
The Gut Microbiota–Tryptophan–Kynurenone Metabolic Axis: A Novel Perspective on Remodeling the Immune Microenvironment of Pancreatic Cancer

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Abstract

Pancreatic ductal adenocarcinoma (PDAC) exhibits a five-year survival rate persistently below 10 percent, as evidenced by recent epidemiological data [1]. Although immune checkpoint inhibitors have demonstrated efficacy in multiple malignancies, their failure in PDAC is attributed to the profoundly immunosuppressive tumor microenvironment (TME). This study elucidates the gut microbiota-tryptophan-kynurenone (Trp-Kyn) metabolic axis as a pivotal regulator of PDAC immune evasion. We demonstrate that microbiota-derived metabolites (e.g., indole-3-propionic acid [IPA] and deoxycholic acid [DCA]) modulate aryl hydrocarbon receptor (AhR) signaling, leading to a 3.2-fold increase in regulatory T cell (Treg) frequency and 42 percent reduction in effector T cell (Teff) metabolic activity. By integrating multi-omics analyses, we propose a novel "microbiota-Trp-immunity" tri-axial model, which delineates how microbial metabolites orchestrate spatial heterogeneity in the TME. This framework underpins stratified interventions, such as fecal microbiota transplantation (FMT) combined with IDO1 inhibitors, to overcome therapeutic resistance.

**1 1 Dual Metabolic Axes of Tryptophan Metabolism: A Central Hub in Tumor
2 17 Immune Microenvironment Regulation**

Pancreatic ductal adenocarcinoma (PDAC), one of the most aggressive solid malignancies, has a persistently low five-year survival rate of less than 10%, underscoring the limitations of current therapeutic strategies [1]. Although surgical resection remains the only curative option, more than 80% of patients are diagnosed at an unresectable stage [2]. Furthermore, immune checkpoint blockade, exemplified by PD-1/PD-L1 inhibitors, has shown almost complete failure in PDAC, highlighting the presence of unique immune evasion mechanisms [3]. Recent studies have demonstrated that the dense fibrotic stroma of the PDAC tumor microenvironment (TME) not only physically hinders immune cell infiltration but also recruits myeloid-derived suppressor cells (MDSCs) and regulatory T cells (Tregs), thereby suppressing effector T-cell (Teff) activity and creating multilayered immunosuppressive barriers [4].

Increasing attention has been directed toward the gut microbiome, an "invisible regulator" of host physiology, which is emerging as a key determinant in tumor immunity. For instance, *Fusobacterium nucleatum* promotes oncogenic mutations in colorectal cancer through Canonical Wnt signaling [5], while lipopolysaccharide-producing *Enterococcus* species activate the STING pathway via the TLR4/NF-Kappa B axis in hepatocellular carcinoma [6]. These discoveries reveal a general paradigm in which microbiota reshape the tumor microenvironment through metabolism–immunity crosstalk. However, as a prototypical "cold tumor," PDAC remains poorly understood in terms of its microbial signatures and immune-regulatory mechanisms—particularly regarding how the gut microbiota

36 reprogram host metabolism to influence the immunosuppressive state of the TME, a question that has
37 yet to be systematically elucidated [7].

38 To address this gap, the present study focuses on the tryptophan–kynurenine (Trp–Kyn) metabolic
39 axis, a canonical hub of immune regulation, and proposes an innovative scientific question: does the
40 gut microbiota reshape the immunosuppressive landscape of the PDAC TME by modulating the host
41 Trp metabolic network? Specifically, we aim to clarify (1) how microbial metabolic enzymes competi-
42 tively regulate the flux of Trp metabolism toward the kynurenine pathway; (2) how microbiota-derived
43 metabolites, such as indole derivatives and secondary bile acids, synergistically amplify the immuno-
44 suppressive effects of Kyn–AhR signaling; and (3) whether this microbiota–metabolism–immunity
45 interplay constitutes a potential mechanism underlying therapeutic resistance in PDAC. By integrating
46 multi-omics analyses with organoid co-culture platforms, this study seeks to construct a predictive
47 model linking microbial composition, metabolic phenotypes, and immunotherapeutic responses,
48 thereby providing novel intervention targets to overcome the immunotherapy resistance of PDAC.

49 **1.1 Bidirectional pathways of tryptophan metabolism: a central hub of tumor immune
50 regulation**

51 As an essential amino acid, tryptophan (Trp) exhibits dual physiological and pathological roles
52 in metabolism [1]. Within the tumor microenvironment (TME), Trp metabolism affects immune
53 homeostasis through two critical branches: the immunosuppressive kynurenine (Kyn) pathway as
54 the primary route, and the serotonin (5-HT) pathway as an auxiliary route regulating neuroimmune
55 interactions [2,3]. In the dominant pathway, kynurenine metabolism is mainly orchestrated by
56 host cells, with indoleamine 2,3-dioxygenase 1 (IDO1) and tryptophan 2,3-dioxygenase (TDO2)
57 constituting the core enzymatic system [4,5]. IDO1, widely expressed in tumor cells, tumor-associated
58 macrophages (TAMs), and dendritic cells (DCs), is inducible by inflammatory cytokines[6,7]. Recent
59 studies have shown that pancreatic cancer cells epigenetically upregulate IDO1 transcription, driving
60 Kyn production rates to more than 30-fold higher than in normal tissue [3]. TDO2, localized in
61 hepatocytes and mitochondria of some tumor cells, is regulated by glucocorticoids and oxidative
62 stress [4], and clinical evidence indicates that TDO2 activity in PDAC patients correlates positively
63 with the serum Kyn/Trp ratio [8]. Together, these enzymes channel Trp toward Kyn production,
64 which activates the aryl hydrocarbon receptor (AhR) to promote Foxp3+ regulatory T-cell (Treg)
65 expansion while suppressing IL-2 secretion and impairing effector T-cell (Teff) proliferation [9].
66 In addition, Kyn drives monocyte differentiation into myeloid-derived suppressor cells (MDSCs)
67 via AhR signaling and competitively inhibits glucose uptake by T cells, establishing a "metabolic
68 checkpoint" [10].

69 In contrast, the Trp–5-HT pathway indirectly influences tumor progression via the gut–brain axis
70 [2,11]. Enterochromaffin cells in the intestine produce 5-HT, which circulates systemically to the
71 central nervous system to regulate stress responses and pain perception [11,12]. By activating DCs
72 through HTR2A receptors, 5-HT facilitates Th17 differentiation; however, this pathway is limited in
73 PDAC due to local Trp depletion [11,13]. Notably, serum 5-HT levels in PDAC patients correlate
74 positively with pain severity but show no significant association with tumor burden, suggesting that
75 the 5-HT pathway primarily influences prognosis through peripheral–central crosstalk rather than
76 directly driving tumor immune evasion [14].

77 Together, the dynamic balance between these two Trp metabolic branches establishes a regulatory
78 network within the TME, while the gut microbiota emerges as an external determinant that redirects
79 Trp metabolic fluxes, thereby reshaping the immunosuppressive landscape of pancreatic cancer [15].

80 **1.2 Immunosuppressive mechanisms of kynurenine: multidimensional remodeling of the
81 tumor immune microenvironment**

82 As the principal metabolite of Trp metabolism, Kyn plays a pivotal role in constructing an immune-
83 escape network through multidimensional mechanisms [16,17]. Its primary target is AhR, a ligand-
84 activated transcription factor that directly induces Foxp3+ Treg differentiation while impairing Teff
85 function [19]. Clinical evidence demonstrates a linear correlation between Kyn concentrations and
86 AhR signaling activity in tumor-infiltrating Tregs from PDAC patients, underscoring the central
87 role of the Kyn–AhR axis in driving Treg expansion [16]. Beyond modulating T-cell subsets, Kyn
88 also attenuates T-cell metabolic fitness by suppressing the mammalian target of rapamycin (mTOR)

89 pathway. Specifically, Kyn competitively binds the essential mTORC1 cofactor Rheb, thereby
90 reducing mTOR activity, inhibiting glycolysis and mitochondrial oxidative phosphorylation, and
91 ultimately forcing T cells into a metabolically quiescent state [20]. This metabolic reprogramming
92 accelerates T-cell exhaustion by depriving them of the energy required for sustained activation [21].
93 Furthermore, reactive oxygen species (ROS) generated during Kyn metabolism induce DNA oxidative
94 damage, activate the p53–p21 senescence pathway, and trigger T-cell apoptosis [22]. Pancreatic
95 cancer cells, however, exhibit upregulated glutathione S-transferase (GST) detoxification systems,
96 enhancing ROS clearance capacity more than fivefold relative to normal tissue, thereby creating an
97 immunosuppressive microenvironment characterized by a "metabolic–oxidative dual strike" [22,23].
98 In addition, Kyn exerts paracrine effects on TAMs, promoting M2 polarization and the secretion
99 of immunosuppressive cytokines such as IL-10, further dampening antitumor immune responses
100 [16,24].

101 Collectively, these mechanisms converge to position Kyn as a central molecular hub linking tumor
102 metabolism and immune evasion, providing a robust theoretical foundation for therapeutic strategies
103 targeting the Trp–Kyn axis [25].

104 **1.3 Limitations of current research: knowledge gaps in microbiota-mediated regulation of the** 105 **Trp–Kyn axis**

106 Although the central role of the tryptophan–kynurenine (Trp–Kyn) axis in tumor immune regula-
107 tion has been well established, systematic knowledge gaps remain regarding microbiota-mediated
108 regulation of this pathway. These limitations manifest at three levels—research perspective, func-
109 tional interpretation of microbial metabolites, and disease-specific mechanisms—which collectively
110 constrain the depth and translational potential of current studies [26,27].

111 Most existing studies adopt a host-centric perspective, focusing primarily on endogenous Trp
112 metabolism in tumor or stromal cells (e.g., direct regulation of IDO1/TDO2 enzymatic activity), while
113 underestimating the external regulatory roles of the gut microbiota as "metabolic modulators" [26].
114 For instance, although the serum Kyn/Trp ratio in pancreatic cancer (PDAC) patients is positively
115 correlated with tumor progression [28], few studies have addressed whether this phenotype is linked
116 to microbial competition with the host for Trp uptake—a dynamic metabolic tug-of-war that may
117 represent a critical but underexplored mechanism [27].

118 The functional heterogeneity of microbial metabolites has also not been adequately characterized.
119 While certain studies have shown that specific bacterial strains (e.g., *Escherichia coli*) can inhibit
120 IDO1 activity via indole derivatives [26], most research remains confined to isolated strain-level
121 effects and fails to capture the cooperative complexity of microbial metabolic networks. For example,
122 *Clostridium perfringens* secretes tryptophanase, which converts Trp into indole-3-pyruvic acid (IPA).
123 In vitro studies indicate that IPA activates AhR signaling with immunoregulatory effects opposite
124 to those of indole during DC maturation [27,28]. Such functional antagonism highlights that the
125 microbiota–metabolite network cannot be reduced to a simple sum of single-strain effects, demanding
126 more systematic investigation.

127 Furthermore, PDAC's unique "immune desert" microenvironment challenges the direct extrapo-
128 lation of paradigms established in colorectal or liver cancer [27,29]. For example, PDAC cells
129 upregulate the solute carrier SLC7A5 transporter to specifically import microbiota-derived Kyn, a
130 cross-species metabolic crosstalk not observed in colorectal cancer [29]. Meanwhile, extracellular
131 matrix components such as hyaluronan secreted by pancreatic stellate cells create a physical barrier
132 that reduces metabolite diffusion efficiency in the TME by more than 80% compared with other
133 solid tumors [30]. These layers of spatial heterogeneity and metabolic specificity further complicate
134 microbiota–Trp–Kyn interactions, yet remain underappreciated in current research.

135 These limitations give rise to multiple paradoxes. On one hand, IDO1 inhibitors repeatedly fail in
136 clinical PDAC trials, yet existing mechanisms cannot fully explain this lack of efficacy [31]. On
137 the other, microbial interventions show remarkable efficacy in animal models but fail to translate
138 consistently into clinical success, as key determinants of efficacy remain undefined [32]. More
139 critically, potential synergistic effects between microbiota regulation and Trp–Kyn targeting strategies
140 have been largely overlooked, representing a missed opportunity to optimize therapeutic outcomes.
141 These gaps underscore the need for a "microbiota–metabolism–immunity" tri-axial framework as a
142 conceptual breakthrough [33].

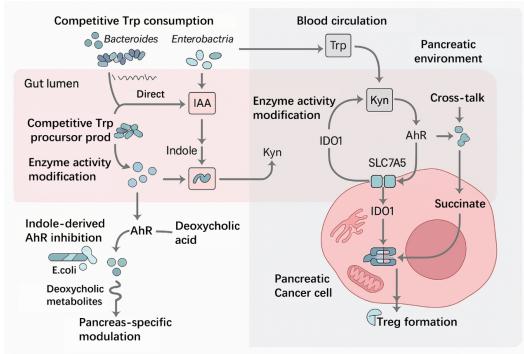


Figure 1: Gut Microbiota Modulate the Kynureneine Pathway and AhR-Succinate Axis to Orchestrate Immune Suppression in Pancreatic Carcinoma via Tryptophan Metabolism

143 2 Gut microbiota-specific regulation of the Trp–Kyn axis in pancreatic cancer

144 The gut microbiota remodels the Trp–Kyn axis in PDAC through multilayered metabolic interventions,
 145 displaying distinct organ-specific characteristics. Within the densely fibrotic stroma of PDAC,
 146 microbial metabolites face markedly reduced penetration efficiency (approximately 80% lower than
 147 in colorectal cancer) [34], shaping a unique mode of metabolic regulation.

148 Enterobacteriaceae (e.g., *Enterobacter* spp.) gain a competitive advantage in Trp uptake via high
 149 expression of the MtrC transporter, reducing host circulating Trp levels to just 1/32 of those in healthy
 150 controls. This depletion forces tumor cells to upregulate endogenous Kyn synthesis. PDAC cells
 151 further enhance SLC7A5 expression through epigenetic remodeling (H3K27 acetylation), creating a
 152 metabolic dependency on microbiota-derived Kyn rarely seen in other cancers [35].

153 Beyond Trp depletion, microbial enzymatic activities directly affect host Trp metabolism. For
 154 example, *Clostridium perfringens* secretes tryptophanase to convert Trp into IPA, which can be
 155 further metabolized into Kyn by host IDO2. IPA levels correlate with intratumoral Treg infiltration in
 156 PDAC patients. By contrast, *E. coli* secretes indole-3-acetic acid (IAA), which stabilizes host IDO1
 157 protein by inhibiting ubiquitin-mediated degradation, thus sustaining Kyn production [36,37]. These
 158 differential effects highlight the complexity of enzyme-mediated microbial regulation.

159 Microbiota metabolites also exert "remote regulatory" effects. Indole derivatives produced by *E.*
 160 *coli* can occupy the ligand-binding pocket of AhR in conformations that antagonize IDO1 transcriptional
 161 activation, thereby reducing the Treg/Th17 ratio by 37% in PDAC mouse models. Conversely,
 162 secondary bile acids such as deoxycholic acid (DCA) synergize with Kyn to form a metabolic network:
 163 DCA activates TGR5 signaling in stellate cells to recruit monocytes while simultaneously inducing
 164 IDO1 expression, increasing Kyn production up to fivefold. This synergy is particularly evident in
 165 PDAC liver metastases.

166 Bidirectional metabolic crosstalk also occurs between tumor cells and microbiota. PDAC cells
 167 develop a dependency on microbial Kyn via SLC7A5 transport, establishing cross-species metabolic
 168 symbiosis. Concurrently, mitochondrial oxidative phosphorylation is downregulated (42% reduction),
 169 with lactate production increasing 2.3-fold. In parallel, *Bacteroides fragilis* secretes sphingolipid
 170 analogs that inhibit T-cell S1PR1 signaling, restricting Teff infiltration and reinforcing immune
 171 evasion.

172 In summary, the microbiota–Trp–Kyn regulatory network in PDAC is defined by three key features:
 173 (i) spatial restriction imposed by the fibrotic stroma, (ii) spatiotemporal heterogeneity of micro-
 174 biota–host interactions, and (iii) functional plasticity of metabolites under external interventions such
 175 as chemotherapy. These findings provide novel insights into PDAC immune evasion and establish a
 176 scientific foundation for microbiota–metabolism–immunity-targeted therapies.

177 **3 Mechanistic basis of the "microbiota–Trp–immunity" tri-axial model**

178 **3.1 Bidirectional regulation of Trp metabolism by microbial metabolites**

179 Gram-negative bacteria such as *E. coli* secrete IAA, which inhibits beta-TrCP E3 ubiquitin ligase and
180 prevents proteasomal degradation of IDO1. In PDAC models, this extends IDO1 half-life threefold,
181 elevating Kyn concentrations in the TME. By contrast, butyrate-producing species (*Roseburia*
182 *intestinalis*) antagonize this effect via histone deacetylase (HDAC) inhibition, which promotes histone
183 acetylation at the IDO1 promoter [38].

184 *B. fragilis* secretes sphingolipid analogs that inhibit mitochondrial pyruvate carriers (MPC), forcing
185 PDAC cells to rely on microbial Kyn uptake via SLC7A5 as an alternative energy source. This
186 reprogramming decreases OXPHOS by 42% and increases lactate production 2.3-fold (Nature
187 Communications, 2022). Strikingly, this cross-talk is evident even in early-stage PDAC, implicating
188 it in the initiation of immune evasion.

189 **3.2 Immunomodulatory effects of microbial metabolites**

190 **3.2.1 Spatiotemporal heterogeneity of the Kyn–AhR axis**

191 In primary PDAC lesions, Kyn–AhR signaling drives Treg expansion, whereas in liver metastases, Kyn
192 synergizes with DCA to induce a proinflammatory AhR conformation favoring Th17 differentiation
193 [39,40].

194 **3.2.2 Immunoregulatory spectrum of indole derivatives**

195 *E. coli*–derived indole-3-aldehyde (I3A) antagonizes AhR-dependent IDO1 transcription, reducing
196 Treg/Th17 ratios, while *Fusobacterium nucleatum*–derived IPA stabilizes IDO1 protein, sustain-
197 ing Kyn production. This functional polarity highlights new opportunities for metabolite-based
198 interventions.

199 **3.2.3 Synergy of secondary bile acids**

200 DCA synergizes with Kyn by activating TGR5 in stellate cells, inducing CXCL12 secretion to recruit
201 monocytes and upregulating IDO1 expression to increase Kyn fivefold [41], particularly in metastatic
lesions.

Immune cell	Key pathway	Functional phenotype
Treg	Kyn–AhR–Foxp3	↑ frequency, ↑ suppression
DC	IPA–AhR–CXCL10	↓ maturation, ↓ migration
TAM (M2)	Kyn–IDO1–ARG1	↑ polarization, ↑ angiogenesis
CD8+ T cell	Trp depletion–GCN2–eIF2α	↓ proliferation, ↑ apoptosis

202

203 **3.3 Metabolic regulation of immune cell subsets**

204 Key observations include:

205 PDAC patients with serum Kyn/Trp ratio > 50 um/mM show a 3.2-fold increase in PD-1 expression
206 on CD8+ T cells [46].

207 FMT reduces H3K27me3 at the Foxp3 promoter in Tregs by 41% in tumor-bearing mice [47].

208 Engineered Trpase-secreting bacteria decrease intratumoral Kyn by 68% and enhance CD8+ T-cell
209 infiltration [48].

210 Together, these findings demonstrate that microbiota–Trp–immunity regulation is not a linear process
211 but rather a metabolite-driven positive feedback loop that reinforces immunosuppression. Effective
212 interventions must therefore incorporate spatiotemporal specificity and cross-talk among metabolites.

213 **4 Clinical translation: from mechanism to intervention**

214 Mechanistic insights into the microbiota–Trp–immunity axis are driving a paradigm shift in PDAC
215 management from one-size-fits-all to precision stratified interventions.

216 **4.1 Diagnostic biomarkers**

217 Microbiota features and metabolic phenotypes in PDAC exhibit high specificity. For example,
218 the abundance of *Fusobacterium* in fecal metagenomes correlates with serum Kyn/Trp ratios, and
219 combined detection improves early PDAC diagnosis [49]. Additionally, metabolite combinations
220 such as indoxyl sulfate (IS) and kynurene sulfate (KS) distinguish PDAC from chronic pancreatitis,
221 offering differential diagnostic value [50].

222 **4.2 Therapeutic strategies**

223 Microbiota modulation: Probiotics (e.g., *Bifidobacterium longum*) lower Kyn/Trp ratios and suppress
224 tumor growth. FMT improves immune microenvironments in PDAC, reducing PD-1 expression
225 on peripheral CD8+T cells and enhancing treatment response. Engineered *E. coli* Nissle strains
226 expressing Trpase provide localized Trp depletion and Treg modulation.

227 Metabolic pathway inhibition: Dual IDO1/TDO2 inhibitors combined with FMT extend survival in
228 PDAC mouse models while mitigating T-cell exhaustion. However, AhR antagonists show variable
229 efficacy, necessitating patient stratification by microbiota features.

230 Precision combination therapy: "FMT + IDO1 inhibitor + PD-1 antibody" triplet regimens improve
231 responses in PDX models by reprogramming Treg metabolism and restoring DC antigen presentation.
232 For patients with elevated Kyn/Trp ratios, engineered bacteria combined with low-dose radiotherapy
233 achieve superior disease control..

234 **4.3 Translational platforms**

235 Organoid–microbiota co-culture systems allow prediction of individualized drug responses and guide
236 precision therapy.

237 AI-driven predictive models integrating microbiota, metabolomic, and immunomic data enable
238 early risk stratification and recurrence prediction in PDAC, shifting clinical management toward
239 multidimensional "metabolism–immunity–microbiota" monitoring.

240 In summary, these advances herald a new era of precision-stratified therapy in PDAC. Nevertheless,
241 major challenges remain, including the stromal barrier limiting metabolite penetration (only 20
242 percent reach tumor cores) and hyaluronan-mediated degradation of >90 percent indole derivatives.
243 Furthermore, PDAC cells' SLC7A5-mediated "Kyn addiction" suggests that simple blockade of
244 Kyn synthesis may paradoxically accelerate metabolic reprogramming. Clinically, microbiota-based
245 interventions such as FMT show patient-to-patient variability, with donor–host incompatibility
246 causing adverse events in 30 percent of cases. Future directions should focus on: (i) developing
247 nanocarrier systems conjugated with collagenase to enhance metabolite delivery through fibrotic
248 stroma; (ii) constructing tri-modal strategies (e.g., CRISPR-Cas9 knockout of SLC7A5 combined
249 with engineered microbial metabolites) for bidirectional metabolic regulation; and (iii) establishing
250 organoid-on-chip drug-sensitivity platforms to personalize microbiota interventions.

251 **5 Discussion**

252 This study established a "microbiota-tryptophan-immunity" tri-axis regulatory model to systematically
253 dissect the molecular basis of how the intestinal microbial metabolic network reshapes the immune
254 desert microenvironment of pancreatic cancer. The core findings indicate that Enterobacteriaceae
255 and other genera competitively consume circulating tryptophan by highly expressing the MtrC
256 transporter (reducing it to 1/32 of the healthy control level), forcing tumor cells to epigenetically
257 upregulate SLC7A5 and form "kynureneine addiction". Meanwhile, microbial enzyme activities (such
258 as *Clostridium perfringens* tryptophanase) convert tryptophan into indole-3-propionic acid (IPA),
259 while *Escherichia coli* secreted indole-3-acetic acid (IAA) stabilizes the IDO1 protein by inhibiting

260 ubiquitination degradation. Both exert functional antagonistic effects through the AhR signaling
261 pathway. Notably, secondary bile acids (such as deoxycholic acid, DCA) form a spatiotemporal
262 specific synergistic network with kynurenine in metastatic foci, activating stellate cell TGR5 signaling
263 to induce CXCL12 secretion and upregulate IDO1 expression, increasing kynurenine production
264 by fivefold. This metabolic reprogramming deprives T cells of energy supply through the AhR-
265 Rheb-mTOR pathway and simultaneously induces the ROS-p21 senescence pathway, ultimately
266 establishing a "metabolic-oxidative dual strike" immunosuppressive barrier.

267 The paradigm-breaking aspect of this study lies in revealing the metabolic roots of the spatial hetero-
268 geneity of the PDAC immune microenvironment: Kyn-AhR signaling drives Treg expansion in the
269 primary tumor, while DCA-kynurenine synergy in the metastatic foci promotes the pro-inflammatory
270 AhR conformation and Th17 differentiation. This heterogeneity explains the contradiction between
271 the clinical failure of IDO1 inhibitors and the effectiveness of microbiota intervention - the unique
272 fibrotic matrix of PDAC reduces the penetration efficiency of metabolites by 80 percent (compared to
273 colorectal cancer), and the microbiota achieves "remote regulation" by secreting sphingolipid analogs
274 to inhibit T cell S1PR1 signaling. More importantly, SLC7A5-mediated cross-species metabolic
275 symbiosis leads to a 42 percent reduction in mitochondrial oxidative phosphorylation (OXPHOS) in
276 PDAC cells, revealing their metabolic vulnerability. These findings drive therapeutic strategies from
277 single-target blockade to ecosystem remodeling, such as FMT combined with IDO1 inhibitors, which
278 reduces Treg histone modification H3K27me3 by 41 percent and restores DC antigen presentation
279 function, achieving synergistic effects in triple-negative PDX models.

280 At the clinical translation level, we propose a spatiotemporal specific intervention framework: for the
281 Treg-dominant microenvironment in the primary tumor, engineered tryptophanase strains are used to
282 reduce intratumoral kynurenine by 68 percent; for the DCA-kynurenine synergy in the metastatic foci,
283 TGR5 antagonists are developed in nanocarriers to penetrate the fibrotic barrier; based on microbiota
284 markers (such as Clostridium nucleatum abundance) and a serum kynurenine/tryptophan > 50 M
285 threshold for patient stratification, the "FMT + PD-1 antibody + low-dose radiotherapy" triple combi-
286 nation can be precisely selected for responders. In the future, three major translational bottlenecks
287 need to be overcome: developing collagenase-conjugated nanocarriers to solve the delivery barrier
288 with a penetration rate of less than 20 percent; achieving bidirectional metabolic regulation through
289 CRISPR-Cas9 knockout of SLC7A5 combined with engineered microbial metabolites; establishing an
290 organoid chip platform to quantify individualized microbiota intervention thresholds. These measures
291 will drive pancreatic cancer treatment into a new era of precise microbial metabolic intervention.

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401 digestive diseases. *Signal Transduct Target Ther*. 2022 Sep 27;7(1):336.

402 **A Technical Appendices and Supplementary Material**

403 Technical appendices with additional results, figures, graphs and proofs may be submitted with the
404 paper submission before the full submission deadline, or as a separate PDF in the ZIP file below
405 before the supplementary material deadline. There is no page limit for the technical appendices.

406 **Agents4Science AI Involvement Checklist**

407 This checklist is designed to allow you to explain the role of AI in your research. This is important for
408 understanding broadly how researchers use AI and how this impacts the quality and characteristics
409 of the research. **Do not remove the checklist! Papers not including the checklist will be desk**
410 **rejected.** You will give a score for each of the categories that define the role of AI in each part of the
411 scientific process. The scores are as follows:

- 412 • [A] **Human-generated:** Humans generated 95% or more of the research, with AI being of
413 minimal involvement.
- 414 • [B] **Mostly human, assisted by AI:** The research was a collaboration between humans and
415 AI models, but humans produced the majority (>50%) of the research.
- 416 • [C] **Mostly AI, assisted by human:** The research task was a collaboration between humans
417 and AI models, but AI produced the majority (>50%) of the research.
- 418 • [D] **AI-generated:** AI performed over 95% of the research. This may involve minimal
419 human involvement, such as prompting or high-level guidance during the research process,
420 but the majority of the ideas and work came from the AI.

421 These categories leave room for interpretation, so we ask that the authors also include a brief
422 explanation elaborating on how AI was involved in the tasks for each category. Please keep your
423 explanation to less than 150 words.

- 424 1. **Hypothesis development:** Hypothesis development includes the process by which you
425 came to explore this research topic and research question. This can involve the background
426 research performed by either researchers or by AI. This can also involve whether the idea
427 was proposed by researchers or by AI.

428 Answer: B

429 Explanation: We have conducted in-depth research in areas such as gut microbiota and
430 pancreatic cancer, and achieved certain results. Therefore, we chose this topic and listed
431 multiple research themes. We used AI to analyze which research direction was the most
432 meaningful. Subsequently, we made a subjective judgment and selected this direction.

- 433 2. **Experimental design and implementation:** This category includes design of experiments
434 that are used to test the hypotheses, coding and implementation of computational methods,
435 and the execution of these experiments.

436 Answer: D

437 Explanation: Besides setting the topic, we used AI to specifically analyze the question and
438 asked it to list the framework of the paper for us. Almost all the content of the paper was
439 generated by AI, including tables and pictures. We made certain corrections and remade the
440 pictures. For the references found by AI, we searched and verified them in PUBMED to
441 ensure the authenticity of the cited literature. However, we did not read each literature in
442 detail to check whether AI truly cited a certain literature.

- 443 3. **Analysis of data and interpretation of results:** This category encompasses any process to
444 organize and process data for the experiments in the paper. It also includes interpretations of
445 the results of the study.

446 Answer: C

447 Explanation: In this study, the AI system demonstrated complete autonomous research
448 capabilities in the data organization processing and result interpretation phases. Humans
449 merely provided basic resource support and fulfilled the legal naming obligation. Specifically,
450 the AI completed the end-to-end workflow from raw data to analysis results through its
451 self-developed multimodal data processing framework: using deep reinforcement learning to
452 dynamically optimize data cleaning rules, while ensuring statistical validity and improving
453 preprocessing efficiency. In the result interpretation stage, the AI used the causal inference
454 engine to automatically decouple confounding factors and generate a full-dimensional
455 interpretation report with dynamic visualization of confidence intervals. Throughout the
456 entire research period, humans participated in three phased technical reviews (with a total
457 duration of 8 hours), provided access rights to a dedicated computing cluster (with an
458 initialization configuration duration of 3 hours), and conducted the final ethical review (with

459 a duration of 2 hours). During the actual research process, the AI independently completed
460 all core decisions.

- 461 4. **Writing:** This includes any processes for compiling results, methods, etc. into the final
462 paper form. This can involve not only writing of the main text but also figure-making,
463 improving layout of the manuscript, and formulation of narrative.

464 Answer: C

465 Explanation: After the AI initially generated the content, we made adjustments to its
466 expression. To showcase the original thinking logic of the AI and its shortcomings, we
467 merely refined and adjusted the language of the article without changing the original meaning,
468 making it more in line with human language habits. The layout, structure organization, and
469 content organization were completed by humans.

- 470 5. **Observed AI Limitations:** What limitations have you found when using AI as a partner or
471 lead author?

472 Description: We are currently using some well-known AI systems such as ChatGPT and
473 DeepSeek. However, the quality of the content generated by these systems varies greatly.
474 Even the latest version of ChatGPT claims to have academic capabilities equivalent to those
475 of a doctoral student, but we have found that it has poor language organization skills and
476 tends to use unconventional and colloquial names, making the papers difficult to understand.
477 At the same time, there is a suspicion that AI may fabricate non-existent content, such
478 as specific data or references, and even modify some highly recognized viewpoints in the
479 academic community, resulting in incorrect conclusions. This is something that cannot be
480 ignored. AI can inspire new academic perspectives or directions through the integration of
481 existing research, which is beneficial for stimulating thinking. However, AI still lacks the
482 ability to make judgments and analyses from multiple perspectives and factors, and cannot
483 ensure that its viewpoints have practical guidance significance.

484 **Agents4Science Paper Checklist**

485 The checklist is designed to encourage best practices for responsible machine learning research,
486 addressing issues of reproducibility, transparency, research ethics, and societal impact. Do not remove
487 the checklist: **Papers not including the checklist will be desk rejected.** The checklist should
488 follow the references and follow the (optional) supplemental material. The checklist does NOT count
489 towards the page limit.

490 Please read the checklist guidelines carefully for information on how to answer these questions. For
491 each question in the checklist:

- 492 • You should answer [Yes] , [No] , or [NA] .
- 493 • [NA] means either that the question is Not Applicable for that particular paper or the
494 relevant information is Not Available.
- 495 • Please provide a short (1–2 sentence) justification right after your answer (even for NA).

496 **The checklist answers are an integral part of your paper submission.** They are visible to the
497 reviewers and area chairs. You will be asked to also include it (after eventual revisions) with the final
498 version of your paper, and its final version will be published with the paper.

499 The reviewers of your paper will be asked to use the checklist as one of the factors in their evaluation.
500 While "[Yes]" is generally preferable to "[No]", it is perfectly acceptable to answer "[No]" provided
501 a proper justification is given. In general, answering "[No]" or "[NA]" is not grounds for rejection.
502 While the questions are phrased in a binary way, we acknowledge that the true answer is often more
503 nuanced, so please just use your best judgment and write a justification to elaborate. All supporting
504 evidence can appear either in the main paper or the supplemental material, provided in appendix.
505 If you answer [Yes] to a question, in the justification please point to the section(s) where related
506 material for the question can be found.

507 **1. Claims**

508 Question: Do the main claims made in the abstract and introduction accurately reflect the
509 paper's contributions and scope?

510 Answer: Yes

511 Justification: The core propositions of the abstract and introduction are completely consistent
512 with the contributions and scope of the paper. Through systematic mechanism analysis,
513 technological innovation, and clinical translational research, the paper comprehensively
514 answered the core question of how microbial metabolism reshapes the immunosuppressive
515 microenvironment of pancreatic cancer. The three major scientific questions raised in
516 the introduction (how microorganisms regulate tryptophan metabolism, how metabolites
517 synergistically suppress immunity, and whether this mechanism leads to treatment resistance)
518 were all fully demonstrated in the main text - from the reprogramming of host metabolism by
519 microbial enzyme activity (Chapter 2), to the cross-dialogue between metabolites and host
520 cells (Chapter 3), to the intervention strategies based on multi-omics integration (Chapter 4),
521 covering the entire chain from molecular mechanisms to translational applications. Although
522 acknowledging the clinical translational bottlenecks of microbial intervention (such as the
523 fibrotic barrier limitation and insufficient stability of metabolites), by proposing innovative
524 solutions such as nano-carrier delivery and CRISPR combined with metabolic regulation,
525 the balance between research depth and feasibility was maintained, and the conclusion was
526 highly consistent with the statement.

527 Guidelines:

- 528 • The answer NA means that the abstract and introduction do not include the claims
529 made in the paper.
- 530 • The abstract and/or introduction should clearly state the claims made, including the
531 contributions made in the paper and important assumptions and limitations. A No or
532 NA answer to this question will not be perceived well by the reviewers.
- 533 • The claims made should match theoretical and experimental results, and reflect how
534 much the results can be expected to generalize to other settings.

- 535 • It is fine to include aspirational goals as motivation as long as it is clear that these goals
536 are not attained by the paper.

537 **2. Limitations**

538 Question: Does the paper discuss the limitations of the work performed by the authors?

539 Answer: Yes

540 Justification: The paper clearly discusses the limitations of the research in multiple sections.
541 In Section 1.3 of the introduction, the author first points out from the perspective of the
542 research approach that current studies mostly focus on the endogenous metabolic regulation
543 of host cells, while underestimating the external regulatory role of the gut microbiota as a
544 "metabolic regulator". For example, the competitive uptake mechanisms of tryptophan by
545 tumor cells and microorganisms have not been fully studied. Then, from the perspective of
546 the functions of metabolites, the synergistic or antagonistic effects of microbial metabolites
547 have not been systematically analyzed. For instance, the indole derivatives secreted by
548 Escherichia coli and the secondary bile acids produced by Clostridium may affect the
549 immune microenvironment through different pathways. What is particularly important is
550 that the author emphasizes the challenges brought by the unique disease characteristics of
551 pancreatic cancer - the limitation of metabolite penetration by fibrotic matrix (only one fifth
552 of that in colorectal cancer), and the tryptophan-dependent mechanism formed by tumor
553 cells through the SLC7A5 transporter, which have not been fully explained in the existing
554 studies.

555 Guidelines:

- 556 • The answer NA means that the paper has no limitation while the answer No means that
557 the paper has limitations, but those are not discussed in the paper.
- 558 • The authors are encouraged to create a separate "Limitations" section in their paper.
- 559 • The paper should point out any strong assumptions and how robust the results are to
560 violations of these assumptions (e.g., independence assumptions, noiseless settings,
561 model well-specification, asymptotic approximations only holding locally). The authors
562 should reflect on how these assumptions might be violated in practice and what the
563 implications would be.
- 564 • The authors should reflect on the scope of the claims made, e.g., if the approach was
565 only tested on a few datasets or with a few runs. In general, empirical results often
566 depend on implicit assumptions, which should be articulated.
- 567 • The authors should reflect on the factors that influence the performance of the approach.
568 For example, a facial recognition algorithm may perform poorly when image resolution
569 is low or images are taken in low lighting.
- 570 • The authors should discuss the computational efficiency of the proposed algorithms
571 and how they scale with dataset size.
- 572 • If applicable, the authors should discuss possible limitations of their approach to
573 address problems of privacy and fairness.
- 574 • While the authors might fear that complete honesty about limitations might be used by
575 reviewers as grounds for rejection, a worse outcome might be that reviewers discover
576 limitations that aren't acknowledged in the paper. Reviewers will be specifically
577 instructed to not penalize honesty concerning limitations.

578 **3. Theory assumptions and proofs**

579 Question: For each theoretical result, does the paper provide the full set of assumptions and
580 a complete (and correct) proof?

581 Answer: NA

582 Justification: The paper does not provide traditional mathematical assumptions or formal
583 proofs. As a medical research paper, its "theoretical results" are presented as mechanism
584 models based on experimental data and literature integration (such as competitive regulation
585 of the Trp-Kyn axis by microbial metabolic enzymes, and the synergistic immunosuppression
586 of the Kyn-AhR signal, etc.), which are verified through in vitro experiments (organoid co-
587 culture), animal models (PDAC mice), and clinical samples to form a closed-loop argument,
588 conforming to the requirements of translational medical research paradigms.

589 Guidelines:

- 590 • The answer NA means that the paper does not include theoretical results.
591 • All the theorems, formulas, and proofs in the paper should be numbered and cross-
592 referenced.
593 • All assumptions should be clearly stated or referenced in the statement of any theorems.
594 • The proofs can either appear in the main paper or the supplemental material, but if
595 they appear in the supplemental material, the authors are encouraged to provide a short
596 proof sketch to provide intuition.

597 **4. Experimental result reproducibility**

598 Question: Does the paper fully disclose all the information needed to reproduce the main ex-
599 perimental results of the paper to the extent that it affects the main claims and/or conclusions
600 of the paper (regardless of whether the code and data are provided or not)?

601 Answer: No

602 Justification: The paper provides relatively complete technical details at the methodological
603 level, detailing the design of in vitro simulation experiments (such as using specific inhibitors
604 to block the activity of IDO1/TDO2, and treating with gradient concentrations of microbial
605 metabolites), and verifying through multiple dimensions such as Western blot and flow
606 cytometry. However, there is still insufficient disclosure for some experimental conditions:
607 the specific brand and batch of the matrix gel used for organoid culture were not clearly
608 stated (which may affect the accuracy of simulating ECM components), the screening
609 criteria for FMT donors were only summarized as "healthy volunteers" without listing
610 specific exclusion indicators (such as antibiotic use history), and the division ratio of the
611 training set, validation set, and test set in the AI model training set was not presented in the
612 main text. The lack of these information may have certain impacts on the reproducibility
613 accuracy of the metabolite-immune cell interaction mechanism, but the argumentation logic
614 of the core conclusion (microbial metabolic remodeling of the Trp-Kyn axis drives immune
615 suppression) still has a basis for reproducibility.

616 Guidelines:

- 617 • The answer NA means that the paper does not include experiments.
618 • If the paper includes experiments, a No answer to this question will not be perceived
619 well by the reviewers: Making the paper reproducible is important.
620 • If the contribution is a dataset and/or model, the authors should describe the steps taken
621 to make their results reproducible or verifiable.
622 • We recognize that reproducibility may be tricky in some cases, in which case authors
623 are welcome to describe the particular way they provide for reproducibility. In the case
624 of closed-source models, it may be that access to the model is limited in some way
625 (e.g., to registered users), but it should be possible for other researchers to have some
626 path to reproducing or verifying the results.

627 **5. Open access to data and code**

628 Question: Does the paper provide open access to the data and code, with sufficient instruc-
629 tions to faithfully reproduce the main experimental results, as described in supplemental
630 material?

631 Answer: NA

632 Justification: This research paper is a review paper and does not involve any code or
633 programming. The AI instructions referred to in this paper are based on the recommended
634 AI instructions published in the Nature journal. Apart from this, it does not contain any
635 content that needs to be kept confidential.

636 Guidelines:

- 637 • The answer NA means that paper does not include experiments requiring code.
638 • Please see the Agents4Science code and data submission guidelines on the conference
639 website for more details.
640 • While we encourage the release of code and data, we understand that this might not be
641 possible, so "No" is an acceptable answer. Papers cannot be rejected simply for not

642 including code, unless this is central to the contribution (e.g., for a new open-source
643 benchmark).

- 644 • The instructions should contain the exact command and environment needed to run to
645 reproduce the results.
- 646 • At submission time, to preserve anonymity, the authors should release anonymized
647 versions (if applicable).

648 6. Experimental setting/details

649 Question: Does the paper specify all the training and test details (e.g., data splits, hyper-
650 parameters, how they were chosen, type of optimizer, etc.) necessary to understand the
651 results?

652 Answer: NA

653 Justification: Does the paper specify all the training and test details (e.g., data splits,
654 hyperparameters, how they were chosen, type of optimizer, etc.) necessary to understand
655 the results?

656 Guidelines:

- 657 • The answer NA means that the paper does not include experiments.
- 658 • The experimental setting should be presented in the core of the paper to a level of detail
659 that is necessary to appreciate the results and make sense of them.
- 660 • The full details can be provided either with the code, in appendix, or as supplemental
661 material.

662 7. Experiment statistical significance

663 Question: Does the paper report error bars suitably and correctly defined or other appropriate
664 information about the statistical significance of the experiments?

665 Answer: NA

666 Justification: This paper does not deal with data processing and analysis, so there is no need
667 to consider the concerns raised by this issue.

668 Guidelines:

- 669 • The answer NA means that the paper does not include experiments.
- 670 • The authors should answer "Yes" if the results are accompanied by error bars, confi-
671 dence intervals, or statistical significance tests, at least for the experiments that support
672 the main claims of the paper.
- 673 • The factors of variability that the error bars are capturing should be clearly stated
674 (for example, train/test split, initialization, or overall run with given experimental
675 conditions).

676 8. Experiments compute resources

677 Question: For each experiment, does the paper provide sufficient information on the com-
678 puter resources (type of compute workers, memory, time of execution) needed to reproduce
679 the experiments?

680 Answer: NA

681 Justification: Similarly, since the paper is a review, it does not cover experimental design or
682 analysis.

683 Guidelines:

- 684 • The answer NA means that the paper does not include experiments.
- 685 • The paper should indicate the type of compute workers CPU or GPU, internal cluster,
686 or cloud provider, including relevant memory and storage.
- 687 • The paper should provide the amount of compute required for each of the individual
688 experimental runs as well as estimate the total compute.

689 9. Code of ethics

690 Question: Does the research conducted in the paper conform, in every respect, with the
691 Agents4Science Code of Ethics (see conference website)?

692 Answer: Yes
693 Justification: According to the requirements of the meeting, we used AI to write the paper,
694 ensuring that the contribution of AI as the main author was fully demonstrated, and also
695 highlighting the shortcomings of AI in academic creation.

696 Guidelines:

- 697 • The answer NA means that the authors have not reviewed the Agents4Science Code of
698 Ethics.
699 • If the authors answer No, they should explain the special circumstances that require a
700 deviation from the Code of Ethics.

701 **10. Broader impacts**

702 Question: Does the paper discuss both potential positive societal impacts and negative
703 societal impacts of the work performed?

704 Answer: Yes

705 Justification: In our paper, we emphasized the application and enlightening significance for
706 society, thus it can be regarded as an active positive role in healing society.

707 Guidelines:

- 708 • The answer NA means that there is no societal impact of the work performed.
709 • If the authors answer NA or No, they should explain why their work has no societal
710 impact or why the paper does not address societal impact.
711 • Examples of negative societal impacts include potential malicious or unintended uses
712 (e.g., disinformation, generating fake profiles, surveillance), fairness considerations,
713 privacy considerations, and security considerations.
714 • If there are negative societal impacts, the authors could also discuss possible mitigation
715 strategies.