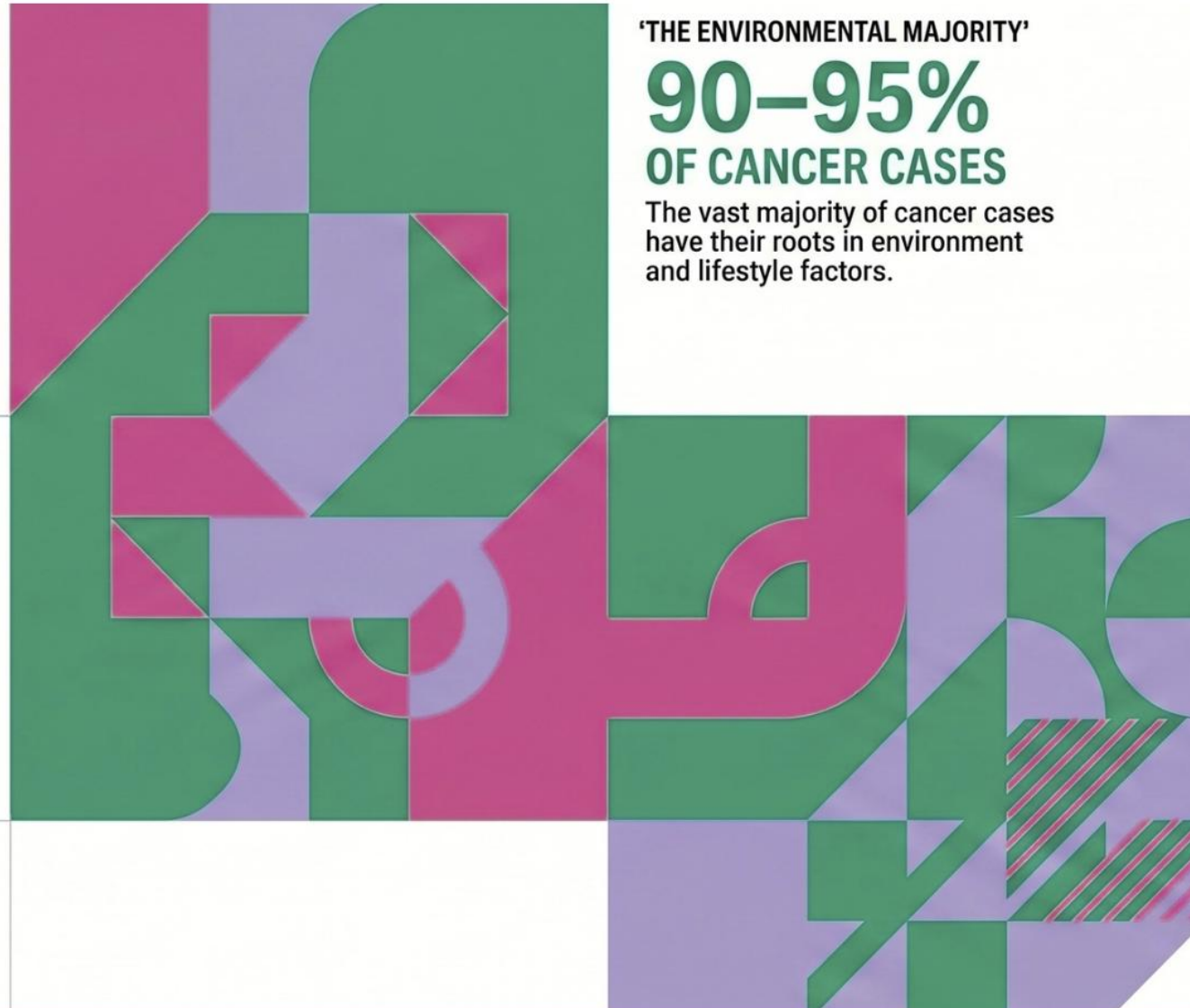
## PRIMARY EXTERNAL DRIVERS

-  Diet
-  Behavior
-  Various Exposures
-  The Microbiome

## 'THE EMERGING FRONTIER'

### HOST-MICROBIOME INTERACTION

This represents a critical but still emerging area of study where the cellular environment actively shapes cancer risk.





# An Organ We Cannot See

**~10–100 TRILLION**

**Microorganisms** The human body hosts a massive community of symbiotic microorganisms that function as an “invisible organ.”

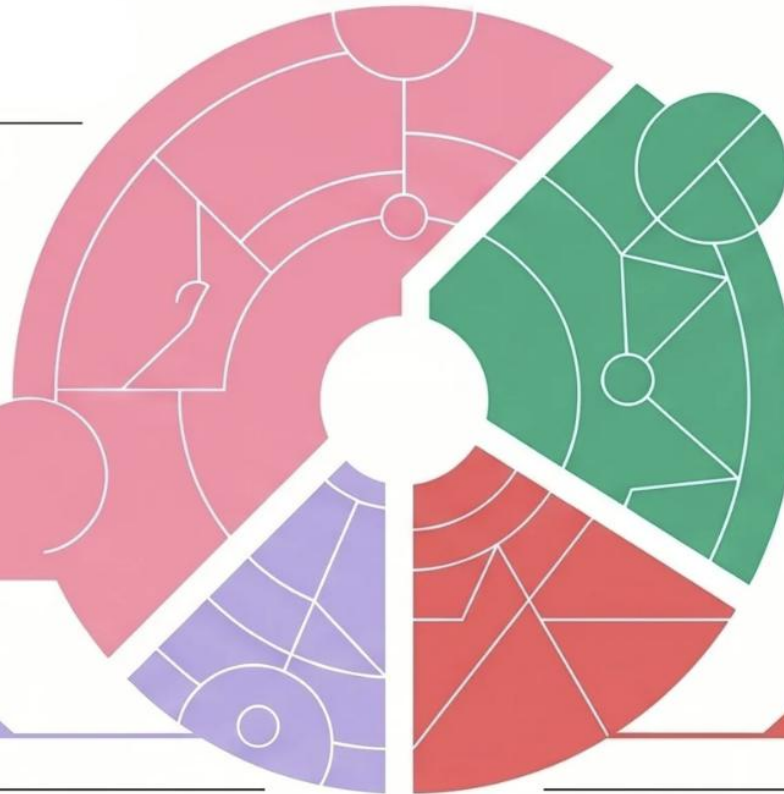
## THE 4 DOMINANT PHYLA

### FIRMICUTES (60–80%)

The most prevalent phylum within the human microbial community.

### ACTINOBACTERIA (2.5–5%)

A smaller but consistent component of the microbial landscape.



## MICROBIOTA VS. MICROBIOME



### MICROBIOTA

Refers to the physical organisms.



### MICROBIOME

Refers to their collective genomes and metabolic output.

### BACTEROIDETES (15–25%)

The second most dominant group, making up a significant portion of the gut ecosystem.

### PROTEOBACTERIA (1–10%)

A phylum with variable presence, typically representing a minority of the total population.

## CORE BIOLOGICAL FUNCTIONS

### NUTRIENT SYNTHESIS & DIGESTION



Microorganisms play a direct role in breaking down compounds and synthesizing essential nutrients.

### IMMUNE SYSTEM EDUCATION & REGULATION



The microbiome is critical for training the immune system to distinguish between friend and foe.

### METABOLIC REGULATION & SIGNALING



Microbial activity influences metabolic pathways and systemic signaling throughout the body.

### INTESTINAL BARRIER MAINTENANCE



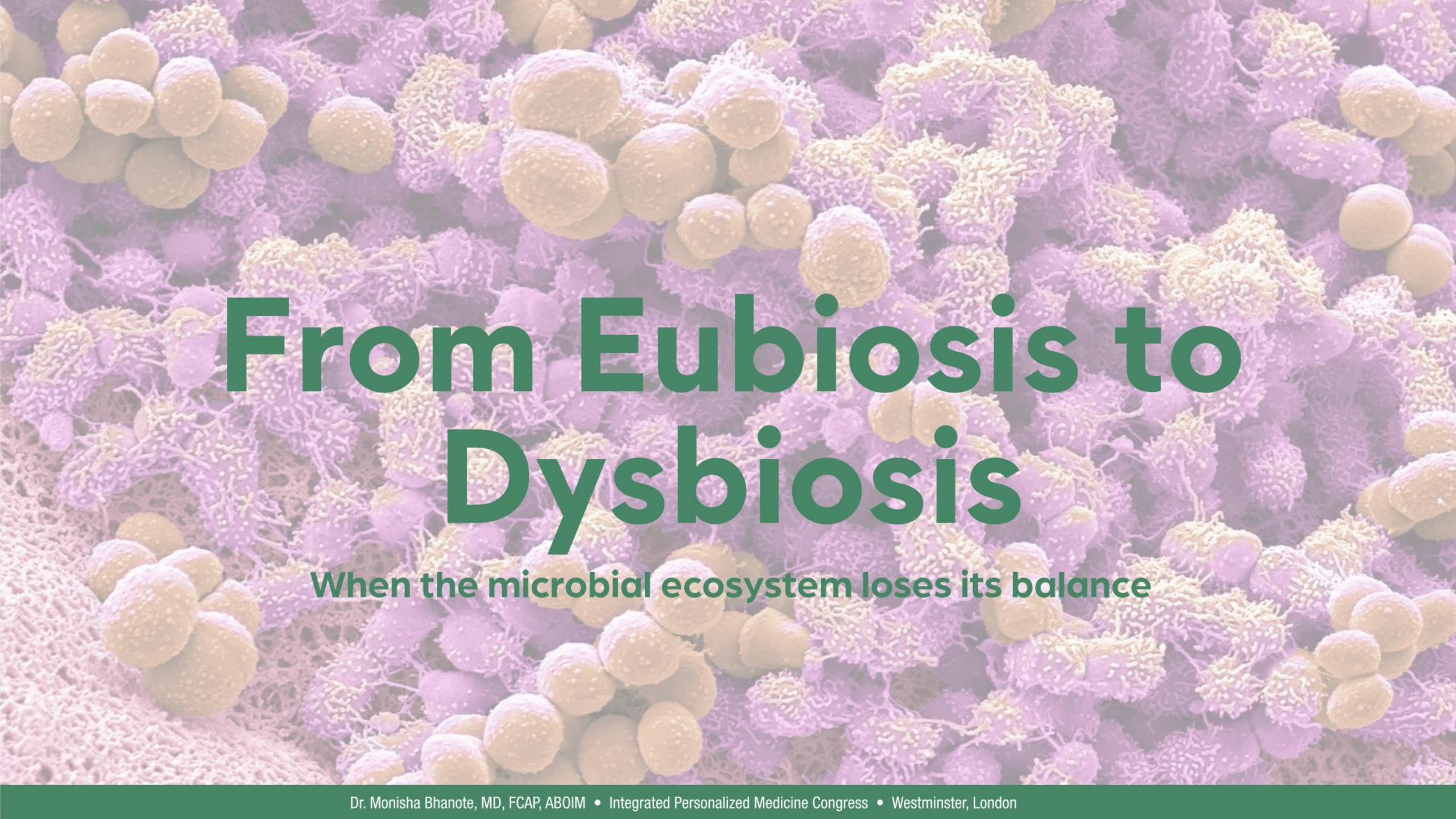
The microbiota helps preserve the structural integrity of the gut lining.

### NEUROTRANSMITTER & HORMONE MODULATION



The “invisible organ” impacts the brain and endocrine system by modulating chemical messengers.





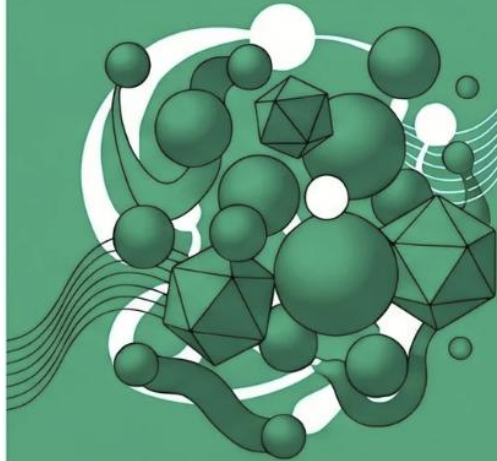
# From Eubiosis to Dysbiosis

When the microbial ecosystem loses its balance



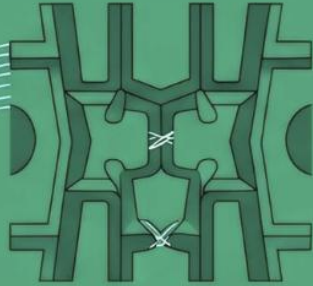
# The Ecosystem Within

## EUBIOSIS (THE BALANCED ECOSYSTEM)



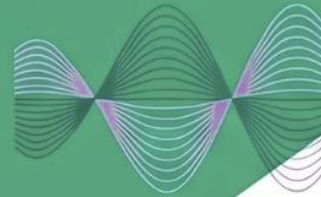
### HIGH MICROBIAL DIVERSITY

Characterized by high alpha-diversity (increased  $\alpha$ -diversity) where commensal bacteria are the dominant species in the environment.



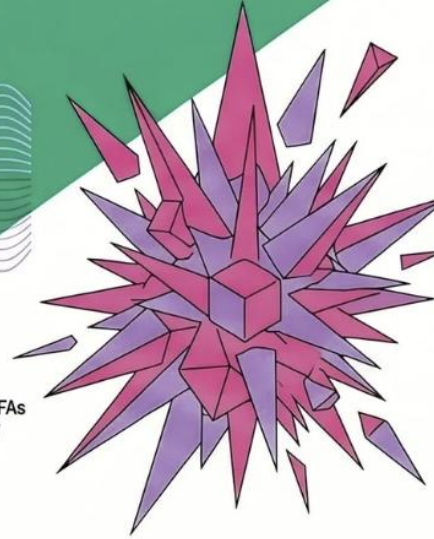
### INTACT EPITHELIAL BARRIER

A strong physical barrier ensures healthy cellular communication and maintains immune tolerance.

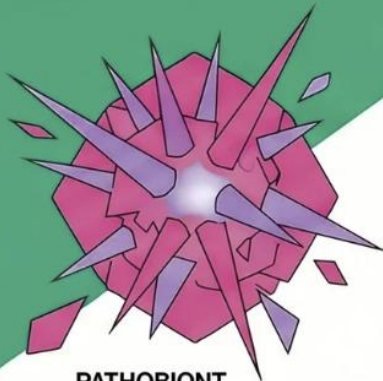


### ANTI-INFLAMMATORY SIGNALING

The ecosystem actively produces SCFAs (Short-Chain Fatty Acids), specifically butyrate and propionate, to signal anti-inflammatory responses.



## DYSBIOSIS (THE ECOSYSTEM COLLAPSE)



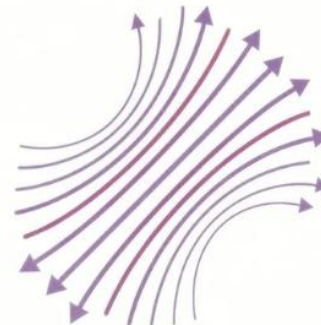
### PATHOBIONT EXPANSION

A loss of diversity allows for the proliferation of harmful pathobionts such as *F. nucleatum* and ETBF.



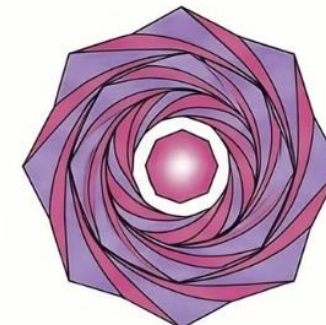
### BARRIER DYSFUNCTION & LPS TRANSLOCATION

The breakdown of the gut barrier leads to chronic immune activation and the leakage of lipopolysaccharides (LPS).



### PRO-INFLAMMATORY CYTOKINE SURGE

A significant increase in pro-inflammatory cytokines, specifically IL-6 and TNF- $\alpha$ , alongside a decrease in SCFA production.



### ONCOGENIC SIGNALING CASCADES

The final stage of ecosystem collapse involves the triggering of signaling pathways that can lead to tumor development.



DIET



STRESS



ANTIBIOTICS

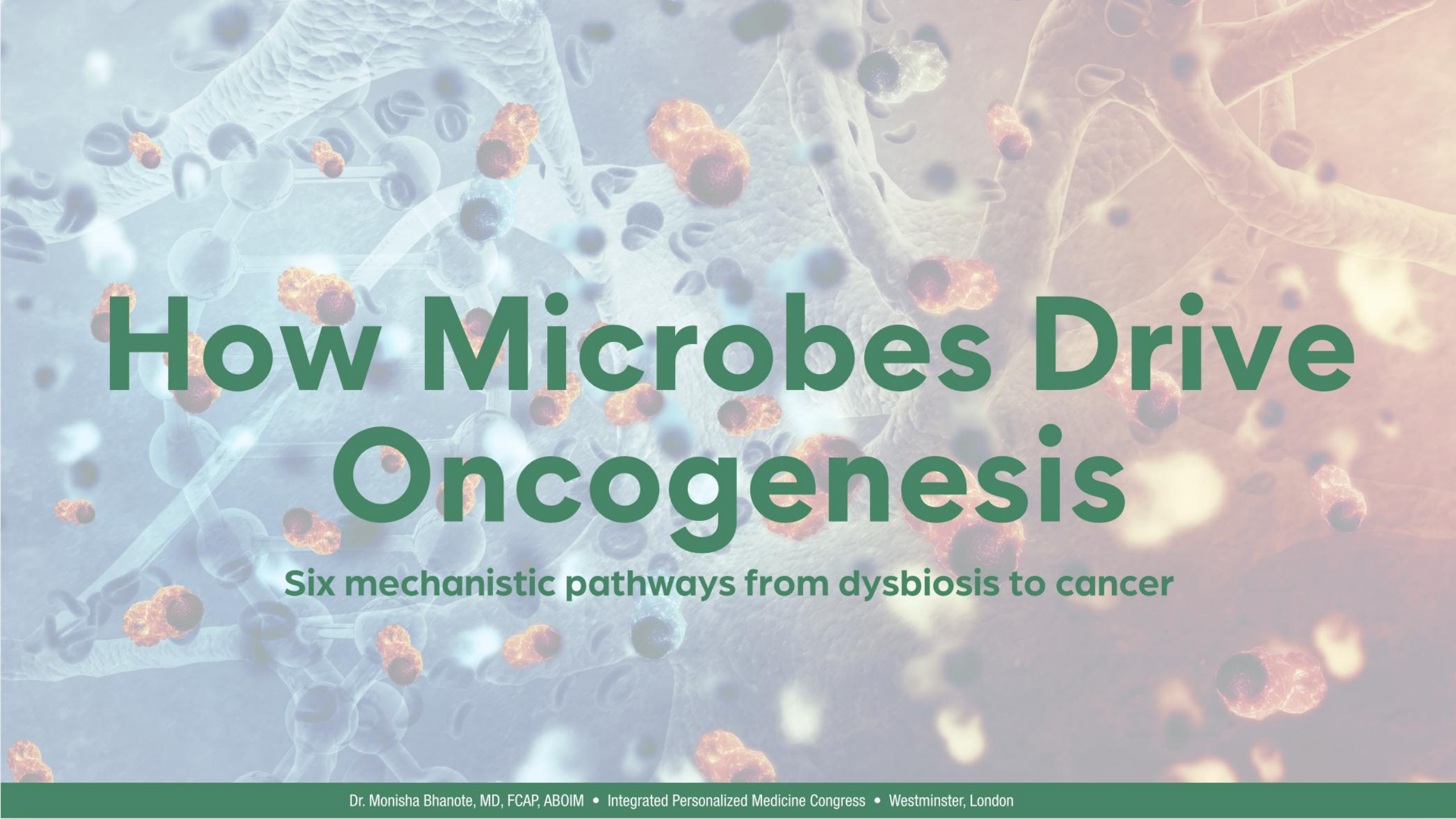


AGE

## THE CATALYSTS OF CHANGE

The transition from a balanced state to a collapsed state is driven by four primary factors: Diet, Stress, Antibiotics, and Age.





# How Microbes Drive Oncogenesis

Six mechanistic pathways from dysbiosis to cancer



# Six Pathways: From Dysbiosis to Oncogenesis

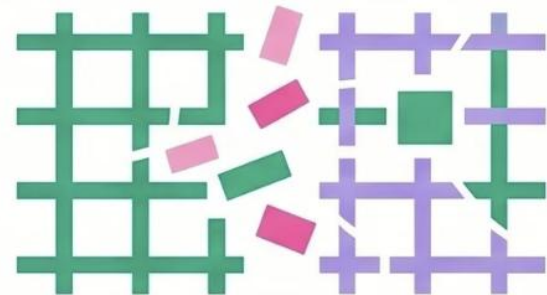
## 1. Chronic Inflammation

Driven by key pro-inflammatory mediators including NF- $\kappa$ B, IL-6, and TNF- $\alpha$ , which foster a tumor-promoting environment.



## 4. Microbial Metabolites

Impacted by the presence and balance of specific substances such as Butyrate, Bile acids, and Indoles.

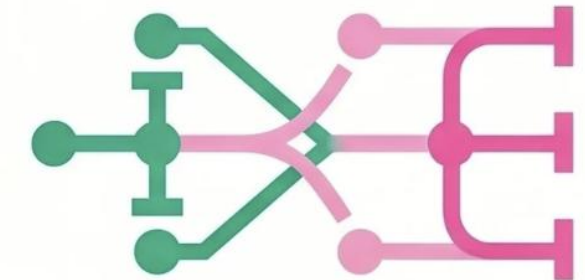


## 2. Barrier Dysfunction

Characterized by “leaky gut” and the translocation of Lipopolysaccharides (LPS) across the intestinal lining into systemic circulation.

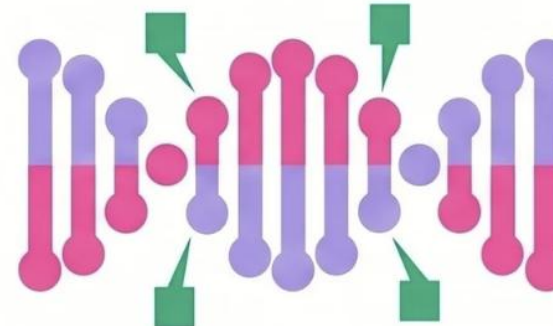
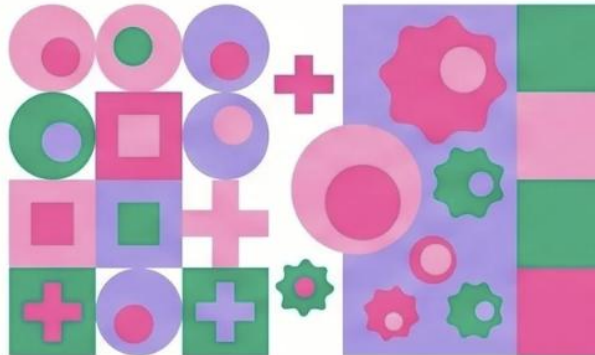
## 5. Metabolic Reprogramming

Marked by systemic metabolic shifts, specifically involving Insulin-like Growth Factor 1 (IGF-1) and the development of insulin resistance.



## 3. Immune Dysregulation

Involves the alteration of the Tumor Microenvironment (TME) through the activity of Regulatory T cells (Tregs) and Myeloid-Derived Suppressor Cells (MDSCs).



## 6. Epigenetic Modification

Direct alterations to gene expression through mechanisms such as Histone modification and DNA methylation.



# Pathway 1: The Inflammatory Cascade

## Inflammatory Cascade

### Step 1: Dysbiosis

Characterized by pathobiont expansion, specifically involving *F. nucleatum* and ETBF.

### Step 2: Barrier Breach

Lipopolysaccharides (LPS) enter circulation, leading to a state of metabolic endotoxemia.

### Step 3: TLR4 Activation

The initiation of Toll-like receptor signaling, which triggers the NF- $\kappa$ B cascade.

### Step 4: Cytokine Storm

The chronic secretion of inflammatory markers including IL-6, IL-1 $\beta$ , TNF- $\alpha$ , and IL-17.

### Step 5: DNA Damage + ROS

Reactive oxygen species (ROS) lead to cellular mutagenesis, providing the foundation for cancer.

## Cancer Implications & Molecular Drivers

### *F. nucleatum* & TME

Triggers TLR4 activation and the production of IL-6 and IL-6, creating a tumor-promoting Tumor Microenvironment (TME).

### ETBF-Driven Nuclear Translocation

ETBF cleaves E-cadherin, leading to  $\beta$ -catenin nuclear translocation and the activation of the IL-17/STAT3/NF- $\kappa$ B axis.

### Adipose Tissue Crown-like Structures

A hallmark of chronic breast inflammation that is directly linked to increased breast cancer risk.

### IL-17 Progression

This cytokine actively promotes breast cancer cell proliferation, invasion, and metastasis.

### Established Clinical Evidence

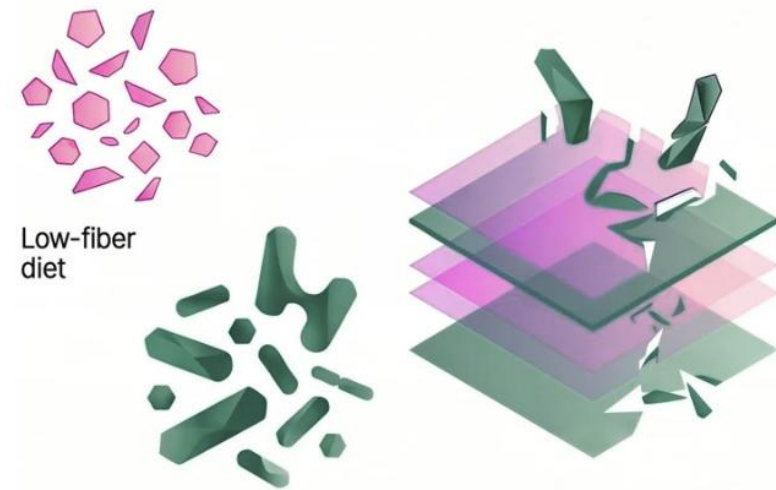
This entire pathway and its implications are backed by strong human clinical evidence.





# Pathway 2: Barrier Dysfunction

## PHASE 1: MICROBIAL & MUCOSAL SHIFTS



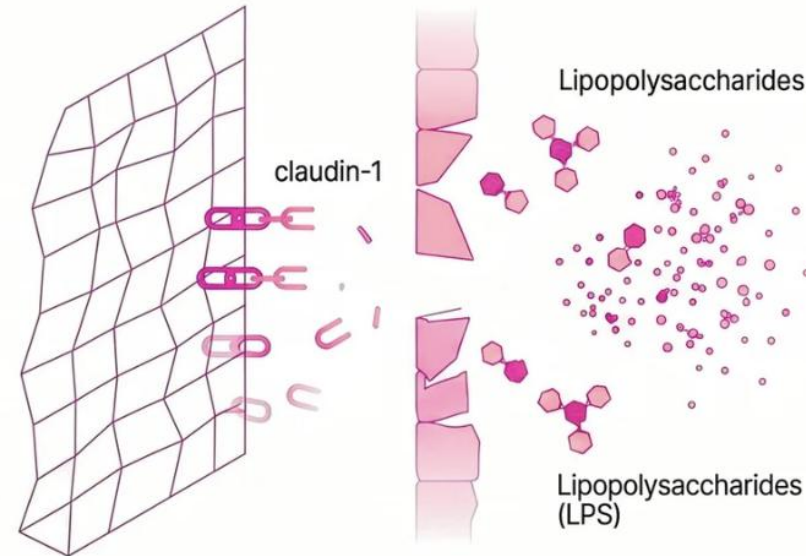
### Dietary Trigger and Microbial Decline

A low-fiber diet leads to a measurable decrease in butyrate-producing bacteria, which are essential for gut health.

### Mucus Layer Degradation

The bacteria *Akkermansia* and *Bacteroides caccae* actively degrade the protective mucus layer of the intestine.

## PHASE 2: STRUCTURAL FAILURE & TRANSLOCATION



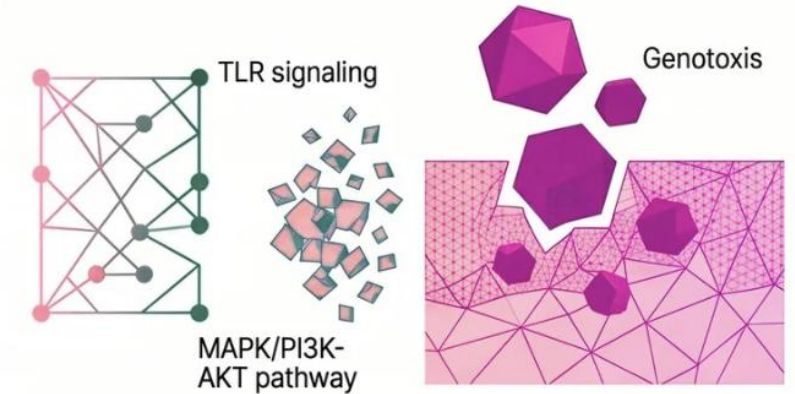
### Disruption of Tight Junction Proteins

The intestinal barrier loses integrity as claudin-1 levels decrease, disrupting the proteins that hold cells together.

### LPS Translocation

Lipopolysaccharides (LPS) move across the compromised barrier, resulting in metabolic endotoxemia.

## PHASE 3: CELLULAR RESPONSE & CLINICAL RISK



### Proliferation Signaling Cascades

Activates IIS leads to TLR signaling activating the MAPK/PI3K-AKT pathway, which directly stimulates cell proliferation.

### Host Tissue Exposure

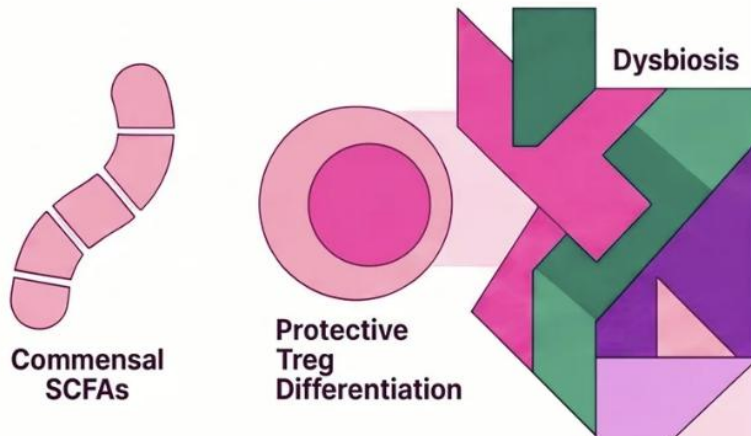
Harmful genotoxins gain direct access to the host tissue due to the breach in the barrier.



# Pathway 3: Immune Dysregulation

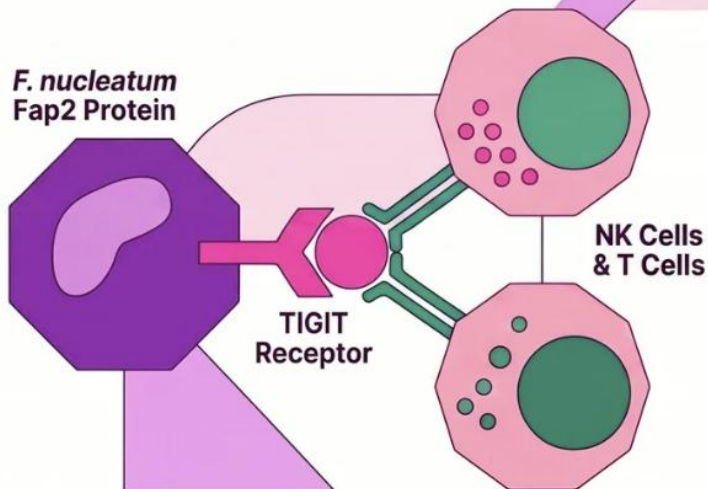
## Treg Subversion via Dysbiosis

While commensal Short-Chain Fatty Acids (SCFAs) normally drive protective Treg differentiation, dysbiosis blocks this response, removing a key immune safeguard.



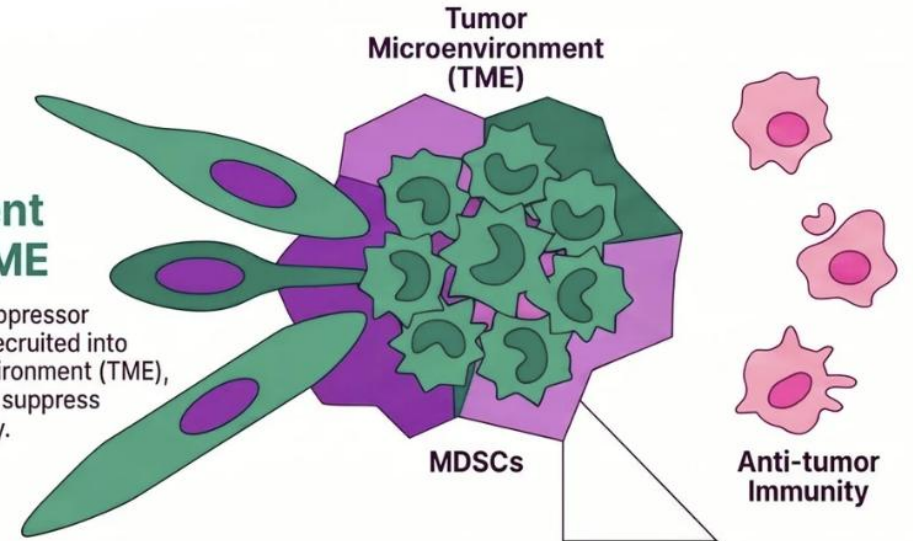
## NK Cell Evasion via Fap2/TIGIT

The *F. nucleatum* Fap2 protein binds to the TIGIT receptor, which inhibits the attack capabilities of both NK cells and T cells.



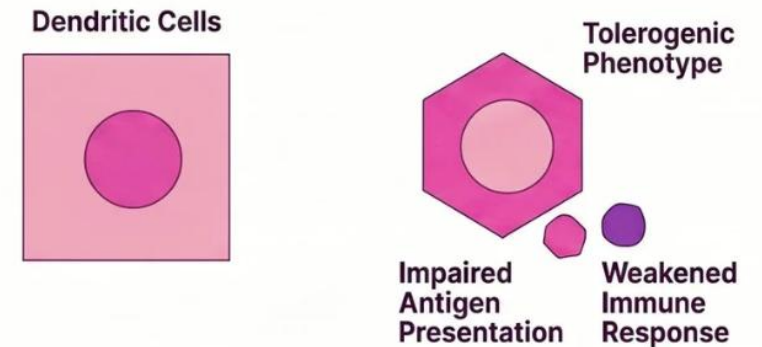
## MDSC Recruitment into the TME

Myeloid-derived suppressor cells (MDSCs) are recruited into the tumor microenvironment (TME), where they actively suppress anti-tumor immunity.



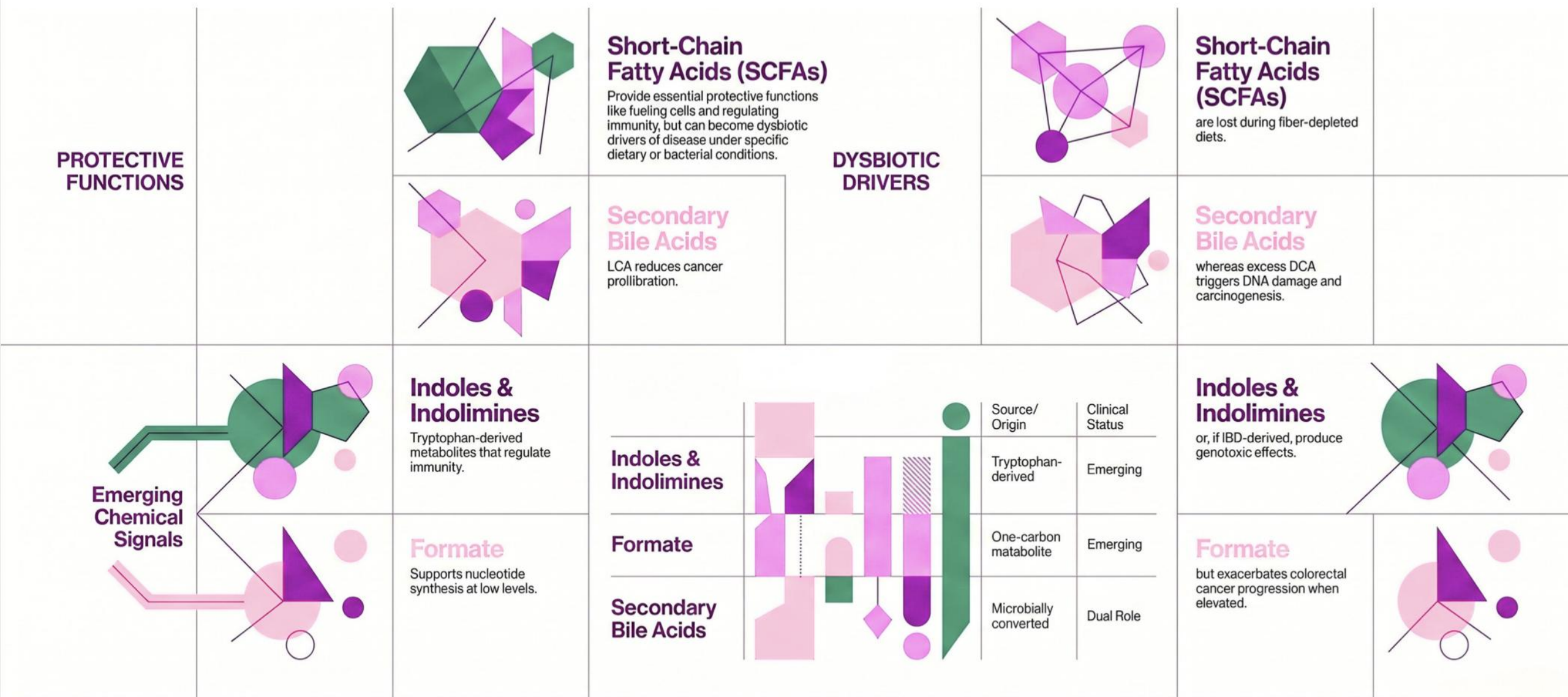
## Tolerogenic Dendritic Cell Polarization

Dendritic cells are polarized toward a tolerogenic phenotype, resulting in impaired antigen presentation and a weakened immune response.





# Pathway 4: Microbial Metabolites





# Pathway 5: Metabolic Reprogramming

## HORMONAL & GROWTH SIGNALING

### SYSTEMIC INSULIN RESISTANCE

Dysbiosis-linked systemic inflammation impairs insulin signaling, leading to elevated insulin levels that trigger the secretion of IGF-1.

### IGF-1 SIGNALING PATHWAY

The activation of the PI3K/AKT/mTOR pathway by IGF-1 promotes cell survival, rapid proliferation, and anti-apoptosis.

## CELLULAR STRESS & STRUCTURAL INTEGRITY

### MITOCHONDRIAL OXIDATIVE STRESS

Microbial genotoxins and Reactive Oxygen Species (ROS) from inflammatory cells converge to cause direct damage to mitochondrial DNA.

### CIRCADIAN DISRUPTION

According to Fellows et al. (2024), disruption of the intestinal clock leads to dysbiosis and a significantly impaired CRC barrier.



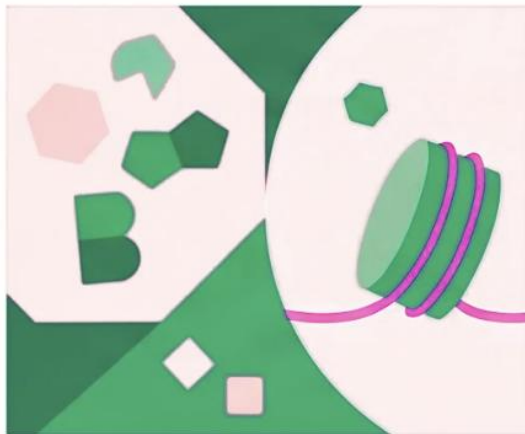
# Pathway 6: Epigenetic Modification

## Chromatin & Histone Modification



### Butyrate-Driven HDAC Inhibition

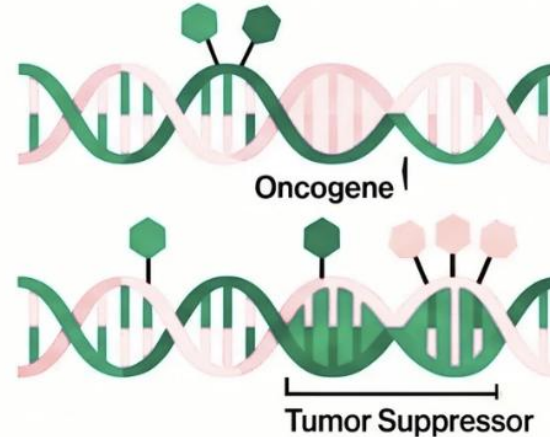
Butyrate inhibits Histone Deacetylases (HDACs), which alters chromatin accessibility to reactivate tumor suppressor genes, creating a protective cellular context.



### Essential Methyl Donors

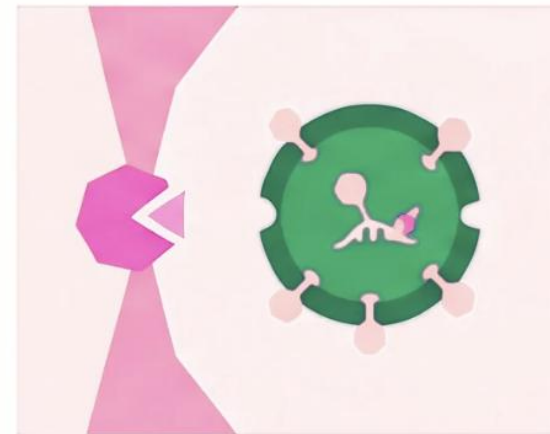
Microbial-derived folate and B vitamins serve as critical methyl donors for histone modification; however, state of dysbiosis can deplete these essential substrates.

## Gene & RNA Regulation



### Targeted DNA Methylation

Microbial metabolites exert influence over DNA methylation patterns specifically at oncogene and tumor suppressor loci, dictating gene silencing or activation.



### miRNA Dysregulation by ETBF

ETBF (*Enterotoxigenic Bacteroides fragilis*) inhibits exosome-packaged miR-149-3p, a pathway that triggers intestinal inflammation and subsequent malignancy.





# Cancer-Specific Evidence

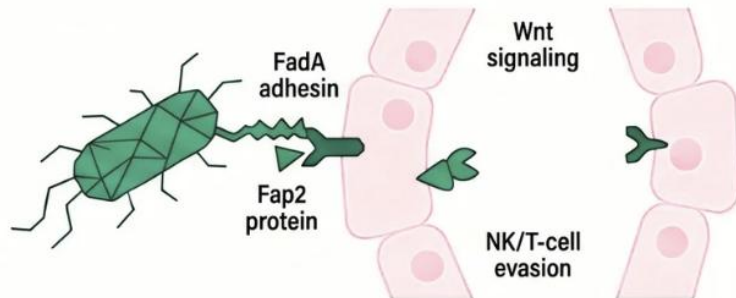
• Colorectal Cancer • Breast Cancer • Pancreatic Cancer



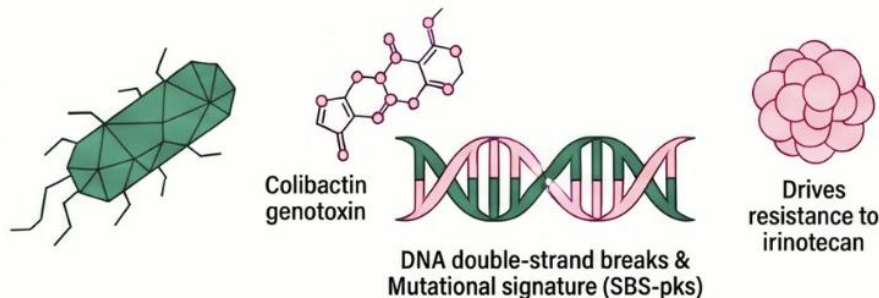
# Pathological Drivers of Colorectal Cancer

## ESTABLISHED MICROBIAL DRIVERS

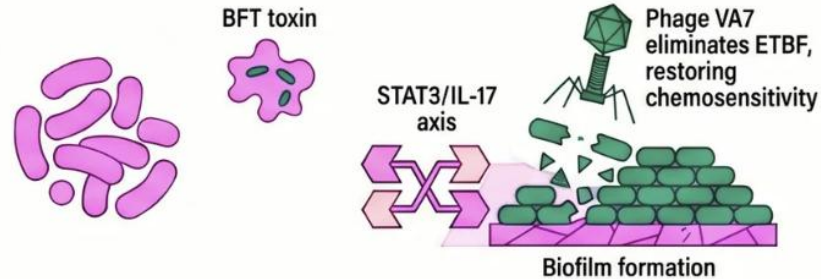
### *Fusobacterium nucleatum*: A Driver of Evasion and Resistance



Uses FadA adhesin to activate Wnt signaling and Fap2 protein to evade NK/T-cells, ultimately promoting chemoresistance via autophagy and predicting a worse clinical prognosis.



### Enterotoxigenic *Bacteroides fragilis* (ETBF): Toxin-Mediated Inflammation



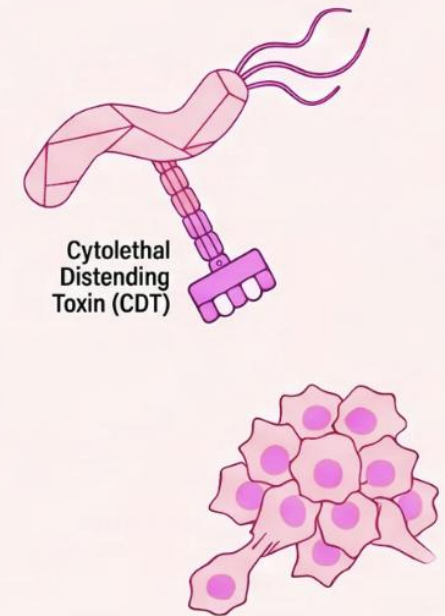
Secretes BFT toxin to trigger the STAT3/IL-17 axis and biofilm formation; notably, phage VA7 has been shown to eliminate ETBF and restore chemosensitivity.

### *pks+ Escherichia coli*: The Genotoxic Catalyst

Produces colibactin genotoxin which causes DNA double-strand breaks, leaving a distinct mutational signature (SBS-pks) in tumors and driving resistance to irinotecan.

## EMERGING PATHOGENS

### *Campylobacter jejuni*: Promoting Metastasis

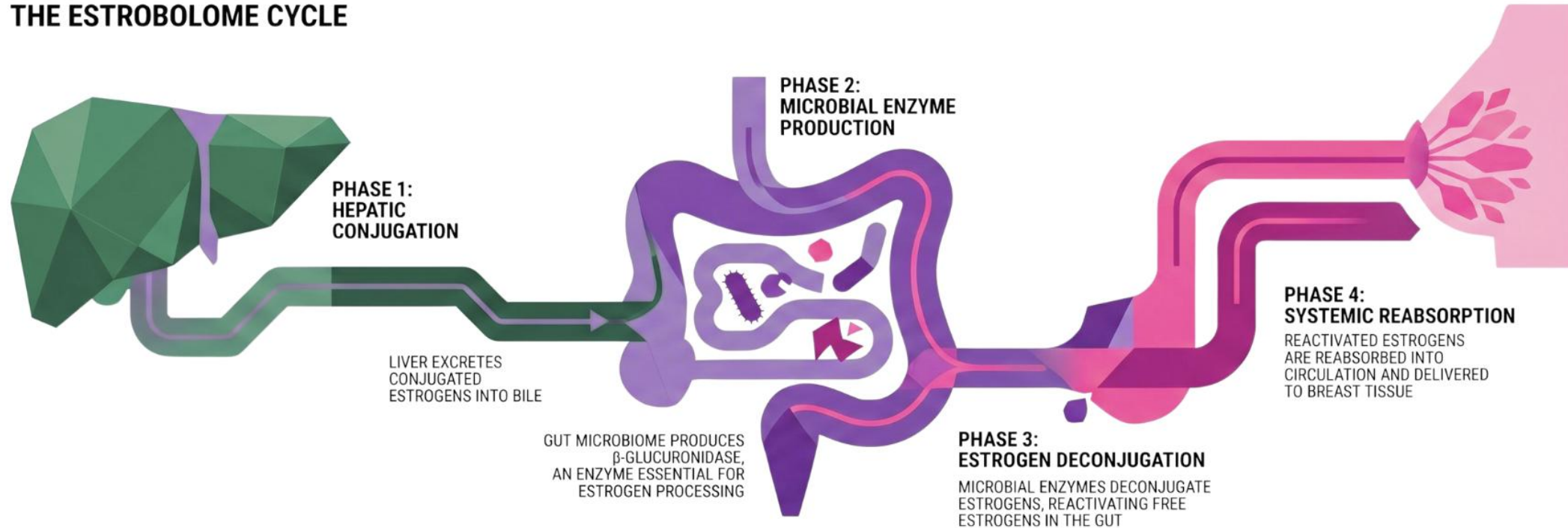


Emerging research indicates that its Cytolethal Distending Toxin (CDT) acts as a significant promoter of colorectal cancer metastasis.



# Microbial Estrogen Metabolism and Breast Cancer

## THE ESTROBOLOME CYCLE



## CLINICAL RELEVANCE & EVIDENCE



### $\beta$ -GLUCURONIDASE DYSBIOSIS

Imbalances in enzyme production clovate shouloting estrogen levels, promoting ER+ (Estrogen Receptor positive) breast cancer growth



### CAUSALITY VS. CORRELATION

Compelling mechanism, but causal link between estrobome and breast cancer not yet established in humans; currently, only correlation data exists



### $\alpha$ -DIVERSITY CONTESTED

Studies on microbial diversity ( $\alpha$ -diversity) show modicting results—some decrease, some increase—varying by cancer subtype and menopausal status



### CDK4/6i TREATMENT RESPONSE

Recent research (Schettini et al., 2020) suggests gut microbiome composition can predict response to CDK4/6i inhibitors in metastatic breast cancer patients



### TRASTUZUMAB EFFICACY

Research (DI studiea et al., 2021) indicates gut microbiome modulates the efficacy of Trastuzumab in HER2+ breast cancer cases



# Pancreatic Cancer: The Intratumoral Microbiome Frontier

## ORAL MICROBIOME & RISK ASSESSMENT



**2x**  
**INCREASED RISK FROM PERIODONTAL DISEASE**

Meta-analysis data confirms a two-fold increase in pancreatic cancer risk with periodontal disease.

## SPECIFIC BACTERIAL PATHOGENS LINKED TO PDAC

High levels of *Porphyromonas gingivalis* and *Fusobacterium nucleatum* are strongly associated with increased pancreatic cancer risk.



## SALIVARY MICROBIOME AS A DIAGNOSTIC TOOL

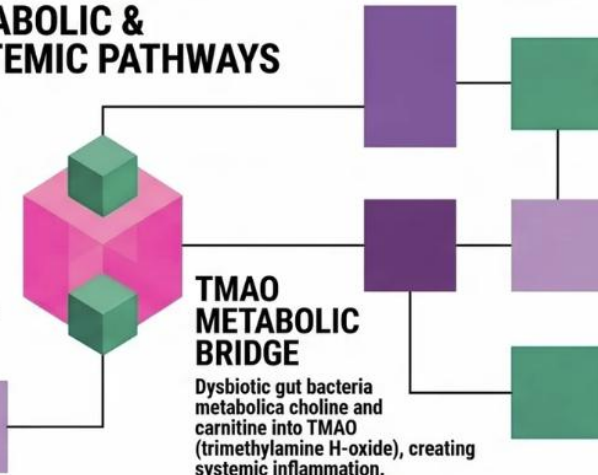
A specific salivary microbiome signature has been identified as a potential biomarker preceding clinical diagnosis.



## METABOLIC & SYSTEMIC PATHWAYS

Choline

Carnitine



## TMAO METABOLIC BRIDGE

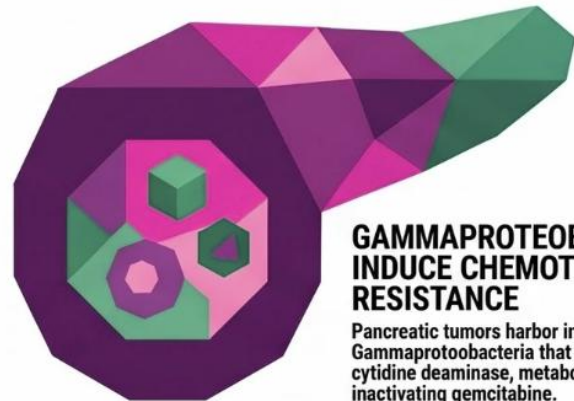
Dysbiotic gut bacteria metabolize choline and carnitine into TMAO (trimethylamine N-oxide), creating systemic inflammation.



## TMAO ASSOCIATED WITH POOR SURVIVAL

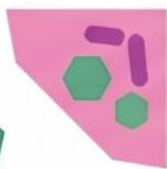
Elevated TMAO levels lead to hepatic and pancreatic consequences statistically associated with lower survival rates.

## INTRATUMORAL BACTERIA & TREATMENT RESISTANCE



## GAMMAPROTEOBACTERIA INDUCE CHEMOTHERAPY RESISTANCE

Pancreatic tumors harbor intracellular Gammaproteobacteria that produce cytidine deaminase, metabolizing and inactivating gemcitabine.



## ESTABLISHED INTRATUMORAL PRESENCE

Based on research by Najman et al. (Science 2020), type-specific intracellular bacteria in human tumors is an established scientific fact.



## EMERGING THERAPEUTIC IMPLICATIONS

While confirmed, using this knowledge to guide therapeutic interventions is a rapidly growing clinical research area.

## FUTURE CLINICAL INTERVENTIONS

**reset**

## RESTORING CHEMOSENSITIVITY

Preclinical evidence suggests microbiome manipulation can "reset" the tumor environment and restore chemotherapy effectiveness.



## CLINICAL TRIALS FOR FMT

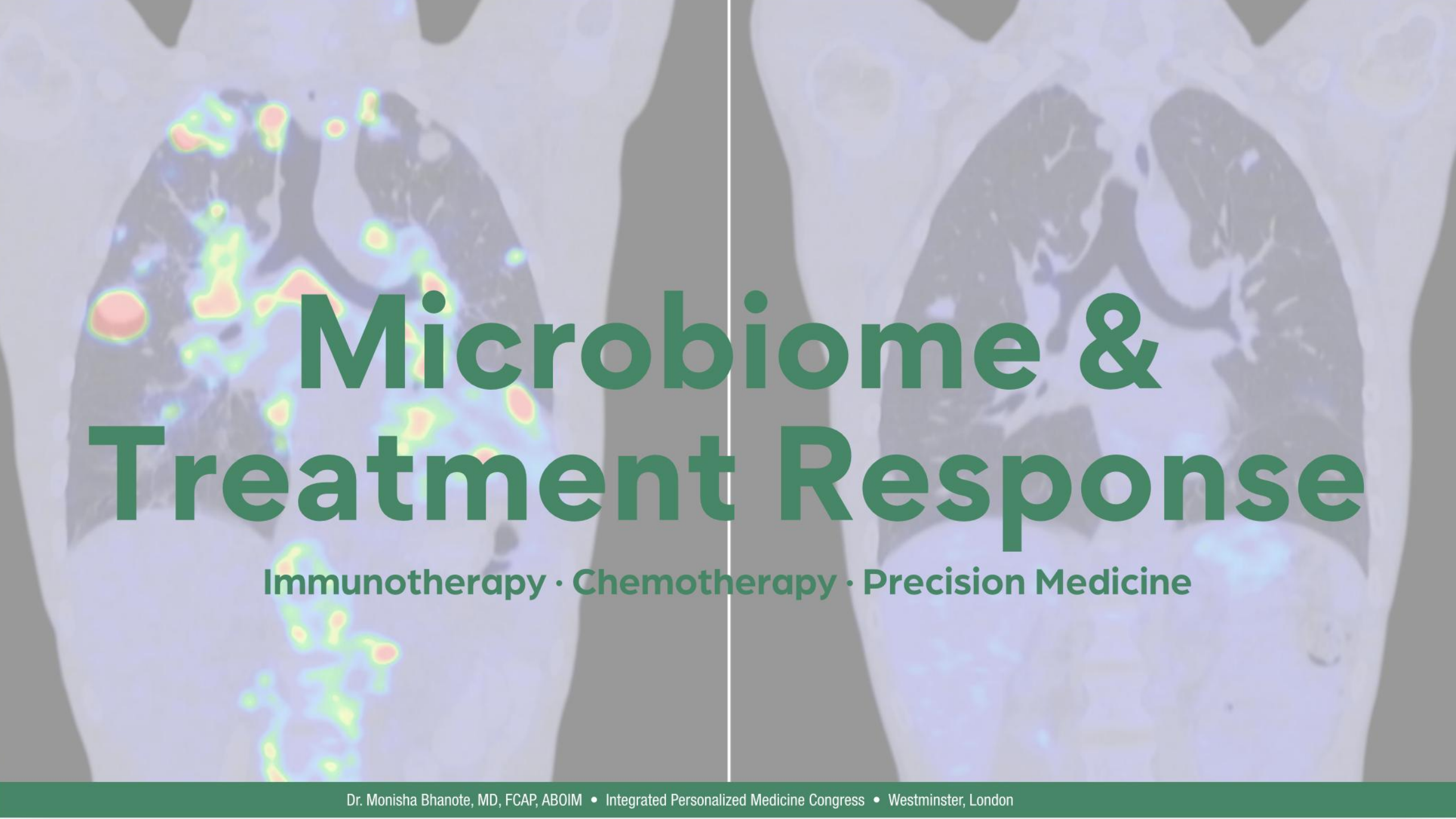
Research is underway to determine if Fecal Microbiota Transplantation (FMT) can improve treatment responses in PDAC patients.



## MECHANISTIC POTENTIAL VS. CLINICAL CONFIRMATION

Biological mechanisms for intervention are understood, but treatments are in "emerging" phase and not yet clinically confirmed.





# Microbiome & Treatment Response

Immunotherapy · Chemotherapy · Precision Medicine



# Gut Microbiome: A Critical Determinant of Cancer Treatment Success

## Predictive Bacterial Signatures



### ***Akkermansia muciniphila*** Predicts NSCLC Response

The presence of intestinal *Akkermansia muciniphila* is a clinical predictor for positive responses to PD-1 blockade in patients with advanced non-small-cell lung cancer.



### **Ruminococcaceae** Enrichment in Melanoma

A gut microbiome enriched with Ruminococcaceae correlates strongly with anti-tumor responses in patients undergoing PD-1 blockade for melanoma.



### ***Faecalibacterium prausnitzii*** & Immunotherapy

Responders to Anti-PD-1 immunotherapy typically exhibit higher levels of *Faecalibacterium prausnitzii* compared to non-responders.





# Gut Microbiome: A Critical Determinant of Cancer Treatment Success

## Diversity as a Success Metric



### High Diversity vs. Bacteroidetes-Dominance



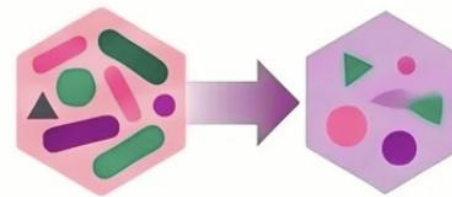
High diversity is a key predictor of treatment success, while non-responders often exhibit Bacteroidetes-dominant profiles.

### Microbial Conditioning in Breast Cancer

The therapeutic efficacy of trastusumab in HER2+ breast cancer is conditioned by gut microbiota, with diversity serving as a primary treatment predictor.

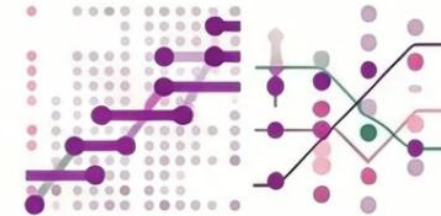
## Advanced Diagnostics & Interventions

### FMT Overcomes Treatment Resistance



► In a clinical study of 15 melanoma patients resistant to PD-1 therapy, 3 achieved a partial response after receiving a Fecal Microbiota Transplant (FMT) from successful responders.

### GOMS: The Next-Gen Biomarker



Gut OncoMicrobiome Signatures (GOMS) are proposed as a sophisticated diagnostic tool for stratifying patients for cancer immunotherapy based on their microbial profile.





# Integrative & Lifestyle Applications

Evidence-based strategies to support microbial resilience



# Supporting Microbial Resilience: Dietary Diversity & Fiber

## DIETARY BENCHMARKS FOR DIVERSITY



### 30+ PLANT SPECIES PER WEEK

Consuming this variety of plants is the primary driver for increasing microbial diversity.



### SUPPORTED MICROBIAL RESILIENCE

Diversity in plant intake creates a robust and stable internal ecosystem.

## BIOLOGICAL IMPACT & OUTCOMES



### SCFA PRODUCTION VIA FIBER

Dietary fiber intake is the essential precursor for short-chain fatty acid production.



### RAPID RISK MARKER REDUCTION

Studies show CRC risk markers can change in just 14 days following dietary shifts.

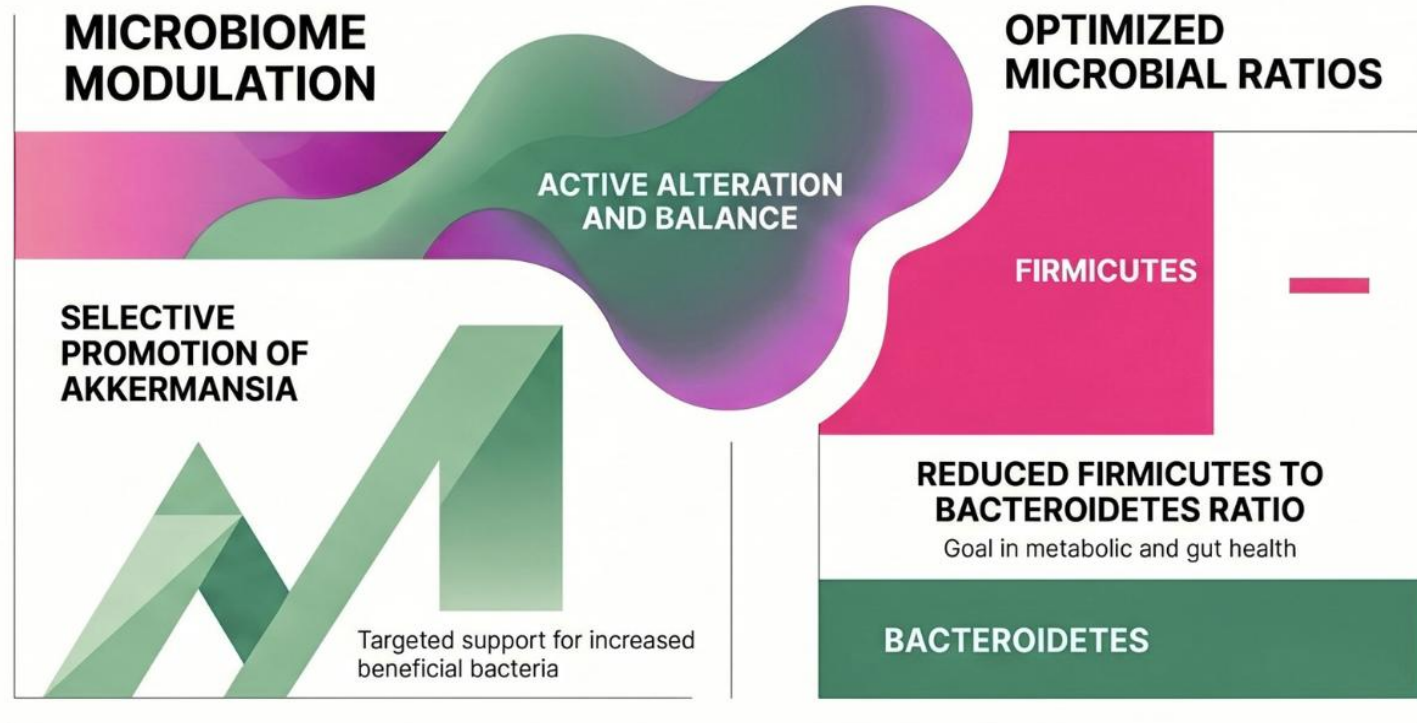


# Supporting Microbial Resilience: The Role of Polyphenols

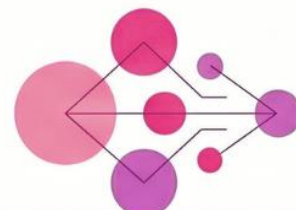
## PRIMARY EVIDENCE-BASED POLYPHENOLS



## MICROBIOME MODULATION



## CLINICAL CONSIDERATIONS



### INDIVIDUAL ABSORPTION VARIABILITY

Metabolic impact is not universal;  
absorption rates vary significantly  
between patients



### GENISTEIN CONTRAINDICATIONS

May interfere with hormone-sensitive  
cancers; requires strict oversight in  
specific populations

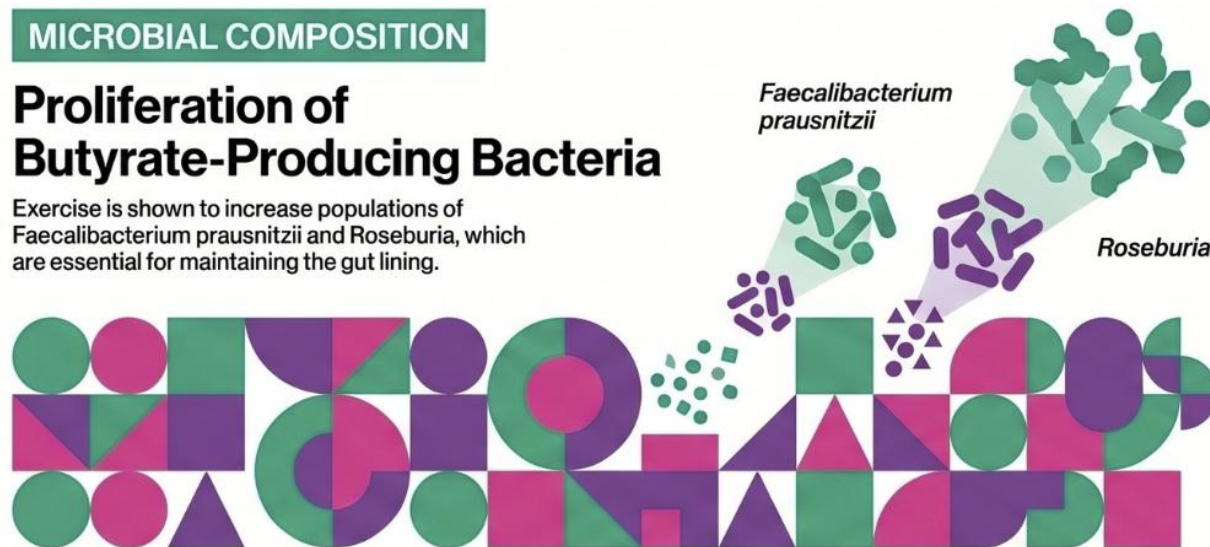


# Supporting Microbial Resilience: The Impact of Physical Activity

## MICROBIAL COMPOSITION

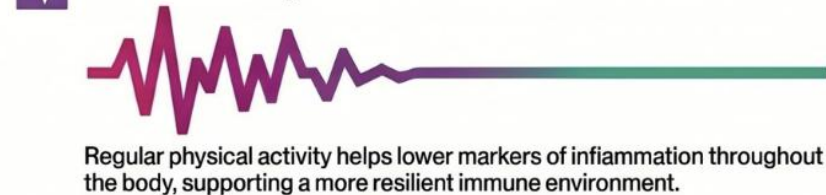
### Proliferation of Butyrate-Producing Bacteria

Exercise is shown to increase populations of *Faecalibacterium prausnitzii* and *Roseburia*, which are essential for maintaining the gut lining.



## PHYSIOLOGICAL IMPACT

### Reduced Systemic Inflammation



Regular physical activity helps lower markers of inflammation throughout the body, supporting a more resilient immune environment.

### Improved Intestinal Transit Time

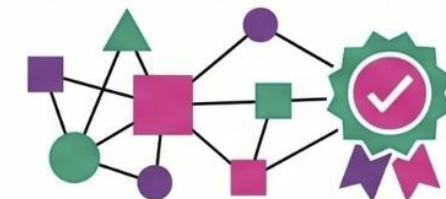
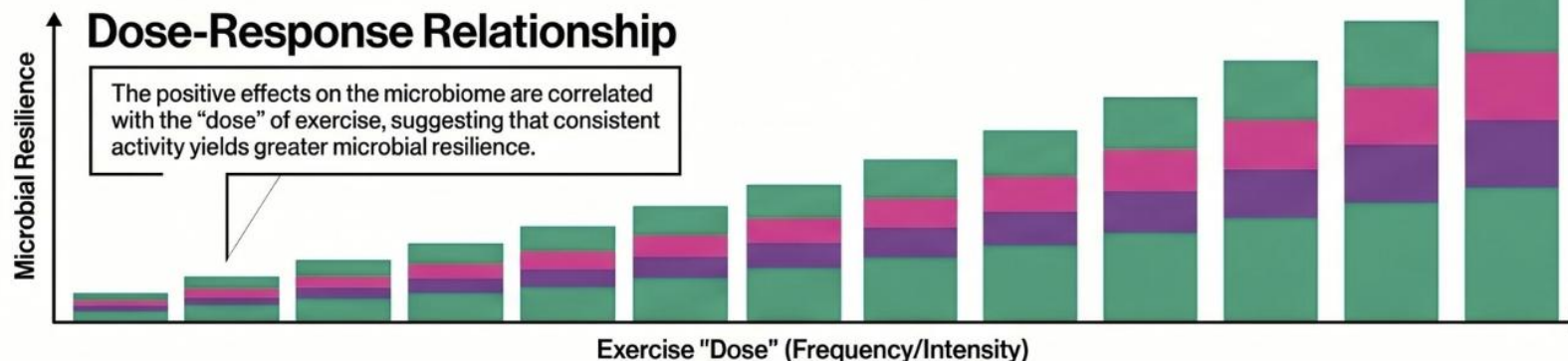


Exercise aids the mechanical movement of the digestive tract, ensuring efficient waste removal and nutrient processing.

## CLINICAL RELATIONSHIP

### Dose-Response Relationship

The positive effects on the microbiome are correlated with the "dose" of exercise, suggesting that consistent activity yields greater microbial resilience.



### Evidence-Based Strategy

The link between physical activity and microbial health is categorized as a "supported" intervention for improving biological resilience.



# Sleep, the Clock, and Gut Resilience

## THE DISRUPTION CASCADE



### Intestinal Clock Disruption

Irregular sleep patterns interrupt the natural rhythm of the intestinal environment.



### Microbial Dysbiosis

Clock disruption leads to an imbalance in gut bacteria, known as dysbiosis.



### Impaired CRC Barrier

This microbial imbalance weakens the colorectal barrier, reducing the gut's natural defenses.

## RISK & RESILIENCE



### Increased Colorectal Cancer Risk

Night shift workers show altered microbiome composition and higher colorectal cancer rates.



### Sleep Regularity Matters

Consistent sleep-wake cycles are an evidence-based strategy for supporting microbial resilience.



# Stress & Microbial Resilience: The Gut-Brain Connection



## Chronic Stress Trigger

Psychological stress initiates the release of corticotropin-releasing factors throughout the body.



## Altered Gut Function

Stress-induced factors lead to measurable changes in gut motility and increased intestinal permeability.

## Stress Reduction Intervention

Targeted stress reduction is a promising method for stabilizing the gut-brain-microbiome interaction.



## HPA Axis Disruption

The HPA axis mediates interactions that can result in stress-induced microbial dysbiosis.



## Microbial Resilience

Evidence-based strategies designed to protect the microbiome from environmental and psychological stressors.



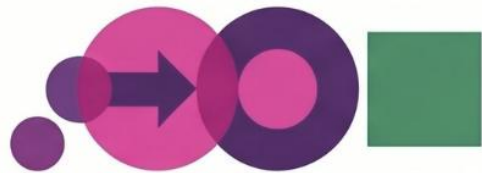


# Microbial Resilience: Emerging Environmental Exposures

Emerging evidence identifies specific environmental exposures—ranging from clinical interventions to pollution—that actively disrupt the gut microbiome. Understanding these drivers is essential for developing evidence-based strategies to support long-term microbial resilience.



## CLINICAL & DIETARY DRIVERS



## REPEATED ANTIBIOTIC USE

Identified as the strongest clinical driver of gut dysbiosis, requiring critical stewardship.



## PROCESSED FOOD ADDITIVES

Specific emulsifiers are known to disrupt the mucosal microbiome.

## ENVIRONMENTAL IMPACT

### AIR POLLUTION CORRELATION



Exposure to air pollution is significantly associated with altered gut composition.

## MICROBIAL RESILIENCE

The capacity of the microbiome to maintain or regain stability despite environmental stressors.

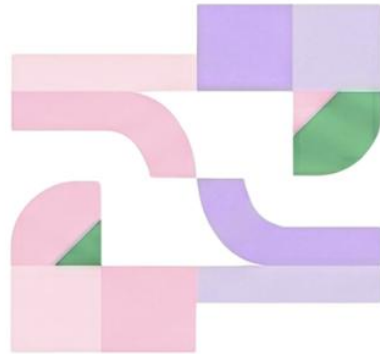
# The Evolution of Precision Microbiome Medicine

## NOW: GOMS BIOMARKERS



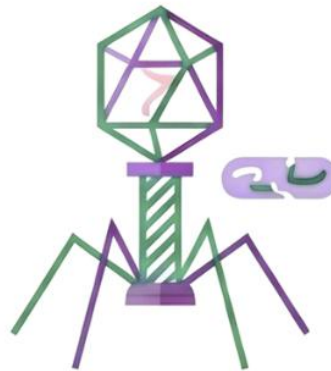
Gut OncoMicrobiome Signatures serve as predictive biomarkers for immunotherapy response stratification.

## NEAR: NEXT-GEN FMT PROTOCOLS



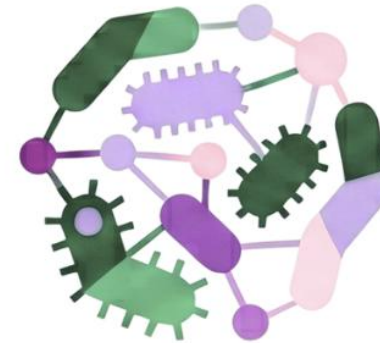
Refined fecal microbiota transplants are being tested to overcome immunotherapy resistance.

## EMERGING: PHAGE THERAPY



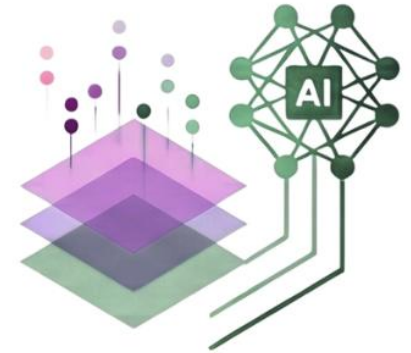
Bacteriophages are used to eliminate specific bacteria and restore chemosensitivity.

## HORIZON: ENGINEERED MICROBIAL CONSORTIA



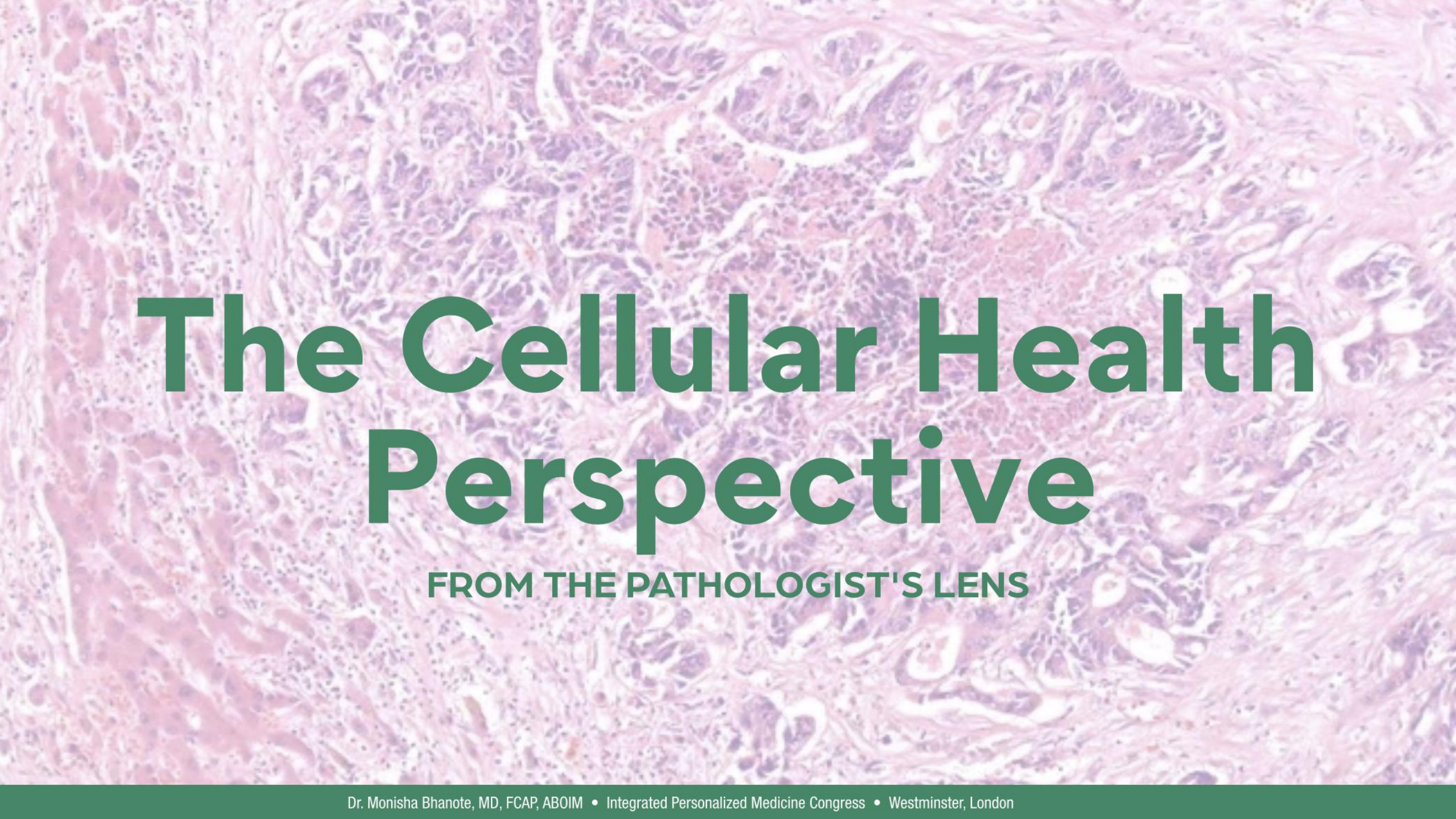
Synthetic biology creates precision-designed bacterial communities targeting specific oncogenic pathways.

## FUTURE: AI + MULTI-OMICS INTEGRATION



Machine learning integrates microbiome data for individualized cancer risk prediction and prevention.



A detailed histological image of tissue, likely stained with hematoxylin and eosin (H&E), showing cellular structures and connective tissue. The image is used as a background for the title slide.

# The Cellular Health Perspective

FROM THE PATHOLOGIST'S LENS



# The Cellular Health Perspective

## Cellular Architecture & Outcomes (Internal Layers)

### Resilience vs. Oncogenesis

The microbiome determines if the cellular environment tips toward health or disease.

### Pre-Diagnostic Architecture

Cellular changes occur long before a clinical diagnosis is ever made.

### Precision Biology

This is not alternative medicine; It is the fundamental science of cellular care.

## The Microbiome Ecosystem (Foundation)

### The Dynamic Ecosystem

A responsive environment that shapes the cellular milieu and regulates gene expression.

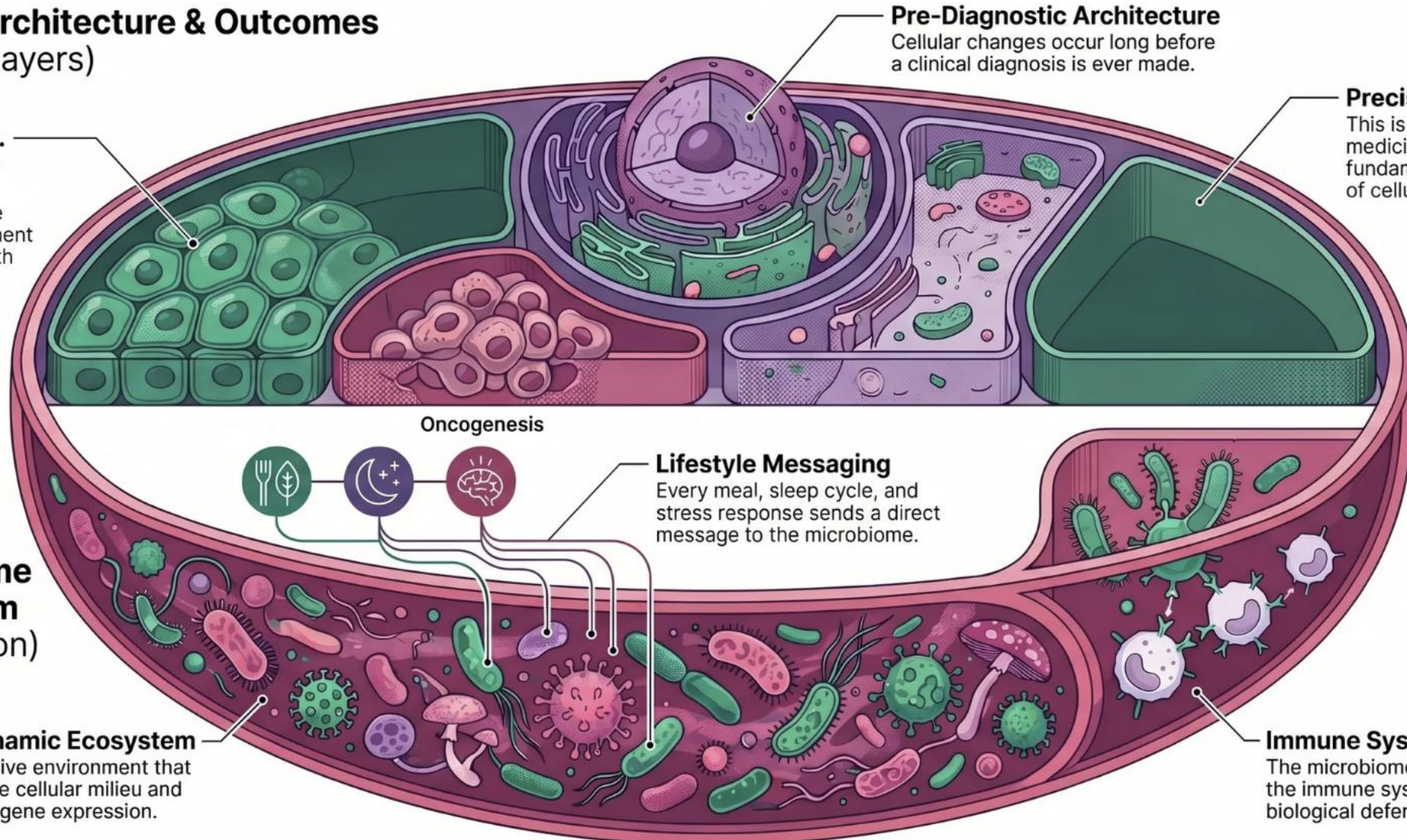
### Oncogenesis

### Lifestyle Messaging

Every meal, sleep cycle, and stress response sends a direct message to the microbiome.

### Immune System Training

The microbiome actively trains the immune system to maintain biological defense.

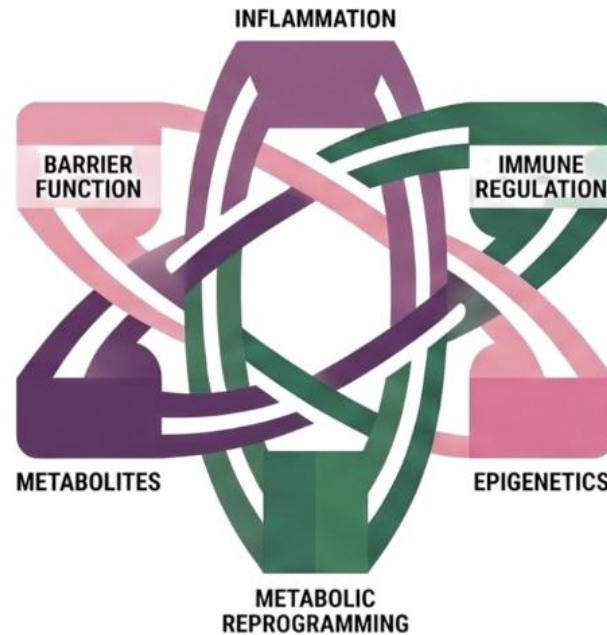




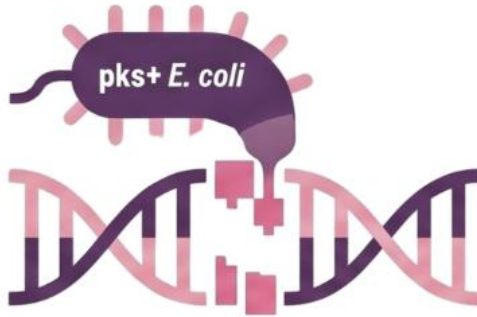
# The Gut Microbiome: Clinical Takeaways

## MECHANISTIC PATHWAYS & DISEASE LINKS

A Dynamic Organ with 6 Pathways

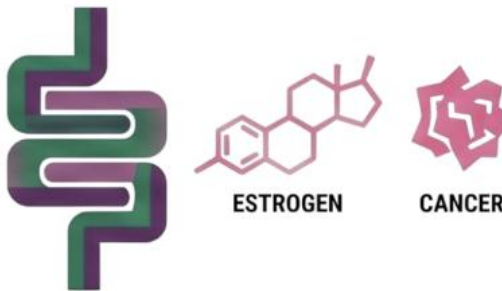


## PATHOGENIC DRIVERS OF CANCER



Specific pathogens like *pks+ E. coli* produce colibactin, which physically writes mutations into human DNA.

## THE ESTROBOLOME CONNECTION



Provides a mechanistic link between gut health and estrogen-sensitive cancers.

## THE FUTURE OF CLINICAL INTERVENTION

### PRECISION MEDICINE FRONTIERS



FMT, phage therapy, and next-gen probiotics are emerging as targets to improve immunotherapy response.

### LIFESTYLE AS A CLINICAL INTERVENTION



Diet, fiber, sleep, movement, and stress reduction function as direct microbiome interventions.

**“Every Encounter Matters”**

Patients deserve a microbiome conversation at every clinical encounter.



# THANK YOU

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CONNECT WITH ME:

[www.drbhanote.com](http://www.drbhanote.com)

