

01. Final Result

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

Jane's Final Result

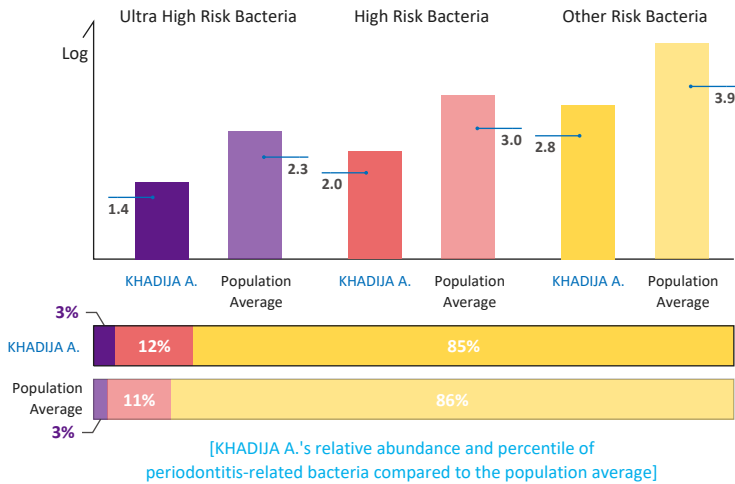
Periodontitis-related microbial index



98/100

Good

Quantitative value and ratio of the periodontitis-related microbial index



The oral microbiome test indicates that your periodontitis-related microbial index is Good.

This result shows Low concentration and distribution of harmful periodontitis-related microbes in the oral cavity.

It is recommended to maintain the current condition to prevent periodontitis.

Stages of the periodontitis-related microbial index



Good



Moderate



Caution



High Risk



Oral hygiene is in good condition, and should be maintained in order to prevent periodontitis.

At a similar level to the population average, but still requires continuous dental care.

Requires the dental care of a specialist.

Requires intensive care and treatment of a specialist.

This test was developed and its performance characteristics determined by GC Genome. It has not been cleared or approved by the Korean Ministry of Food and Drug Safety (MFDS).

Test by: Myeong-Geun Lee M.T(20058)

MK Lee

Confirmed by: Ju-sun Song M.D(997)

Song Ju Sun

Sae-Mi Lee M.D(1067)

[Signature]



02. Detailed Results

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

The results of Jane's periodontitis-related microbiome analysis

..... Population Average | Good > Caution > Bad
 Microbial population

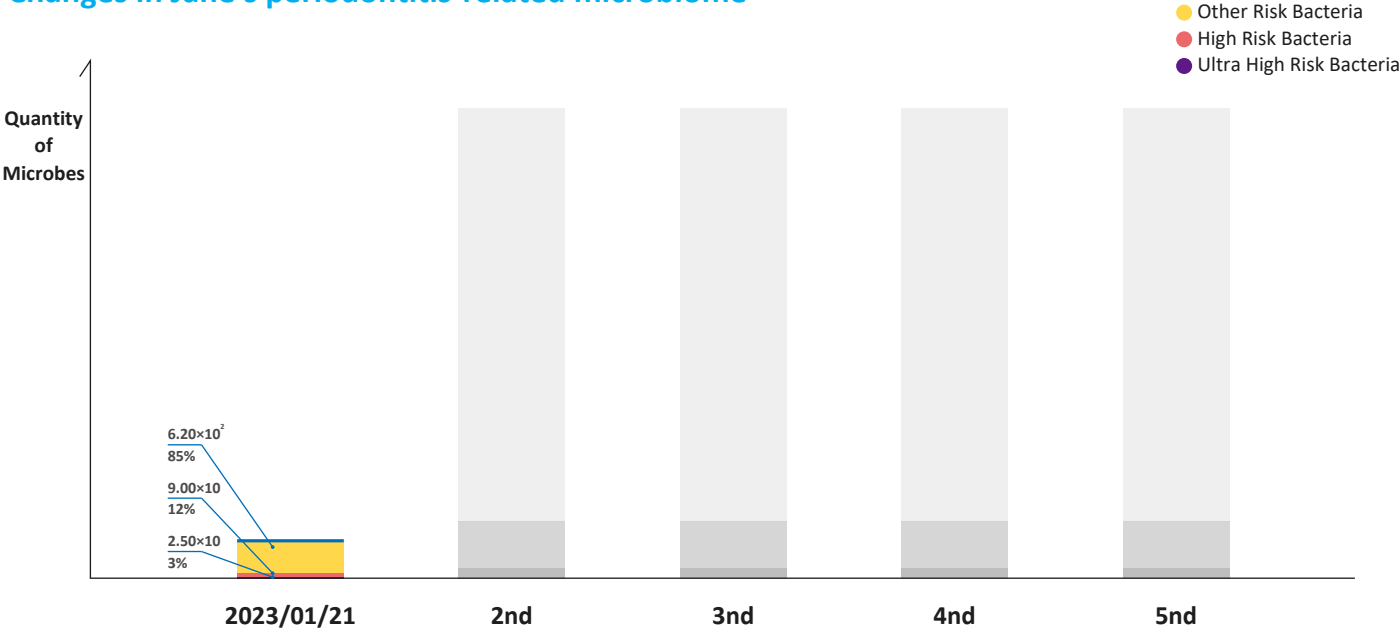
Category	Name of bacteria	Quantitative value of each bacteria						Result	
		DL	10 ²	10 ³	10 ⁴	10 ⁵	10 ⁶		10 ⁷
Ultra High Risk Bacteria	Aa <i>Aggregatibacter actinomycetemcomitans</i> Aggressive acute periodontitis, Alveolar bone resorption, Immunosuppression, Peri-implantitis						2.50 × 10 ⁶	Low	Good
	Pg <i>Porphyromonas gingivalis</i> Chronic or Acute periodontitis, Production of inflammatory metabolites, Alveolar bone destruction,						1.90 × 10 ⁶	Low	Good
High Risk Bacteria	Tf <i>Tannerella forsythia</i> Chronic or Acute periodontitis, Acceleration of inflammations, Peri-implantitis, Halitosis						4.00 × 10 ⁵	Low	Good
	Td <i>Treponema denticola</i> Chronic periodontitis, Suppression of antibiotics, Immunosuppression, Peri-implantitis, Halitosis						3.00 × 10 ⁵	Low	Good
	Pi <i>Prevotella intermedia</i> Hormone-related periodontitis, Acute necrotizing ulcerative gingivitis(ANUG), Peri-implantitis, Halitosis						9.50 × 10 ⁴	Low	Good
Other Risk Bacteria	Fn <i>Fusobacterium nucleatum</i> Acute necrotizing ulcerative gingivitis(ANUG), Formation of a biofilm of periodontal plaque, Oral tissue						3.40 × 10 ⁴	Low	Good
	Pm <i>Parvimonas micra</i> Peridontal tissue destruction, Peridontitis, Peri-implantitis						3.70 × 10 ⁴	Low	Good
	Fa <i>Filifactor alocis</i> Chronic or Acute periodontitis, Peri-implantitis, Halitosis						1.81 × 10 ⁵	Low	Good
	Pe <i>Porphyromonas endodontalis</i> Chronic periodontitis, Gingivitis, Oral submucosal abscess, Alveolar bone destruction						3.90 × 10 ⁴	Low	Good
	Ts <i>Treponema socranskii</i> Periodontitis and Gingivitis, Alveolar bone destruction						2.32 × 10 ⁵	Normal	Caution
Total (Amount of microbes analyzed (10 species))							7.36 × 10 ⁵		

02. Detailed Results

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

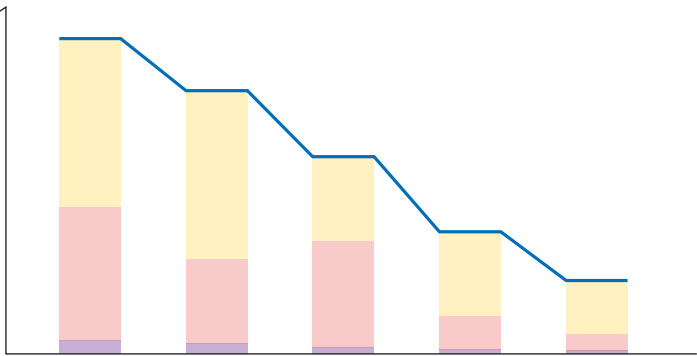
Changes in Jane's periodontitis-related microbiome



Collection Date	Ultra High Risk Bacteria	High Risk Bacteria	Other Risk Bacteria
1 2023/01/21	2.50 × 10 ²	9.00 × 10 ²	6.20 × 10 ²

Example of a positive change

Through periodontitis-related microbiome testing, along with consistent periodontal care, you will be able to notice a **decrease in the amount of high-risk bacteria**. We recommend to be aware of your current dental state through regular oral microbiome tests for proper management of your peridontal health.



03. Guidelines
(Recommendations)

Institution	White Dental
Age	34
GCG No.	880608900
Registration No.	20230125-971-0000
Specimen	Buccal Swab

Name	Jane
Sex	F
Collection Date	2023/01/21
Registered Date	2023/01/25
Report Date	2023/01/27

The oral microbiome test indicates that your periodontitis-related microbial index is **Good**.
Periodontal care along with regular dental checkup is recommended to prevent periodontitis.

Dental treatment for each stage of periodontitis

Early stage

Scaling (Removal of accumulated plaque): Plaque buildup in the oral cavity can have a bad influence on periodontal health. Therefore a special device (scaler) is used to remove the plaque and prevent re-attachment by smoothing tooth surfaces. It is recommended to get scaling done every 3-6 months, more than twice a year.



Gingivitis

Gingivitis is caused by a biofilm of bacteria on the surface of the teeth. The gum can be reversed back into a healthy state by good hygiene care. However, without proper management or treatment, development into periodontitis may occur. Gingivitis is an early symptom of periodontal disease, and scaling or root planning can help by removing some of the calculus, plaque, and cementum attached to the roots below the gum, making the tooth roots clean and firm.



Early and advanced stages of periodontitis

During periodontitis, the alveolar bone gradually weakens, and if the disease is not treated, teeth may be lost. Gingival curettage is a procedure that removes deposits of plaque on the roots of the gum, early in the stage of periodontitis, by scraping gum tissue off the roots. For more developed stages of periodontitis, gingivectomy can be used to cut out infected tissue by removing deteriorated periodontal pockets. Gingivectomy inhibits the adverse action of the gingival cyst, allowing gingiva to be reformed to an extent. It also facilitates the removal of plaque, and cleans the rough surface of the root.

Guidelines for periodontal care (Dental check-up and treatment considerations)



Resin filling: A method of treatment performed by removing a small part of cavity and filling the empty parts with other material. The fillings used in the procedure are small or medium-sized. Therefore they can endure the force exerted on the tooth when chewing and do not break easily. Because this method does not remove much of the tooth, it is suitable for conservative treatment. Resin filling is also used to treat alveolar bone damaged in periodontitis.



Antibiotics and drugs: Antibiotics can be used against bacteria inside the plaque. Also dental ointment, which has a high concentration of antibiotics, can be applied on the peridontal tissue or inserted into the peridontal pocket. This method can reduce the risk of side effects possibly caused by antibiotics.


03. Guidelines (Recommendations)

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab


Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

The oral microbiome test indicates that your periodontitis-related microbial index is **Good**.
 Periodontal care along with regular dental checkup is recommended to prevent periodontitis.


Lifestyle Guidelines




Be sure to chew food thoroughly. This action pushes out the food stuck between teeth and gums so self-cleaning can happen. It also stimulates the bone-making cells surrounding the teeth, strengthening the alveolar bone.




When chewing, all teeth should be used evenly. Unused teeth are prone to gum diseases because the surrounding bones can degenerate due to lack of exercise. If you chew on one side, the teeth on the frequently-used side may wear out, causing change of face formation.



Cessation of smoking is recommended. The impact of smoking on periodontal tissues have been consistently reported since 1940, and smoking is one of the periodontal disease risk factors that can be controlled.



A dry mouth causes problems such as pain in the tongue, mouth ulcers, cavities, periodontitis, fungal infections, and halitosis. To prevent a dry mouth, it is recommended to stay hydrated by drinking water. It is better to drink water that is rich in minerals and does not contain sugar. Mineral water helps the formation of gingival bones in the oral cavity. It is advised to drink 1.5-2ℓ of water (about 10 paper cups) per day.



To maintain healthy teeth and gum, it is recommended to remove accumulated plaque through brushing at least twice a day, and floss daily. Plaque on interdental surfaces can be removed efficiently using tools such as dental floss, interdental toothbrushes, and other interdental cleaning aids (e.g. Waterpik).

03. Guidelines
(Recommendations)

Institution	White Demtal
Age	34
GCG No.	880608900
Registration No.	20230125-971-0000
Specimen	Buccal Swab

Name	Jane
Sex	F
Collection Date	2023/01/21
Registered Date	2023/01/25
Report Date	2023/01/27

The oral microbiome test indicates that your periodontitis-related microbial index is **Good**.
Periodontal care along with regular dental checkup is recommended to prevent periodontitis.

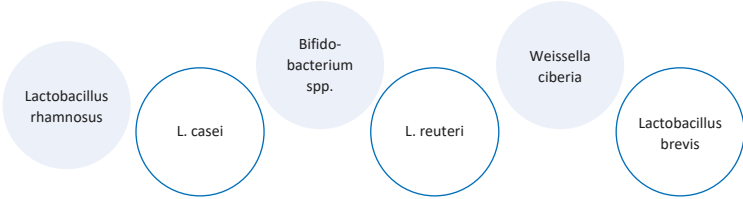
Supplement Guidelines



Oral probiotics

Oral probiotics are beneficial as they compete with the harmful bacteria. Unlike most other lactic acid bacteria, they do not produce strong acids, and therefore can fix well to the oral cavity. Oral probiotics can be used to regulate harmful bacteria in the body, including the mouth. Also, it can keep the body healthy by enhancing immunity.

[Examples of good lactic acid bacteria]



Diet Guidelines



Vitamin C : Antioxidant effect that can repair damaged gum
- When deficient: May cause scurvy (ulcerative gingivitis, tooth detachment and rapid formation of the periodontal pocket)
- Recommended amount of intake : 75~100mg



Seaweed : Helps prevent periodontal disease and cavities
Vegetables and fruits : Chewing promotes the secretion of saliva and inhibits the formation of plaque, thus reducing the risk of oral diseases.



Calcium : Vital for the prevention of periodontitis
- Dairy products: Prevents the loss of alveolar bone
- Probiotics such as lactic acid bacteria: Regulates harmful bacteria in the gum



Green tea
- EGCG(Astringent polyphenol substance) : Reduces inflammation in the oral cavity
- Catechin(Antioxidant) : Helps prevent periodontal diseases

Appendix

Test Limitations

The disease-related microbial index in greenbiome is calculated by only considering the effects of the oral microbes included in the test. Values may vary with the addition of new research results. Also, it should be taken into account that factors other than oral microbes, such as lifestyle, genetics, and the environment, may affect the risk and onset of the disease.

References

01. Manor O et al., A Multi-omic Association Study of Trimethylamine N-Oxide, *Cell Rep.* 2018 Jul;24(4):935-946.
02. Jin HJ et al., Relationship between periodontal status and chronic obstructive pulmonary disease, *J Korean Acad Oral Health.* 2013 Sep;37(3):147-153.
03. Ha JE, Association between periodontitis and preterm birth and low birth weight, *J Korean Soc Dent Hyg.* 2016 Apr;16(2):155-63.
04. Na HS and Chung J, Contribution of Periodontal Disease in Atherosclerosis, *J Bacteriol Virol.* 2015 Jun;45(2):165-170.
05. Ashu Sharma, Virulence mechanisms of *Tannerella forsythia*, *Periodontol 2000.* 2010 Oct;54(1):106-116.
06. 송영천, 올바른 구강 건강관리, 약학정보원.
07. Ögrendik M, Periodontal Pathogens in the Etiology of Pancreatic Cancer, *Gastrointest Tumors.* 2017 Mar;3(3-4):125-127.
08. Irina PB et al., Fillifactor Alocis as an Etiotropic Agent in Periodontal Diseases, *Acta Scientific Medical Sciences.* 2019; 3;5:06-12.
09. Ravel et al., Daily temporal dynamics of vaginal microbiota before, during and after episodes of bacterial vaginosis, *Microbiome.* 2013 Dec;1(1):29.
10. Kwon OG, A Case of Brain Abscess due to *Parvimonas micra*, *Korean J Clin Microbiol.* 2009 Sep;12(3):129-132.
11. David W. New et al., Meningitis caused by *Porphyromonas endodontalis* detected by PCR amplification and sequencing of 16S rRNA genes direct from cerebrospinal fluid and cerebral tissue, *JMM Case Reports.* 2015 Oct;2(5).
12. 치주질환의 자가치료법, 아주대학교병원. 2006 Aug.
13. Haffajee AD and Socransky SS, Relation of body mass index, periodontitis and *Tannerella forsythia*, *J Clin Periodontol.* 2009 Feb;36(2):89-99.
14. Nieminen MT et al., *Treponema denticola* chymotrypsin-like proteinase may contribute to orodigestive carcinogenesis through immunomodulation, *Br J Cancer.* 2018 Feb;118(3):428-434.
15. 구강 마이크로바이옴 기반 알츠하이머병 예방연구 상용화 동향, BRIC. 2019 Oct.
16. Park HG et al., Clinical evaluation of cetylpyridinium chloride-containing mouthwash in halitosis, *IJOB.* 2019 Mar;44(1):27-29.
17. King MS et al., Effect of Natural Extracts on Oral Care Probiotics *Weissella cibaria* CMU and Periodontal Pathogens, *IJOB.* 2018 Dec;43(4):193-200.
18. Jung IH et al., The Effect of (-)-Epigallocatechin-3-gallate on The Stability of Human Periodontal Ligament Fibroblast viability, *Biomaterials Research.* 2010;14(3): 103-110.
19. Gholizadeh P et al., Oral pathogenesis of *Aggregatibacter actinomycetemcomitans*, *Microbial Pathogenesis.* 2017 Nov;113:303-311.
20. Kim HJ et al., Peri-implant Disease: Etiological Factors and Microbiological Approaches, *Implantology.* 2018 Sep;22(3):174-182.
21. Choi YR et al., The inhibitory effect of *porphyromonas gingivalis* (P. gingivalis) on *Astragalus radis* extract, *J Korean Soc Oral Health Sci.* 2019 Mar;7(1):46-50.
22. Choi HJ et al., Prevalence of Periodontopathogens in Saliva and Plaque of Korean Children and Adolescents, *J Korean Acad Pediatr Dent.* 2016 Feb; 43(1): 8-16.
23. Kim SJ, Interleukin-8 production and interleukin-8 mRNA expression induced by lipopolysaccharides from *Prevotella intermedia* and *Prevotella nigrescens* in monocyte-derived macrophages, *J Korean Acad Periodontol.* 2009 ;39(2):177.
24. Dzink JL et al., Proposal of Three Subspecies of *Fusobacterium nucleatum* Knorr 1922: *Fusobacterium nucleatum* subsp. *nucleatum* subsp. nov. , comb. nov. ; *Fusobacterium nucleatum* subsp. *polymorphum* subsp. nov. , norm. rev. , comb. nov.; and *Fusobacterium nucleatum* subsp. *vincentii* subsp. nov., norm. rev., comb. nov., *Int J Syst Bacteriol.* 1990 Jan;40(1):74-78.
25. Kang YM et al., A Case of Infectious Spondylodiscitis due to *Parvimonas Micra*, *Korean J Med.* 2012 ;82(5):632-636.
26. Kong HJ et al., Gene expression of human coronary artery endothelial cells in response to *Porphyromonas endodontalis* invasion, *J Korean Acad Conserv Dent.* 2009 Nov;34(6):537-550.
27. Lombardo Bedran TB et al., *Porphyromonas endodontalis* in chronic periodontitis: a clinical and microbiological cross-sectional study, *J Oral Microbiol.* 2012 ;4.
28. Moore WE et al., Bacteriology of experimental gingivitis in children, *Infect Immun.* 1984 Oct;46(1):1-6.
29. Riviere GR et al., Subgingival distribution of *Treponema denticola*, *Treponema socranskii*, and pathogen-related oral spirochetes: prevalence and relationship to periodontal status of sampled sites, *J Periodontol.* 1995 ;66:829-837.
30. Goyal CR et al., Evaluation of the plaque removal efficacy of a water flosser compared to string floss in adults after a single use, *J Clin Dent.* 2013 ;24(2):37-42.
31. Francisco AV et al., Effectiveness of flossing loops in the control of the gingival health, *J Clin Exp Dent.* 2017 Jun ;9(6):e756-e761.
32. Kim S et al., Association of Food and Nutrient Intakes with Periodontitis by Smoking Status among Korean Adults, *Korean J Community Nutr.* 2014 Feb;19(1) : 84-94.
33. Lee JH et al., The association of dietary vitamin C intake with periodontitis among Korean adults: Results from KNHANES IV, *PLoS One.* 2017 May ;12(5):e0177074.
34. Koo SM et al., Association between consumption of milk and dairy products, calcium and riboflavin, and periodontitis in Korean adults: Using the 2007-2010 Korea National Health and Nutrition Examination Surveys, *J Nutr Health.* 2014 Aug;47(4):258-267.
35. Kim SH, Effects of Nutrient Intake on Oral Health and Chewing Difficulty by Age Group, *JKAIS.* 2018 ;19(2):202-209.
36. Min DJ et al., The Anti-inflammatory Effect of Green Tea Extract Against *Prevotella intermedia*, *J Soc Cosmet Scientists Korea.* 2011 Mar;37(1):67-73.

01. Final Result

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

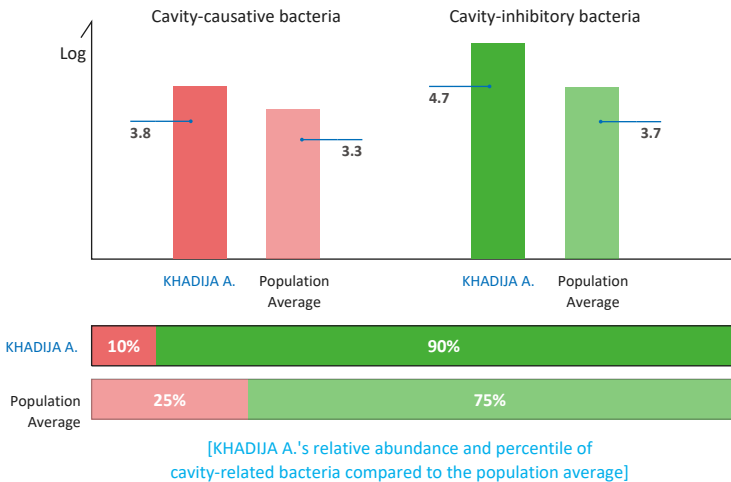
Jane's Final Result

Dental Cavity-related microbial index



90/100
Good

Quantitative value and ratio of the cavity-related microbial index



The result of your oral microbiome test indicates that your dental cavity-related microbial index is Good. This result shows Low concentration of cavity-causing bacteria and High concentration of cavity-inhibitory bacteria. Maintain the current condition to prevent dental cavities.

Stages of the cavity-related microbial index



Good



Moderate



Caution



High Risk



Oral hygiene is in good condition, and should be maintained in order to prevent cavities.

At a similar level to the population average, but still requires continuous dental care.

Requires the dental care of a specialist

Requires intensive care and treatment of a specialist.

* This test was developed and its performance characteristics determined by GC Genome. It has not been cleared or approved by the Korean Ministry of Food and Drug Safety (MFDS).

Test by: Myeong-Geun Lee M.T(20058)

MK Lee

Confirmed by: Ju-sun Song M.D(997)

Song Ju Sun

Sae-Mi Lee M.D(1067)

[Signature]



107, Ihyeon-ro30beon-gil, Giheung-gu, Yongin-si, Gyeonggi-do, 16924 Republic of Korea
Service center. +82 31-280-9900 Fax, +82 31-260-9087

https://www.gc-genome.com

02. Detailed Results

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

The results of Jane's cavity-related microbiome analysis

..... Population Average | Good > Caution > Bad
 Microbial population

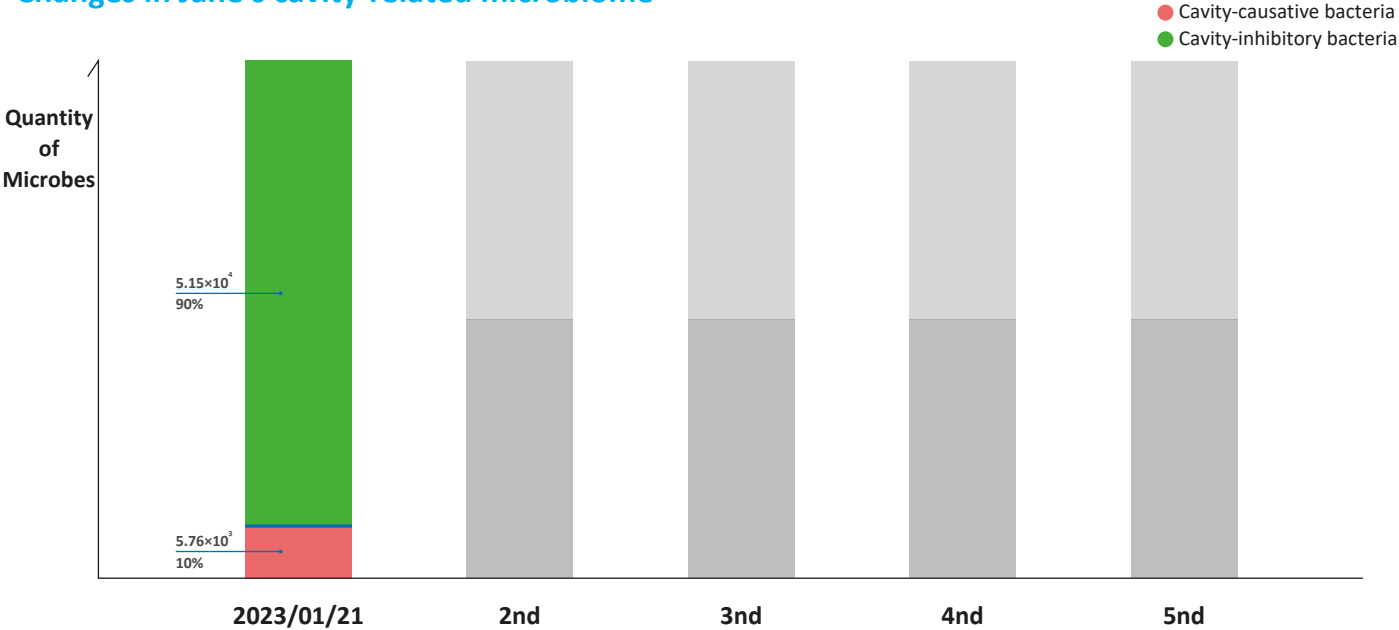
Category	Name of bacteria	Quantitative value of each bacteria							Result		
		DL	10 ²	10 ³	10 ⁴	10 ⁵	10 ⁶	10 ⁷			
Cavity-causative bacteria	Smu <i>Streptococcus mutans</i> • The most significant cavity-causative • Forms plaque and tartar • Associated with pulpitis and cavities	[Bar chart showing value at 2.10 × 10 ⁶]							2.10 × 10 ⁶	Low	Good
	Ss <i>Streptococcus sobrinus</i> • Adheres to cavities, dental abscess, or plaque, and causes the colonization of other bacteria.	[Bar chart showing value at 2.70 × 10 ⁶]							2.70 × 10 ⁶	Low	Good
	Ag <i>Actinomyces gerencseriae</i> • Bacteria that causes tooth decay, cavities and halitosis	[Bar chart showing value at 4.90 × 10 ⁶]							4.90 × 10 ⁶	Normal	Caution
	Sw <i>Scardovia wiggisiae</i> • Cause of cavities • Increases tooth decay in combination with S.mutans • Leads to toothache, infections and chronic dental diseases	[Bar chart showing value at 2.60 × 10 ⁶]							2.60 × 10 ⁶	Low	Good
	Vp <i>Veillonella parvula</i> • Cause of cavities • Forms plaque together with S.mutans • Associated with oral biofilm formation	[Bar chart showing value at 5.61 × 10 ³]							5.61 × 10 ³	Normal	Caution
	Ca <i>Candida albicans</i> • Cause of cavities • Mainly found in dry mouths and mouths with dental prosthesis • The most highly pathogenic bacteria among the species Candida, which is associated with oral fungal infections.	[Bar chart showing value at 2.20 × 10 ⁶]							2.20 × 10 ⁶	Low	Good
Cavity-inhibitory bacteria	Ssa <i>Streptococcus sanguinis</i> • Found in healthy teeth • Antagonist of S.mutans	[Bar chart showing value at 5.15 × 10 ⁴]							5.15 × 10 ⁴	High	Good
Total (Amount of microbes analyzed (7 species))		[Bar chart showing value at 5.72 × 10 ⁴]							5.72 × 10 ⁴		

02. Detailed Results

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

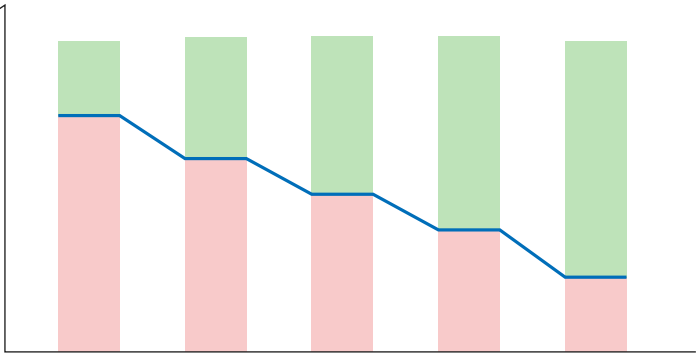
Changes in Jane's cavity-related microbiome



Collection Date	Cavity-causative bacteria	Cavity-inhibitory bacteria
1 2023/01/21	5.76×10^3	5.15×10^4

Example of a positive change

Through cavity-related microbiome testing, along with consistent dental care, you will be able to notice a **decrease in the amount of cavity-causative bacteria and an increase in the amount of cavity-inhibitory bacteria**. We recommend to be aware of your current dental state through regular oral microbiome tests for proper management of your dental health.



03. Guidelines (Recommendations)

Institution White Dental
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

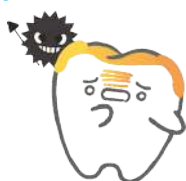
Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

The oral microbiome test indicates that your dental cavity-related microbial index is **Good**.
 Dental care along with regular checkup is recommended to prevent dental cavities.

Cavities : The way they are formed



The cavity-causative bacteria, S.mutans, ingest the remaining glucose and fructose on the surface of the teeth.



Bacteria break down the sugar to make glucan. Glucan then forms plaque.



S.mutans multiply within the plaque.



They break down sugar, producing lactic acid.



Lactic acid causes tooth decay, eventually leading to cavities.

Stages of Dental Treatment for Cavities

Early stage

Tooth Filling: Decayed parts of the tooth are removed, and the tooth is then filled up with substances such as silver, gold, or composite resin.



Enamel and dentin decay

When cavity at an early stage is left untreated, and tooth decay is allowed to continue down to the pulp(nerves), the holes in the teeth will become larger and cause pain. Procedures such as pulp capping, which is performed for restoration of damaged dentin, and root canal, the performance of removing nerves and filling the tooth, can be done to save the tooth.



Pulp damage and abscess

When cavity is left untreated and tooth decay advances further in the pulp, forming a pocket of pus at the roots, symptoms such as swelling, fever, and severe pain are caused. Root canal is performed or, if treatment is unavailable, the tooth is extracted. Regular dental check-ups are recommended as cavities can always reoccur between the teeth and fillings.

Guidelines for dental care (Dental check-up and treatment considerations)



Scaling (Removal of accumulated plaque): Plaque buildup in the oral cavity can have a bad influence on periodontal health. So a special device (scaler) is used to remove the plaque and prevent re-attachment by smoothing tooth surfaces. It is recommended to get scaling done every 3-6 months, more than twice a year.



Resin filling: A method of treatment performed by removing a small part of cavity and filling the empty parts with other material. The fillings used in the procedure are small or medium-sized. Therefore they can endure the force exerted on the tooth when chewing and do not break easily. Because this method does not remove much of the tooth, it is suitable for conservative treatment.

03. Guidelines (Recommendations)

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

The oral microbiome test indicates that your dental cavity-related microbial index is Good. Dental care along with regular checkup is recommended to prevent dental cavities.

Lifestyle Guidelines

Image of a person chewing and a diagram of a tooth showing the alveolar bone. Text: Be sure to chew food thoroughly. This action pushes out the food stuck between teeth and gums so self-cleaning can happen. It also stimulates the bone-making cells surrounding the teeth, strengthening the alveolar bone.

Image of a person's face showing uneven chewing. Text: When chewing, all teeth should be used evenly. Unused teeth are prone to gum diseases because the surrounding bones can degenerate due to lack of exercise. If you chew on one side, the teeth on the frequently-used side may wear out, causing change of face formation.

Image of a person clenching their teeth. Text: Apart from during meals, the upper and lower teeth should not stay in contact with each other. Unconscious clenching of the teeth exerts excessive force and damages the bones surrounding the teeth. In turn, this causes damage to the alveolar bone.

Image of a dry mouth and a glass of water. Text: A dry mouth causes problems such as pain in the tongue, mouth ulcers, cavities, periodontitis, fungal infections, and halitosis. To prevent a dry mouth, it is recommended to stay hydrated by drinking water. It is better to drink water that is rich in minerals and does not contain sugar. Mineral water helps the formation of gingival bones in the oral cavity. It is advised to drink 1.5-2ℓ of water (about 10 paper cups) per day.

Image of dental brushes and floss. Text: To maintain healthy teeth and gum, it is recommended to remove accumulated plaque through brushing at least twice a day, and floss daily. Plaque on interdental surfaces can be removed efficiently using tools such as dental floss, interdental toothbrushes, and other interdental cleaning aids (e.g. Waterpik).

03. Guidelines (Recommendations)

Institution White Demtal
Age 34
GCG No. 880608900
Registration No. 20230125-971-0000
Specimen Buccal Swab

Name Jane
Sex F
Collection Date 2023/01/21
Registered Date 2023/01/25
Report Date 2023/01/27

The oral microbiome test indicates that your dental cavity-related microbial index is **Good**.
 Dental care along with regular checkup is recommended to prevent dental cavities.

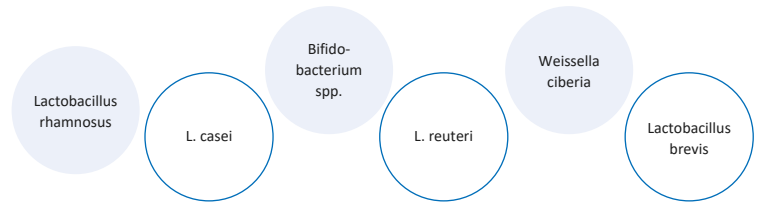
Supplement Guidelines



Oral probiotics

Oral probiotics are beneficial as they compete with the harmful bacteria. Unlike most other lactic acid bacteria, they do not produce strong acids, and therefore can fix well to the oral cavity. Oral probiotics can be used to regulate harmful bacteria in the body, including the mouth. Also, it can keep the body healthy by enhancing immunity.

[Examples of good lactic acid bacteria]



Diet Guidelines



Sweet food and drinks
 Causes cavities



Calcium
 Vital for the prevention of cavities
 Dairy products, leaf vegetables(broccoli, bok choy etc.), nuts(almond, walnuts etc.), canned fish



Seaweed
 Helps prevent periodontal disease and cavities

Vegetables and fruits
 Chewing promotes the secretion of saliva and inhibits the formation of plaque, thus reducing the risk of oral diseases.

Degree of cavity causation

Food	Index	Food	Index
margarine, butter	0	raisin	16
fish cake	2	donut	19
milk, strawberry	6	candy	23
apple, ramen, cola	10	biscuit	27
icecream, sweet potato	11	strawberry jam	31
yogurt	14	caramel	38
chocolate	15	jelly	48

• The higher the index, the higher the risk of having cavities.
 Reference: Korean Dental Association (KDA)

Appendix

Test Limitations

The disease-related microbial index in greenbiome is calculated by only considering the effects of the oral microbes included in the test. Values may vary with the addition of new research results. Also, it should be taken into account that factors other than oral microbes, such as lifestyle, genetics, and the environment, may affect the risk and onset of the disease.

References

01. 송영천. 올바른 구강 건강관리, 약학정보원.
02. Stingu CS et al., Periodontitis is associated with a loss of colonization by *Streptococcus sanguinis*, *J Med Microbiol.* 2008 Apr; 57(4):495-499.
03. Bowen WH et al., Biology of *Streptococcus mutans*-Derived Glucosyltransferases: Role in Extracellular Matrix Formation of Cariogenic Biofilms, *Caries Res.* 2011 Apr; 45(1):69-86.
04. Saraithong P et al., *Streptococcus mutans* and *Streptococcus sobrinus* colonization and caries experience in 3- and 5-year-old Thai children, *Clin Oral Investig.* 2015 Nov;19(8):1955-1964.
05. Li J et al., *Actinomyces* and Alimentary Tract Diseases: A Review of Its Biological Functions and Pathology, *Biomed Res Int.* 2018 Aug;1-8.
06. Kressier CA et al., *Scardovia wiggisiae* and its potential role as a caries pathogen, *J Oral Biosci.* 2017 Aug;59(3):135-141.
07. Mashima I and Nakazawa F, Interaction between *Streptococcus* spp. and *Veillonella tobetsuensis* in the Early Stages of Oral Biofilm Formation, *J Bacteriol.* 2015 Jul; 197(13):2104-2111.
08. Son SH et al., The Distribution of Oral *Candida* Species in Patient with Prosthetic Appliance, *J Dent Hyg Sci.* 2014 ;14(4):477-487.
09. Lee YM et al., Relation with Mothers of Oral Health Knowledge and Practice for Infants Oral Health Management, *JKAIS.* 2016 Mar;17(3):407-413.
10. King MS et al., Effect of Natural Extracts on Oral Care Probiotics *Weissella cibaria* CMU and Periodontal Pathogens, *IJOB.* 2018 Dec;43(4):193-200.
11. Choi MI et al., Effect of cognitive function and oral health status on mastication ability in elderly individuals, *J Korean Soc Dent Hyg.* 2019 Jan;19(1):65-78.
12. Park MJ et al., Antifungal effects of hydrogen water on the growth of *Candida albicans*, *J Korean Acad Oral Health.* 2019 Dec;43(4):173-177.
13. Mashima I et al., Identification of *Veillonella* Species in the Tongue Biofilm by Using a Novel One-Step Polymerase Chain Reaction Method, *PLoS One.* 2016 Jun;11(6): e0157516.
14. Könönen E and Wade WG, *Actinomyces* and Related Organisms in Human Infections, *Clin Microbiol Rev.* 2015 Apr;28(2):419-442.
15. Zhu B et al., *Streptococcus sanguinis* biofilm formation & interaction with oral pathogens, *Future Microbiol.* 2018 Jun;13(8):915-932.
16. Matsumoto-Nakano M, Role of *Streptococcus mutans* surface proteins for biofilm formation, *Jpn Dent Sci Rev.* 2018 Feb;54(1):22-29.
17. Kohler B et al., Preventive measures in mothers influence the establishment of *Streptococcus mutans* in their infants, *Arch Oral Biol.* 1983 ;28(3):225-231.
18. Goyal CR et al., Evaluation of the plaque removal efficacy of a water flosser compared to string floss in adults after a single use, *J Clin Dent.* 2013 ;24(2):37-42.
19. Francisco AV et al., Effectiveness of flossing loops in the control of the gingival health. *J Clin Exp Dent.* 2017 Jun ;9(6):e756-e761.
20. Seol KH et al., Production of Bioactive Peptides from Milk, *J Milk Sci Biotechnol.* 2012 ;30(1):37-44.
21. Kim JG et al., Relationship between dietary habits and dental caries experience in preschool children, *J Korean Acad Pediatr Dent.* 2001 ;28(2):271-280.
22. Kim SH, Effects of Nutrient Intake on Oral Health and Chewing Difficulty by Age Group, *JKAIS.* 2018 ;19(2):202-209.