

Precision Nutrition for Cancer.

We classify a patient's gut microbiome and deliver dietitian-led, microbiome-informed nutrition before and during cancer treatment — so patients tolerate therapy better and stay on it longer.

Oncobiomix is a clinical-grade, oncology-focused microbiome science company delivering precision nutrition through an oncology-trained dietitian throughout the cancer journey.

MISSION

Turning the microbiome into actionable oncology care, beginning with precision nutrition, to improve the lives of people with cancer.

VISION

To harness the power of the microbiome to become a standard input in oncology and improve the lives of those fighting cancer.

FOR YOUR PRACTICE

One referral

You identify the patient; we ship the kit, run the sequencing, deliver the dietitian care, and return a summary with the dietitian's standard note to the chart your team already uses. No new clinic, no new visit, no inventory, and no cost to the practice.

Cancer therapy is managed. Nutrition therapy is not.

Every day 5,600 Americans are told they have cancer. Oncologists shepherd them through world-class treatment — then the most damaging variable, what happens at home between appointments, goes unguided.

20%

of cancer deaths are caused by malnutrition and its complications — not the tumor itself

1 in 2

patients with cancer lose body weight during their disease and treatment

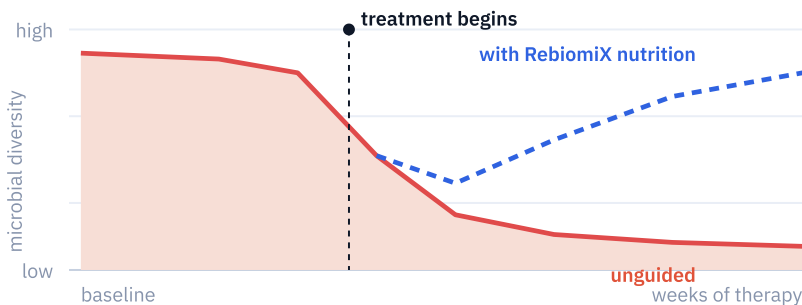
+87%

all-cause mortality risk for malnourished patients with solid tumors

Sources: BMC Nutrition (2015); PreMiO study rationale, NCT01622036; Journal of Geriatric Oncology (2020). See references 31–33.

The microbiome does real work. Treatment dismantles it.

Trillions of gut bacteria digest food, train the immune system, and protect the gut lining. Chemotherapy, radiation, and antibiotics take that apart within days.



THE CASCADE

- Beneficial species are killed off
- Diversity collapses within days
- Gut barrier weakens; infection and inflammation rise
- Absorption drops; weight and muscle loss follow

GI toxicity is one of the most common reasons patients reduce dose, delay cycles, or stop therapy. **Every interruption costs the patient efficacy — and costs your practice unplanned visits, admissions, and calls.**

NOBODY CONNECTS THE TWO HALVES

Consumer microbiome tests

Stop at a report. No care pathway.

Telenutrition companies

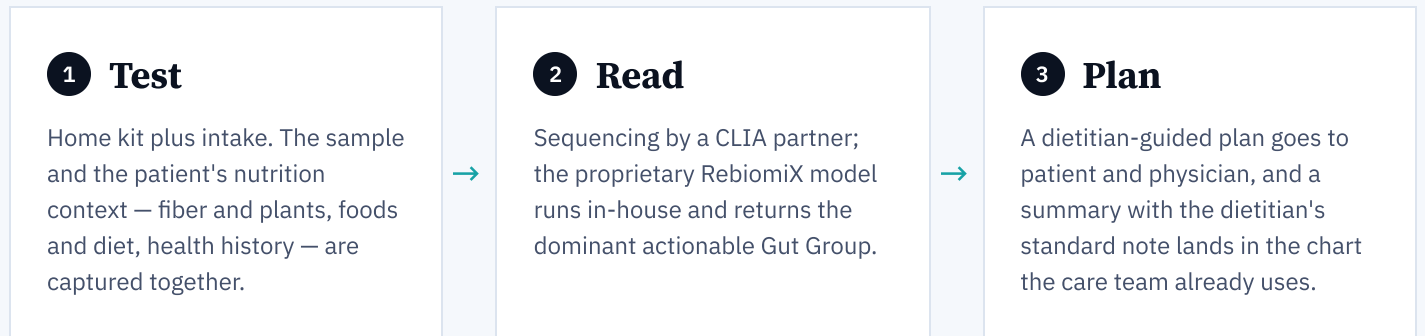
Deliver dietitians without biology.

Oncobiomix

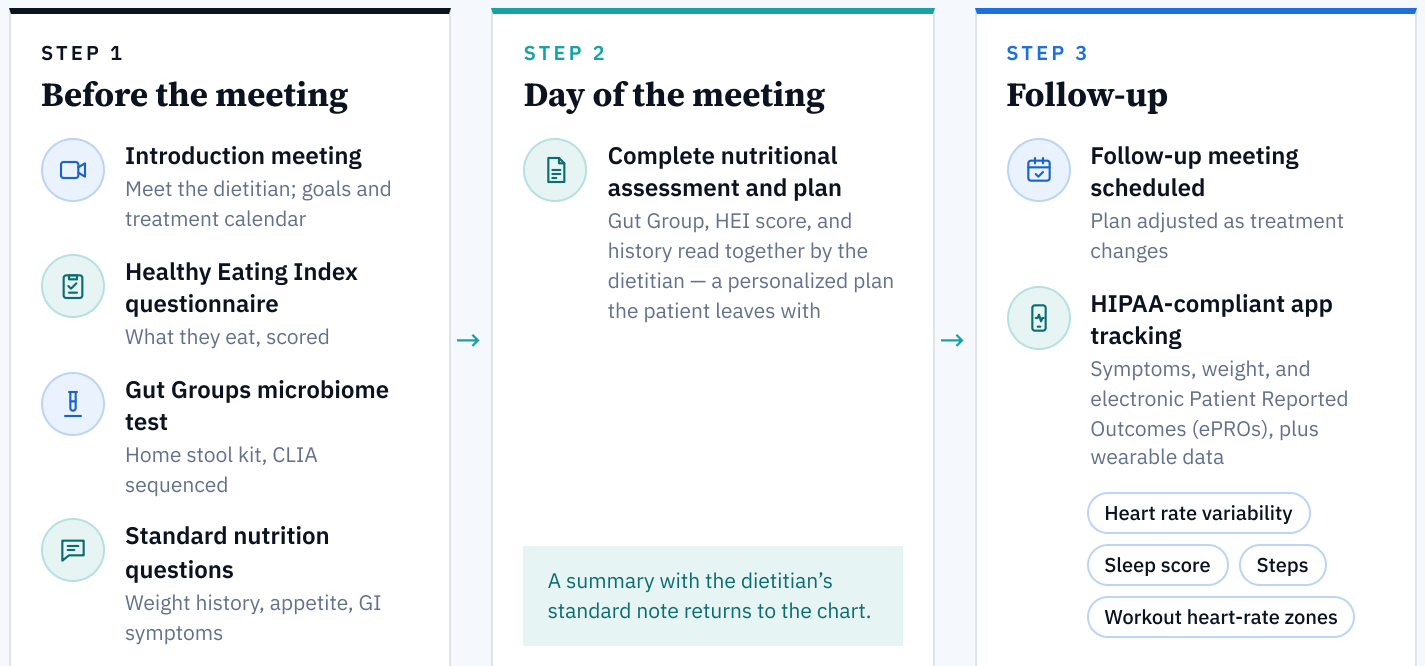
Both — inside oncology care, tied to outcomes.

Three steps. One clinical workflow.

From a stool kit at home to a documented nutrition plan in the chart — no new clinic and no new visit, because the workflow already exists.



The patient journey what each step looks like for your patient



The RebiomiX matrix — six gut groups

each group carries its own nutrition plan · profiles on the following pages



The result reflects the group the patient's microbial pattern most resembles. It is a starting point for nutrition, not a diagnosis.



Biome Balanced

MAINTAIN

A diverse, well-distributed microbiome. The goal is protecting the baseline and building margin before treatment strains it — not fixing a problem.

WHY IT MATTERS IN CANCER

Diversity is protective in cancer care. Across four transplant centers, higher intestinal diversity was associated with lower mortality after allogeneic stem cell transplant;¹ higher diversity tracked with response to anti-PD-1 therapy in melanoma;² and lower pre-chemotherapy diversity predicted worse GI symptoms in breast cancer.³ The goal is to protect this baseline before treatment erodes it.

HOW IT GUIDES THE PLAN

- 1 Protect variety before and through therapy
- 2 Keep fermented foods in the daily rotation
- 3 Hold ultra-processed foods and emulsifiers to rare

DIET ACTIONS

- ~30 different plant foods per week — vegetables, fruit, legumes, whole grains, nuts, seeds, herbs, spices
- About 8 g/day fermentable fiber from whole grains, vegetables and legumes
- Regular activity, protected sleep, alcohol occasional
- Fermented foods daily as tolerated — yogurt, kefir, sauerkraut, kimchi, miso, tempeh
- Mediterranean pattern alongside plant variety

SUPPLEMENTS

- Optional — food first remains the priority

EXAMPLE DAY	BREAKFAST Any rotation that keeps 3+ plants on the plate	LUNCH A big varied salad or grain bowl	DINNER Bean- or fish-forward plate with two vegetables

EVIDENCE BEHIND THE LEVERS

30+ plants weekly¹⁴ 6-week RCT, n=399: 57 species changed vs 14 on control; less indigestion and constipation	SHOWN · RCT	Fermented foods¹⁵ Pooled trials support day-to-day gut comfort and regularity	SHOWN · META	Exercise¹⁶ 25 controlled trials: alpha diversity rose with exercise	SHOWN · META
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Low Diversity

EXPAND

Fewer kinds of gut microbes sharing the work — a less resilient ecosystem, and the pattern most common in patients with cancer.

WHY IT MATTERS IN CANCER

This is the pattern treatment makes worse. Diversity falls during pelvic radiation, most in patients who develop diarrhea;⁴ lower baseline diversity predicted more chemotherapy-induced GI symptoms and microbiome disruption (n=59);³ and after allogeneic transplant, lower diversity was associated with higher mortality.¹ Systemic antibiotics are a major driver of loss.⁵

HOW IT GUIDES THE PLAN

- 1 Widen plant variety, rotating choices weekly
- 2 Make a daily fermented food concrete and measurable
- 3 Protect the gut around every antibiotic course

DIET ACTIONS

- ~30 different plant foods per week, rotated
- Swap white bread for a high-fiber whole-grain loaf
- Keep meal quality steady day to day, not just weekly
- 200 mL kefir or 180 g live-culture yogurt daily
- A small handful of nuts most days

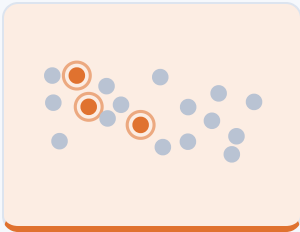
SUPPLEMENTS

- Prebiotic fibers (inulin-type fructans, PHGG, resistant starch) — start low, build gradually
- Correct vitamin D deficiency; omega-3s may support composition

EXAMPLE DAY	BREAKFAST Overnight oats with chia, apple, and live-culture yogurt	LUNCH Chopped salad with chickpeas, sauerkraut on the side	DINNER Bean-and-vegetable chili over cooled-and-reheated brown rice

EVIDENCE BEHIND THE LEVERS

Fermented foods¹² 17-week RCT: alpha diversity rose and inflammatory markers fell	30+ plants weekly¹⁷ Crossover RCT: shift toward SCFA producers and lower symptom burden	Whole-grain swap¹⁸ One bread swap doubled fiber and raised diversity within 2 weeks
SHOWN · RCT	SHOWN · RCT	SHOWN · RCT



Low Short-Chain Fatty Acid Producer

FEED

Reduced gut energy and protection — low short-chain fatty acid output (butyrate, acetate, propionate) from the microbes that feed the colon lining.

WHY IT MATTERS IN CANCER

Fiber-fermenting, short-chain fatty acid producers are linked to immunotherapy outcomes. Higher dietary fiber was associated with significantly improved progression-free survival in 128 melanoma patients on checkpoint blockade;⁶ fiber-degrading, short-chain fatty acid-producing species were more abundant in patients with progression-free survival ≥ 12 months (n=175).⁷ In a randomized trial during pelvic radiotherapy, a high-fiber diet reduced GI toxicity.⁸

HOW IT GUIDES THE PLAN

- 1 Resistant starch and fermentable fiber every day
- 2 Legumes most days; build fiber up slowly for tolerance
- 3 Omega-3 foods a couple of times a week

DIET ACTIONS

- Beans or lentils most days; two fruit; two cups vegetables
- Inulin-rich foods: onion, garlic, leeks, asparagus, oats, barley, flax
- Daily berries — raised SCFA producers in older adults
- Resistant starch — cooked-and-cooled potatoes or rice
- Swap white bread for high-fiber or barley bread

SUPPLEMENTS

- PHGG, inulin-type fructans, resistant-starch powders — start low
- Fish or algae oil to fill omega-3 gaps

EXAMPLE DAY	BREAKFAST	LUNCH	DINNER
	Overnight oats with flaxseed, berries, and kefir	Lentil-and-barley bowl with vegetables, olive oil, lemon	Salmon with cooled new-potato salad and broccoli

EVIDENCE BEHIND THE LEVERS

Resistant starch¹⁹ Human trial: significant rise in fecal butyrate	SHOWN · RCT	Whole legumes²⁰ Randomized crossover: fecal SCFAs increased	SHOWN · RCT	Inulin-type fructans²¹ 16 g/day for 12 weeks raised fecal <i>Bifidobacterium</i>	SHOWN · RCT
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Overgrowth

REBALANCE

Over-representation of Proteobacteria — oxygen-tolerant species that bloom when fiber is low, often after antibiotics or acid suppression.

WHY IT MATTERS IN CANCER

Proteobacterial blooms precede infection in immunocompromised patients. During allogeneic stem cell transplant, proteobacterial domination of the gut increased the risk of gram-negative bacteremia 5-fold.⁹ In 195 patients on checkpoint inhibitors, higher baseline pathobiont abundance was associated with severe immune-related adverse events (8.2% vs 4.8%; OR 1.40).¹⁰

HOW IT GUIDES THE PLAN

- 1 Fiber at every meal — plants at the center, meat as the side
- 2 Daily polyphenol foods; fewer added sugars and additives
- 3 Review ongoing need for acid-suppressing drugs

DIET ACTIONS

- Plates built on legumes, whole grains, vegetables, nuts, seeds
- Polyphenols daily — berries, green tea, pomegranate, herbs, EVOO
- Fiber at every meal, especially after antibiotics
- Cut back on added sugars and packaged snacks
- Resistant starch daily, 3.5–7 g

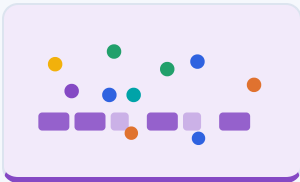
SUPPLEMENTS

- Green tea catechins; pomegranate standardized for punicalagins, best paired with fiber
- Cranberry polyphenols in food form

EXAMPLE DAY	BREAKFAST Green smoothie — spinach, berries, kefir, flax — with green tea	LUNCH Pomegranate-lentil salad with vegetables and parsley	DINNER Vegetable stir-fry with tofu over brown rice, side of kimchi

EVIDENCE BEHIND THE LEVERS

Whole grains ²² 6-week RCT: fewer Enterobacteriaceae, higher diversity	Legumes ²³ High fiber and resistant starch favor SCFA producers over Proteobacteria	Cranberry polyphenols ²⁴ Human trial: fewer Enterobacteriaceae, bifidogenic shift
SHOWN · RCT	LINKED	SHOWN · RCT



Barrier Impaired

PROTECT

The gut lining is under strain — increased intestinal permeability, the pattern most exposed to chemotherapy, radiation, and mucositis.

WHY IT MATTERS IN CANCER

Barrier injury is where treatment toxicity concentrates. In head and neck chemoradiation (n=47), severe mucositis had a distinct baseline gut microbiome and was associated with shorter overall survival (HR 3.3, 95% CI 1.0–10.6).¹¹ During transplant, disrupted flora precedes bloodstream infection.⁹ A high-fiber diet during pelvic radiotherapy reduced GI toxicity in a randomized trial.⁸

HOW IT GUIDES THE PLAN

- 1 Simple, cooked, well-tolerated meals
- 2 Barrier-supporting nutrients; fiber added gradually
- 3 Avoid runs of high-fat meals and alcohol

DIET ACTIONS

- Cooked vegetables, gentle proteins (beans, fish, eggs), well-chewed whole grains
- Small daily fermented servings if tolerated
- Pair fermentable fiber with polyphenol foods — add gradually
- Soups, stews, and sautés over fried or heavily seasoned food
- Resistant starch and inulin-rich vegetables most days

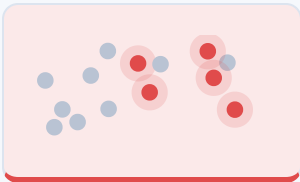
SUPPLEMENTS

- Glutamine and zinc carnosine — human data under stress; discuss with clinician
- Short zinc courses; adequate vitamin D; butyrate or fiber-rich diet

EXAMPLE DAY	BREAKFAST Oatmeal with olive oil, scrambled egg, plain yogurt	LUNCH Chicken or white-bean soup with carrots and rice	DINNER Baked white fish, mashed sweet potato, sautéed zucchini

EVIDENCE BEHIND THE LEVERS

Fiber + polyphenols²⁵ Prevented permeability rises and raised <i>Bifidobacterium</i>	Glutamine²⁶ Improved permeability markers in stressed and critically ill patients	Zinc carnosine²⁷ Stabilizes small-bowel integrity and supports gut repair	LINKED
SHOWN · RCT	SHOWN · RCT		



Inflammatory

COOL

Ongoing immune activation in the gut environment — a pattern seen only in the cancer cohort, not in healthy controls.

WHY IT MATTERS IN CANCER

Gut immune dysregulation shapes checkpoint toxicity. In a prospective cohort of 195 patients (497 samples), dysbiosis and a stronger fall in Ruminococcaceae preceded severe immune-related adverse events.¹⁰ In healthy adults, a 17-week fermented-food diet lowered inflammatory markers¹² — cancer-specific diet trials are still needed.

HOW IT GUIDES THE PLAN

- 1 Mediterranean plate as the default pattern
- 2 Remove emulsifiers and processed meat
- 3 Live-culture fermented foods daily

DIET ACTIONS

- Vegetables, fruit, legumes, whole grains, nuts, olive oil, fish
- Two weeks without added emulsifiers (CMC, P-80, carrageenan)
- Almonds and berries daily
- Red meat once or twice a week at most; no processed meat
- Extra-virgin — not refined — olive oil

SUPPLEMENTS

- Omega-3s from fish or algae oil
- Soluble fibers (psyllium, PHGG); curcumin add-on in UC

EXAMPLE DAY	BREAKFAST	LUNCH	DINNER
	Savory oats with olive oil, spinach, soft egg, kefir	Mediterranean bowl — quinoa, chickpeas, cucumber, olives	Baked salmon, roasted vegetables, lentils, herbs

EVIDENCE BEHIND THE LEVERS

Mediterranean pattern²⁸ SHOWN · RCT Adherence linked with lower inflammatory markers	Extra-virgin olive oil²⁹ SHOWN · RCT 6-month double-blind RCT: raised <i>Faecalibacterium</i> and <i>Roseburia</i>	Emulsifier removal³⁰ SHOWN · RCT Human RCT: CMC, P-80, carrageenan shifted gut composition
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Cancer patients start depleted. RebiomiX shows how — and moves it.

RebiomiX classifies a patient's gut into one of the Six Gut Groups from a home stool kit, then a dietitian turns that classification into a plan the patient follows through treatment.

RebiomiX — oncology nutrition classification

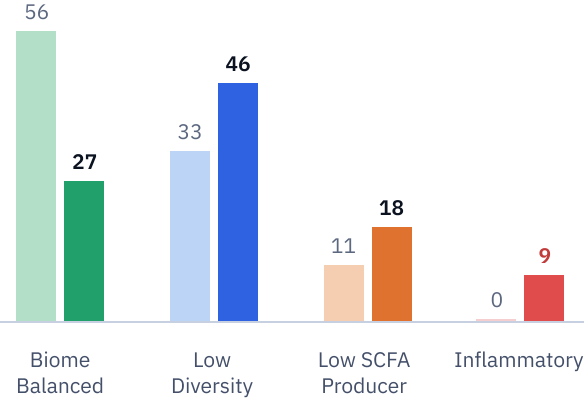
Built and held in-house; sequencing runs through a CLIA partner. In clinical use today.

IN CLINICAL USE TODAY

REBIOMIX

Cancer patients start depleted

Gut Group distribution, % of subjects · n=22 cancer, 9 healthy



■ Pale = healthy ■ Saturated = cancer

Inflammatory appears only in cancer

REBIOMIX

Microbial richness over the first 6–8 weeks

One line per early member, enrollment (T1) to follow-up (T2, T3) · dashed = one member who moved Inflammatory → Biome Balanced



THE GROUPS TRACK OUTCOME

p = 0.049 log-rank

Applying the Gut Groups to published ovarian cancer data, maintaining a Biome Balanced gut aligned with platinum sensitivity, while a combined metabolic-dysfunction group had worse progression-free survival. D'Amico et al., Cancers 2021.¹³

THE PATTERN MOVES WITH FOOD

14 of 15 at 6–8 weeks

Microbial richness rose on protocol in 15 consecutive RebiomiX members, charted above. The one member who worsened had started nuclear medicine radiation — exactly the toxicity we aim to pre-empt.

Even where the gut group itself does not shift, patients are moving along the microbial diversity pattern that research studies have correlated with improved outcomes.

Improved microbiome protects the gut. We raise the bar.

Published studies show that the gut microbiome predicts GI toxicity. RebiomiX shows that this risk is measurable, classifiable, and modifiable.

PUBLISHED EVIDENCE

Higher microbial diversity, less GI toxicity



Breast chemotherapy (n=59)

Lower baseline alpha diversity predicted worse GI symptoms and more diarrhea. — npj Breast Cancer 2024³



Head & neck chemoradiation (n=47)

Severe mucositis had a distinct baseline microbiome; severe mucositis → shorter overall survival (HR 3.3). — Oral Oncology 2023¹¹



Pelvic radiation (8 studies)

Diversity falls during radiation therapy, and falls furthest in patients who develop diarrhea. — Radiation Oncology 2021⁴



Checkpoint inhibitors (195 pts, 497 samples)

Dysbiosis and loss of Ruminococcaceae preceded severe immune-related adverse events. — Eur J Cancer 2025¹⁰



High-fiber RCT, pelvic radiation (n=166)

Less GI toxicity at end of radiation and at one year vs. habitual fiber intake. — Am J Clin Nutr 2017⁸

REBIOMIX DATA

We measure it, and we raise it



Baseline depletion

Cancer patients are depleted at baseline: Biome Balanced 56% → 27% vs. healthy controls; Low Diversity 33% → 46%; Inflammatory 0% → 9% (n=22 cancer, 9 healthy).



Gut-group tracks chemo outcome

In ovarian chemotherapy, maintaining Biome Balanced tracked with platinum sensitivity; the metabolic-dysfunction group had worse progression-free survival (log-rank p=0.049)¹³.



Microbial diversity rises on our protocol

15 consecutive customers, baseline to 6–8 weeks — microbial diversity rose in nearly all, before a dedicated dietitian was even in place.



The exception proves the target

The one patient who lost ground started nuclear-medicine radiation — the toxicity we intend to pre-empt.

Others show the association. We show the classification, the intervention, and the before-and-after.

This is what your patient actually receives.



UPLOAD 1
Diet & symptom questionnaire



UPLOAD 2
Home stool kit · CLIA sequenced



COMBINED SCORE
Healthy Eating Index
What they eat, against what the gut did with it

ONE REPORT BACK — REPRODUCED AS ISSUED

ACTUAL OUTPUT · PAGE 1 OF 3

ONCOBIOMIX
REBIOMIX · GUT WELLNESS REPORT

WELLNESS EDUCATION · NOT DIAGNOSTIC

Gut Diversity Profile

A microbiome-informed wellness report focused on your RebiomiX gut group, microbial diversity, and nutrition opportunities.

PARTICIPANT NAME
Person, Unknown

DATE SPECIMEN RECEIVED
Unknown

KIT ACCESSION
ONCO-UNKNOWN

REPORT DATE
11/28/2025

ANALYSIS ID
Barrier-Impaired-Test

PARTICIPANT EMAIL
unknown@gmail.com

Your RebiomiX gut group

YOUR GUT GROUP
Barrier Impaired
Main concern: Leaky gut and weakened defense wall.
Wellness focus: Strengthen with zinc, butyrate-enhancing prebiotics, and fermented dairy/probiotics.

KEY INDICATOR · MICROBE MIX
3.75 Shannon diversity index · ~22nd pct
LOWER DIVERSITY TYPICAL HIGHER DIVERSITY

What this result is — and is not
Your RebiomiX result places you in one of six categories based on the balance and diversity of your gut microbes. It is a starting point for nutrition and lifestyle focus.
Important: This is a wellness and educational report, not a diagnostic test. It should not be used to diagnose, screen for, or make decisions about any medical condition. See disclaimers below.

The RebiomiX matrix — six gut groups

Low Diversity

Low Short-Chain Fatty Acid Producers

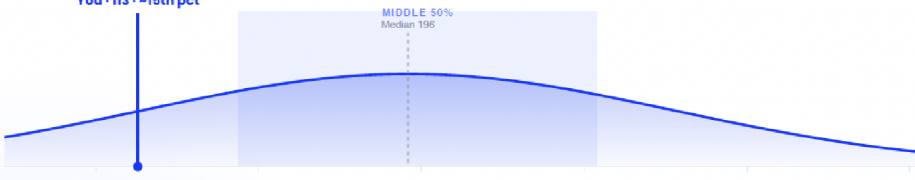
Inflammatory

Overgrowth

Barrier Impaired
YOUR RESULT

Biome Balanced

Your result reflects the group your microbial pattern most resembles. It is a starting point, not a diagnosis.

Microbe Types — reference distribution
How many different kinds of microbes were found in your sample, shown against the reference population.
You · 113 · ~15th pct
MIDDLE 50% Median 196

Reference distribution modeled from the RebiomiX reference-population percentiles. The marker shows where this participant's microbe-type count falls (about the 15th percentile).

SHARE OF REFERENCE POPULATION ↑



TELEHEALTH
HIPAA-compliant, real live dietitian
Video visits with an oncology-trained RD, scheduled around treatment. The report is the starting point; the dietitian personalizes the plan and writes their standard note into the chart.



Chat function
Asynchronous questions between visits



Wearable ready
Activity, sleep, and HR data feed the plan



Symptom tracking
GI comfort, weight, and tolerability over time

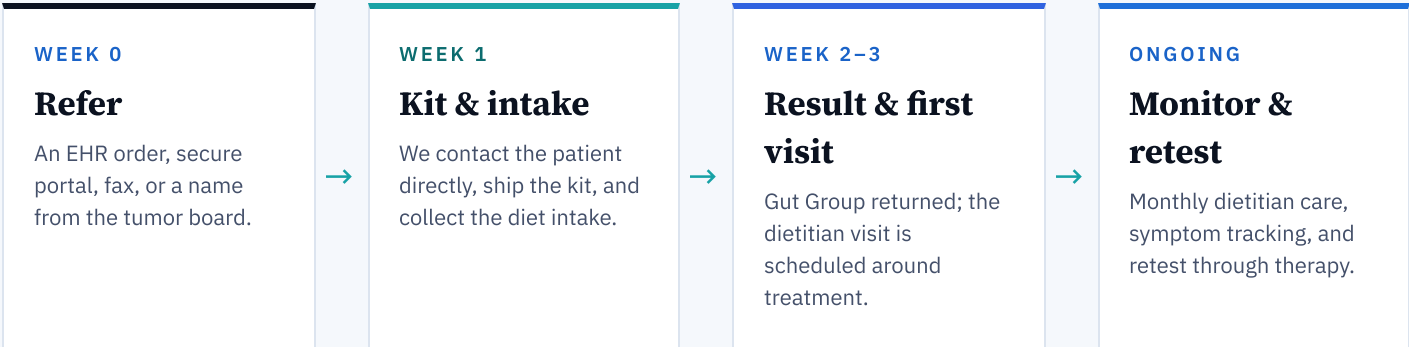


Platform buildup
Subscription tiers: meal plans, yoga, exercise, mindfulness

De-identified test record. Wellness and educational use only; not intended to diagnose, treat, cure, or prevent any disease. Lab: MicroGen Diagnostics, CLIA 45D1086390, CAP 7214171. 12

One referral. We carry the rest.

You identify the patient. We ship the kit, run the sequencing, deliver the dietitian care, and return a documented note. Your team adds no visits, no inventory, and no new software.



FOUNDERS PRICING
HSA / FSA eligible

\$699 6-month program

\$99/month after 6 months

(Limited time)

WHAT YOU GET BACK

Documentation, not another portal

- A summary with the dietitian’s standard note**
The documented nutrition assessment your surveys and quality programs ask for.
- A Gut Group classification**
With the specific dietary levers behind it — and a retest that shows movement.
- Longitudinal weight and symptom data**
Between appointments, not only at them.
- A dietitian on call for your patient**
Absorbing the diet and supplement questions your nurses field today.

WHAT WE ASK OF YOU

Four things, none of them staff time

- Identify patients starting or on therapy who are at nutritional risk.
- A referral route we can receive — EHR order, portal, or fax.
- One clinical point of contact for questions and escalations.
- Nothing else.** No inventory, no added visits, no new system to learn.

Integration
Results and notes route into the EHR your team already uses.

Support
A 30-minute in-service, patient materials, and a named contact.

Cost to you
None. Patient-paid today; reimbursement pathways in development.

START WITH ONE PATIENT

Refer a single patient this week and see the note come back.

Contact@oncobiomix.com
oncobiomix.com/providers

Physician-led team. Industry-embraced.

A surgeon-scientist CEO with the informatics, dietitians, and trial machinery already in place — and the clinical standing to say what the data does *not* yet show.



Michael A. Liss
Urologic oncologist and surgeon
· Founder

A urologic oncologist and surgeon.

FOUR TRAININGS THAT NORMALLY LIVE IN FOUR PEOPLE

MD
Treats these patients

PhD
Owns the microbiome science

MAS
Designs the trials

MBA
Carries the commercial plan

He founded Oncobiomix because his patients and his colleagues kept asking one question nobody had a real answer to:

“I’ve got cancer — what do I eat?”

THE BENCH BEHIND HIM

**James White** PhD · CTO & Co-Founder
42,000+ citations; created Metastats, a field-standard microbiome method.

**Charles Leach** MD · Chief Medical Officer
25+ years in infectious cofactors in cancer; multi-center trial execution.

**Traci Roberts** RD, DCN, CSO · Dietitian Lead
Oncology-certified dietitian; built the protocol patients actually adhere to.

**Molly Doris** Research Program Manager
A decade of patient recruitment, lab operations, and regulatory compliance.

**Linda Loftus** Treasurer
Two decades of biotech finance; seed to audited, investor-grade books.

“The RebiomiX testing provides valuable insight critical to developing a plan to optimize the patient’s microbiome during cancer treatment.”

Jeffrey A. Jones, MD · Professor of Urology, Baylor — 184 publications, 13 years as a NASA flight surgeon, PI of the PCF VALOR trial. He reviewed the Oncobiomix science as a peer; his own diagnosis made him one of the first RebiomiX patients.

INDUSTRY VALIDATION

Peer-reviewed publications · World-class advisory boards · Broad IP protection · Delivering care today

PARTNERS



This document is provided for informational purposes to clinicians and care teams. RebiomiX and PRIMUS are laboratory-developed tests; claims are limited as described herein. Gut Groups describe a microbial pattern and do not diagnose disease. Nutritional support use only — nothing here is medical advice or a guarantee of clinical outcome. To refer a patient or arrange a team in-service, contact Contact@oncobiomix.com.

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