ONCOBIOME

Are you also into therapeutics or just diagnostics?

If you see the change in microbiome, what is next - a confirmatory mammogram?

What evidence have you collected to show that patients would prefer stool sample collection over mammography?

How far along are you in your detection method: Sensitivity/specificity?

What scientific evidence does your product rely on? What makers on the stool are correlated with breast cancer?

What is the scientific basis, and what evidence do you have that this could work?

How often would you expect someone to measure their stool?

Mammography has a very high rate of detecting non-cancerous lesions that require biopsy and other invasive procedures before ruling out cancer. Would your product have less false positives?

Is this early detection versus mammography?

Are there standard ways of processing stool? Where is the stool analyzed?

Is it IP protectable if the bioma is in the nature

Are there other stool based tests for other diseases that could be cited in your talk?

you mentioned that the lack of compliance with breast cancer screening is due to scheduling or to pain related to the mammography. Do you have data on those statements?

Given that Cologuard marketed to consumers to test for colon cancer and CRC, have you explored whether you will target patients directly or go through MDs and clinics?

You mentioned that other oncology applications are possible as well. Why start with breast cancer? What other applications are feasible, and what are the arguments for or against?

would users comply more in collecting their stool and sending it to analyze than scheduling mammographies?

Is this a single microbe or a signature that could be protected? Could this save money for insurance agencies? Is the goal to replace or decrease reliance on mammography.

Is it reliable for screening?

How would this change practice? Would it replace Mammography?

Any suggestion that altering the microbiome to a "healthier" version could be therapeutic?

What expertise is on your team?
FAC - Stephan Gaehde to Everyone (11:19 AM)
Do you envision that for low risk patients by the stool test may reduce the frequency of mammography?

What is the target market? Women having hereditary risk, all women?

Is there a chance that this could be more useful for women for whom mammography is a poor diagnostic, for example, women with dense breast tissue. Have you thought about specific subsets of the market such as this that could be early adopters to demonstrate value.

You remark that 50% testing is too low. Can you be more specific as to why your test will be used more frequently

What role does ongoing infection plays on interfering with the results of your test? Is that a concern?