

Non-significant influence between aerobic and anaerobic sample transport materials on gut (fecal) microbiota in healthy and fat-metabolic disorder Thai adults

Naruemon Tunsakul¹, Lampet Wongsaroj², Kantima Janchot³, Krit Pongpirul³, Naraporn Somboonna^{Corresp. 2, 4, 5}

¹ Program in Biotechnology, Faculty of Science, Chulalongkorn University, Bangkok, Thailand

² Department of Microbiology, Faculty of Science, Chulalongkorn University, Bangkok, Thailand

³ Faculty of Medicine, Chulalongkorn University, Bangkok, Thailand

⁴ Microbiome Research Unit for Probiotics in Food and Cosmetics, Chulalongkorn University, Bangkok, Thailand

⁵ Omics Sciences and Bioinformatics Center, Faculty of Science, Chulalongkorn University, Bangkok, Thailand

Corresponding Author: Naraporn Somboonna

Email address: Naraporn.S@chula.ac.th

Background. The appropriate sample handling for human fecal microbiota studies is essential to prevent changes in bacterial composition and quantities that could lead to misinterpretation of the data. **Methods.** This study thereby firstly identified potential effect of aerobic and anaerobic fecal sample collection and transport materials on microbiota and quantitative microbiota in healthy and fat-metabolic disorder Thai adults aged 23-43 years, utilizing metagenomics followed 16S rRNA gene sequencing and 16S rRNA gene qPCR. We analyzed taxonomic composition, alpha diversity, beta diversity, bacterial quantification, Pearson's correlation with clinical factors for fat-metabolic disorder, and the microbial community and species potential metabolic functions. **Results.** Our study successfully obtained microbiota results in percent and quantitative compositions. The quality sequences in each sample had > 99% Good's coverage index, relatively plateau rarefaction curve, and alpha diversity indices that showed no statistical difference in percent and quantitative microbiota OTU richness and evenness, between aerobic and anaerobic sample transport materials. Obligate and facultative anaerobic species were analyzed and also showed no significantly different. Supportively, the beta diversity analysis by non-metric multidimensional scale (NMDS) could not distinguish microbiota community structures between aerobic and anaerobic sample transport groups ($P = 0.864$); yet could distinguish microbiota community structures between healthy and fat-metabolic disorder groups ($P = 0.049$), along the Pearson's correlated clinical parameters (i.e. age, liver stiffness, GGT, BMI, and TC), the significant associated bacterial species, and their microbial metabolic functions. For examples, genera such as *Ruminococcus* and *Biofidobacterium* were exhibited in healthy human gut and provided

functions in metabolisms of cofactors and vitamins, biosynthesis of secondary metabolites against gut bacterial pathogens, energy metabolisms, digestive system, and carbohydrate metabolism; and these characteristics were also predicted as healthy subject markers with the significant LEfSe scores. In conclusion, this study demonstrated that short term aerobic sample collection and transport (< 48 hours) did not statistically affected the microbiota and quantitative microbiota analyses in alpha and beta diversity measurements. The study also demonstrated that the short term aerobic sample collection and transport still allowed fecal microbiota differentiations between healthy and fat-metabolic disorder subjects, similar with anaerobic sample collection and transport. Moreover, the microbiota related metabolic function potentials and bacterial species biomarkers in healthy and fat-metabolic disorder were suggested with statistic bioinformatics, albeit limitation of inter-individual human differences such as sex and diet patterns.

Non-significant influence between aerobic and anaerobic sample transport materials on gut (fecal) microbiota in healthy and fat-metabolic disorder Thai adults

Running Title: Aerobic & anaerobic transport microbiota

Naruemon Tunsakul¹, Lampet Wongsaroj², Kantima Janchot³, Krit Pongpirul³, and Naraporn Somboonna^{2,4,5*}

¹ Program in Biotechnology, Faculty of Science, Chulalongkorn University, Bangkok 10330, Thailand

² Department of Microbiology, Faculty of Science, Chulalongkorn University, Bangkok 10330, Thailand

³ Faculty of Medicine, Chulalongkorn University, Bangkok 10330, Thailand

⁴ Microbiome Research Unit for Probiotics in Food and Cosmetics, Chulalongkorn University, Bangkok 10330, Thailand

⁵ Omics Sciences and Bioinformatics Center, Faculty of Science, Chulalongkorn University, Bangkok 10330, Thailand

* Correspondence, Dr. Naraporn Somboonna, Department of Microbiology, Faculty of Science, Chulalongkorn University, Phyathai Road, Pathumwan, Bangkok 10330, Thailand; email:

Naraporn.S@chula.ac.th

23

24 Email addresses:

25 NT: bn.tunsakul@gmail.com

26 LW: lwongsaroj@gmail.com

27 KJ: Kantima.janchot@gmail.com

28 KP: doctorkrit@gmail.com

29 NS: Naraporn.S@chula.ac.th

30

31 Abstract

32 **Background.** The appropriate sample handling for human fecal microbiota studies is essential to
33 prevent changes in bacterial composition and quantities that could lead to misinterpretation of
34 the data.

35 **Methods.** This study thereby firstly identified potential effect of aerobic and anaerobic fecal
36 sample collection and transport materials on microbiota and quantitative microbiota in healthy
37 and fat-metabolic disorder Thai adults aged 23-43 years, utilizing metagenomics followed 16S
38 rRNA gene sequencing and 16S rRNA gene qPCR. We analyzed taxonomic composition, alpha
39 diversity, beta diversity, bacterial quantification, Pearson's correlation with clinical factors for
40 fat-metabolic disorder, and the microbial community and species potential metabolic functions.

41 **Results.** Our study successfully obtained microbiota results in percent and quantitative
42 compositions. The quality sequences in each sample had > 99% Good's coverage index,
43 relatively plateau rarefaction curve, and alpha diversity indices that showed no statistical
44 difference in percent and quantitative microbiota OTU richness and evenness, between aerobic
45 and anaerobic sample transport materials. Obligate and facultative anaerobic species were

analyzed and also showed no significantly different. Supportively, the beta diversity analysis by non-metric multidimensional scale (NMDS) could not distinguish microbiota community structures between aerobic and anaerobic sample transport groups ($P = 0.864$); yet could distinguish microbiota community structures between healthy and fat-metabolic disorder groups ($P = 0.049$), along the Pearson's correlated clinical parameters (i.e. age, liver stiffness, GGT, BMI, and TC), the significant associated bacterial species, and their microbial metabolic functions. For examples, genera such as *Ruminococcus* and *Bifidobacterium* were exhibited in healthy human gut and provided functions in metabolisms of cofactors and vitamins, biosynthesis of secondary metabolites against gut bacterial pathogens, energy metabolisms, digestive system, and carbohydrate metabolism; and these characteristics were also predicted as healthy subject markers with the significant LEfSe scores. In conclusion, this study demonstrated that short term aerobic sample collection and transport (< 48 hours) did not statistically affected the microbiota and quantitative microbiota analyses in alpha and beta diversity measurements. The study also demonstrated that the short term aerobic sample collection and transport still allowed fecal microbiota differentiations between healthy and fat-metabolic disorder subjects, similar with anaerobic sample collection and transport. Moreover, the microbiota related metabolic function potentials and bacterial species biomarkers in healthy and fat-metabolic disorder were suggested with statistic bioinformatics, albeit limitation of inter-individual human differences such as sex and diet patterns.

Keywords

Human gut microbiome, Microbiota, 16S rRNA gene sequencing, Bacteria diversity, Aerobic and anaerobic sample transport, Fecal, Fat-metabolic disease

Introduction

Human gastrointestinal microbiota is the most complex and dynamic microbial diversity of estimated trillion bacterial cells, which include culture-independent and anaerobic bacteria. These bacterial communities were also found diverse among different ethnics, ages, and health status (*Reynoso-García et al., 2022; HMP Consortium, 2012a; HMP Consortium, 2012b*). The gut bacterial diversity plays a crucial role in a health (symbiosis) status, for instances, supporting proper fat metabolisms and gut leakage immune responses, antimicrobials, metabolites, and nutrients e.g. vitamins B and K (*Reynoso-García et al., 2022; Valdes et al., 2018*). Perturbation of the gut microbiota (dysbiosis) can cause risks to multiple diseases, such as fat metabolic disorders, inflammatory bowel disease and other autoimmune diseases, lupus erythematosus, and cancer (*Hrncir, 2022*). Fat (or lipid) metabolism disorders are defined an improper process human's body uses to make energy from food, and can cause a harmful amount of lipids deposited in your body that may damage important tissues and organs, such as peripheral blood, liver, and brain (*Handzlik et al., 2023; Yan et al., 2023*). Subsequently, the studies of gut bacterial communities via fecal samples using 16S rRNA gene high-throughput sequencing have become widely performed owing to its powerful identification in a culture-independent manner (*Caporaso et al., 2011; Dailey et al., 2019; Kousgaard et al., 2020; Human Microbiome Project Consortium, 2012a*), and our study thereby compared influences of aerobic and anaerobic sample transport materials on gut (fecal) microbiota and also analyzed if the differences might affect when interpretation in healthy and gut disease, in which the fat-metabolic disease presents as example.

92

93 Many studies had investigated effects of sample collection preservatives and length of
 94 sample storage to guideline fecal sample handling and storage for gut microbiome analyses. For
 95 instances, -80°C was respected a standard choice for long-term (≥ 6 months) sample storage
 96 temperature, and a common chemical such as 70% ethanol was reported sufficient for sample
 97 preservative while other researches presented FTA cards and the OMNIgene Gut kit (*Hsu et al.*,
 98 2019; *Ma et al.*, 2020; *Song et al.*, 2016; *Watson et al.*, 2019). Fecal microbiota in these different
 99 preservatives showed variable generally after 1 week of sample storage. For sample processing,
 100 general protocols recommended cold sample transport ($\leq 4^\circ\text{C}$) within 24-48 h after sample
 101 collection (*Gorzelak et al.*, 2015; *Liang et al.*, 2020; *Moossavi et al.*, 2019; *Song et al.*, 2016).
 102 Subsequently, our study processed metagenomic extraction immediately after each sample
 103 collection and cold transport (within 24 h) to prevent any bias. Our analysis of aerobic vs.
 104 anaerobic sample transport materials present an interesting factor in local clinical sample
 105 collection settings. In local clinical settings, an anaerobic sample transport material is sometimes
 106 unaccessible and the samples are collected-transported aerobically in typical sterile
 107 polypropylene containers in 24-48 h without DNA preservatives (*Dore et al.*, 2015; *Wesolowska-*
 108 *Andersen et al.*, 2014). This aerobic condition may cause an oxygen toxicity to extremely
 109 oxygen-sensitive bacteria, affecting fecal microbiota and quantitative microbiota analyses
 110 (*Ndongo et al.*, 2020; *Taur et al.*, 2018). For examples, some bacteria such as *Faecalibacterium*
 111 spp. are unable to retain cell viability for > 2 min of oxygen exposure (*Duncan et al.*, 2002). To
 112 date, a limited studies have investigated an impact of aerobic and anaerobic sample transport
 113 materials without DNA preservative on quantitative microbiota whether this affects an ability to
 114 differentiate between healthy and metabolic-disease gut microbial diversity (*Fofanov et al.*,

2018; Jenkins et al., 2018; Martínez et al., 2019). Our analyses included taxonomic composition, alpha diversity, beta diversity, bacterial quantification, correlation with clinical factors for fat-metabolic disorder, and the microbial community and species potential metabolic functions.

Materials and Methods

Participant's recruitment, fecal sample collections and metagenomic extraction

Nine healthy and eleven fat-metabolic disorder Thai participants, males and females of age range 24-43 years, were recruited and all methods used in this study were in accordance with the guidelines by the ethic approval. The ethical approval for the study was granted by Institutional Review Board, Faculty of Medicine, Chulalongkorn University (no. 735/61). Written informed consent was obtained from all participants in this study. Fecal samples were collected in fecal containers with one aerobic and one anaerobic transport materials. For aerobic transport material, the fecal container was sealed and placed in a plastic bag. For anaerobic transport material, the fecal container was sealed and placed in the AnaeroPack-Anaero (Mitsubishi Gas Chemical, Tokyo, Japan) (less than 0.1% O₂ and more than 15% CO₂) (van Horn et al., 1997; Wen et al., 2021). The samples were transported on the same day of fecal collection in cold temperature ($\leq 4^{\circ}\text{C}$) and processed immediately for metagenomic extraction using DNeasy PowerSoil Pro Kit (Qiagen, Hilden, Germany) following manufacturer's instruction (Wongsaroj et al., 2021; Ondee et al., 2022). The metagenomic DNA was qualified and quantified by agarose gel electrophoresis and nanodrop spectrophotometry (A260 and A260/A280, respectively). Schematic experimental design was illustrated in Fig. 1.

16S rRNA gene V3-V5 library preparation and MiSeq sequencing

PCR amplification of the 16S rRNA gene at the V3-V5 region was performed using the universal prokaryotic primers 342F (5'-GGRGGCAGCAGTNGGGAA-3') and 895R (5'-TGCGDCCGTACTCCCCA-3') with appended barcode and adaptor sequences (*Castelino et al., 2017; Wongsaroj et al., 2021; Dityen et al., 2022*). Briefly, each PCR reaction comprised 1× EmeraldAmp GT PCR Master Mix (TaKaRa, Shiga, Japan), 0.2 μM of each primer, and 50-100 ng of the genomic DNA in a total volume of 75 μL. The PCR conditions were 94°C 3 min, and 25 cycles of 94°C 45 s, 50°C 1 min and 72°C 1 min 30 s, followed by 72°C 10 min. A minimum of two independent PCR reactions were performed and pooled to prevent PCR stochastic bias. Then, the ~640-base pair (bp) amplicon was excised from agarose gel resolution and purified using PureDireX PCR Clean-Up & Gel Extraction Kit (Bio-Helix, Keelung, Taiwan), and quantified using a Qubit 3.0 Fluorometer and Qubit dsDNA HS Assay kit (Invitrogen, Waltham, USA). Finally, 180 ng of each barcoded amplicon product was pooled for sequencing using the Miseq600 platform (Illumina, San Diego, CA, USA), along with the sequencing primers and index sequence (*Caporaso et al., 2012; Wongsaroj et al., 2021; Dityen et al., 2022; Ondee et al., 2022*), at the Omics Sciences and Bioinformatics Center, Chulalongkorn University (Bangkok, Thailand).

Quantification of total bacteria copy number

The 16S rRNA gene qPCR was performed to quantify total bacteria in copy unit, using universal primers 1392F (5'-CGGTGAATACGTTCYCGG-3') and 1492R (5'-GGTTACCTTGTTAC GACTT-3'), and Quantinova SYBR green PCR Master Mix (Qiagen, Hilden, Germany) in a 20 μL total volume and 1 ng metagenomic DNA (or reference DNA), as

previously established (Suzuki *et al.*, 2000; Oldham & Duncan 2012; Wongsaroj *et al.*, 2021). The qPCR thermocycling conditions were 95°C 5 min, followed by 40 cycles of 95°C 5 s and 60°C 10 s, and ended with a 50-99°C melting curve analysis to validate a single proper amplicon peak (i.e. neither primer-dimer nor non-specific amplification). The reference for copy number computation was *Escherichia coli*, in which the ~120-bp 1392F-1492R amplicon fragments were cloned into pGEM-T-Easy Vector (Promega, Wisconsin, USA) and the recombinant plasmids were transformed into competent *E. coli* DH5α for expression (Hanahan *et al.*, 1991). The inserted fragments were verified by colony PCR using the primers M13F (on vector) and 1492R (inserted fragment). Ten-fold serial dilutions of the extracted plasmids (10⁵-10¹⁰ copies/μL) were used as the reference standard curves in the bacterial copy number computation as following equation (Smith *et al.*, 2006).

$$\text{Copy number per } \mu\text{L} = \frac{\text{concentration (ng/}\mu\text{L)} \times 6.023 \times 10^{23}(\text{copies/mol})}{\text{length (bp)} \times 6.6 \times 10^{11}(\text{ng/mol})}$$

The qPCR experiments were performed using Rotor-GeneQ (Qiagen, Hilden, Germany). Three replicates were conducted per reaction. The bacteria copy number of each sample was quantified against the reference standard curve by Rotor-Gene Q Series Software (Qiagen).

Bioinformatic and statistical analyses for bacterial microbiota diversity and potential metabolisms

Raw sequences (reads) were processed following Mothur 1.39.5's standard operation procedures for MiSeq (Schloss *et al.*, 2009) (<https://github.com/mothur/mothur/releases/>), including removal of (a) reads shorter than 100 nucleotides (nt) excluding primer and barcode sequences, (b) ambiguous bases ≥ 4, (c) chimera sequences, and (d) homopolymer of > 7

homopolymers. The quality sequences were aligned with the 16S rRNA gene SILVA 13.2 (McDonald *et al.*, 2012) and Greengenes 13.8 (Quast *et al.*, 2013) to remove lineages of mitochondria, chloroplasts and eukaryotes, and were clustered into operational taxonomic units (OTU) with 97% nt similarity (78% for phylum, 88% order, 91% class, 93% family, 95% genus, and 97% species) based on naïve Bayesian taxonomic method with default parameters (Wang *et al.*, 2007). Samples were normalized for an equal sequencing depth (7,137 quality sequences per sample), and the total bacteria copy number from the 16S rRNA gene qPCR data were analyzed together with the percent microbiota composition to yield the quantitative microbiota (Vandeputte *et al.*, 2017a; Vandeputte *et al.*, 2017b; Jian *et al.*, 2018; Wongsaroj *et al.*, 2021). Alpha diversity including Good's coverage index (percent sequence coverage to true estimate), rarefaction curve, Chao1 richness, inverse Simpson and Shannon diversity; and beta diversity including Smith theta (Thetan), Sorenson (Sorabund), Morisita–Horn, Yue and Clayton theta (Thetayc), Bray-Curtis (BC), Jaccard (jclass), and Lennon (Lennon) coefficients, and two-dimension non-metric multidimensional scaling (NMDS), were computed using Mothur 1.39.5 (Schloss *et al.*, 2009; Schloss, 2020). Estimate of the microbial metabolic profiles was determined by PICRUST (Phylogenetic Investigation of Communities by Reconstruction of Unobserved States) based on the reference genome annotations in KEGG (Kyoto Encyclopedia of genes and genomes pathways) (Langille *et al.*, 2013), and statistically compared by STAMP (Statistical Analysis of Metagenomic Profiles) (Parks *et al.*, 2014). The differences in microbial metabolic profiles were further analyzed by linear discriminant analysis effect size (LEfSe) method with pairwise Kruskal–Wallis and Wilcoxon tests to identify the microbial metabolic biomarker representing healthy and disease groups. For general statistics, the non-parametric multiple *t*-tests were used and a *P*-value < 0.05 was considered significant.

Availability of supporting data

Nucleic acid sequences in this study were deposited in an NCBI open access Sequence Read Archive database, accession number PRJNA1020208.

Results

16S rRNA gene sequencing results and percent microbiota compositions

The 16S rRNA gene sequencing yielded 2,365,959 total raw sequences (Table S1: aerobic sample transport 1,517,643 sequences, and anaerobic sample transport 848,316 sequences), and 1,623,517 total quality sequences (aerobic sample transport 1,062,335 sequences, and anaerobic sample transport 561,182 sequences). The average quality sequences per sample was $40,587 \pm 24,139$ (avg. \pm SD), and the numbers of OTUs ranged 5-10 at phylum (Table 1: aerobic sample transport 6.80 ± 1.19), and anaerobic sample transport 848,316 sequences), 55-93 genus, and 77-133 species levels, respectively (Table S1 and Table 1). The number of OTUs at phylum, genus and species levels were found approximately equal between aerobic and anaerobic sample transports (Table 1: phylum OTUs 6.55 ± 1.19 aerobic, 7.05 ± 1.23 anaerobic; genus OTUs 71.40 ± 10.45 aerobic, 72.70 ± 11.29 anaerobic; and species OTUs 101.15 ± 16.83 aerobic, 101.60 ± 15.67 anaerobic). Following the successfully high number of quality sequences, the Good's coverage (percent sequence coverage to true estimate) of all samples were above 99.5% at phylum, genus and species level OTUs (Table S1), provided that the Good's coverage index at phylum was averagely 100%, genus 99.82% and species 99.72% (Table 1). Subsequently, once performed data normalization of all samples each to the same

sequencing depth received the relative plateau rarefaction curves with avg. > 99% Good's coverages (Fig. S1), and confirmed our further microbiota bioinformatic analyses without bias from various quality sequencing numbers per sample.

The distribution of percent bacterial compositions at phylum, genus, and species levels across participants (adults) albeit healthy or fat-metabolic disorder disorders were compared between aerobic vs. anaerobic sample transport material groups, and no statistical difference between groups were found (AMOVA, $P > 0.05$) (Fig. 2). In brief, five core phyla ranging from Firmicutes (averagely, $52.03 \pm 17.30\%$), Bacteroidetes ($24.32 \pm 14.11\%$), Proteobacteria, Actinobacteria, to Fusobacteria, were dominated. The latter three phyla accounted averagely < 24% in total. Twenty-two bacterial genera and 24 bacterial species OTUs that exhibited more than 1% relative abundances, each were compared between aerobic vs. anaerobic sample transport material groups, and no statistical difference were found ($P > 0.05$) (Table S2). This indicated no statistical difference in percent microbiota compositions at phylum, genus and species levels, between aerobic and anaerobic sample transport groups.

Quantitative microbiota composition analyses between aerobic and anaerobic sample transport groups

Following the quantification of bacteria by the universal 16S rRNA gene qPCR, the quantity of bacterial counts and the quantitative microbiota compositions could be analyzed. The quantity of bacterial counts were found no significantly different between aerobic and anaerobic sample transport groups (Fig. 3A: $P = 0.057$). Noted that the relatively low in aerobic sample

transport group was due to ID3a and the relatively high in anaerobic sample transport group was due to ID1an; if except these two, the average bacterial counts of both groups will even become closer to each other and P value increases (Fig. S2).

Next, the prevalence of nine bacterial genera corresponding to obligate (or strictly) anaerobic and facultative anaerobic bacteria were quantitatively compared, and no significant difference in quantity between aerobic vs. anaerobic sample transport groups were pointed (Fig. 3B). The obligate anaerobic *Bacteroides* spp. were found most dominated than other obligate anaerobic bacterial genera in both groups and presented in approximately comparable counts, followed by *Prevotella*, *Faecalibacterium*, *Oscillospira*, *Bifidobacterium*, and the facultative anaerobic *Haemophilus*, *Streptococcus* and *Enterococcus*, respectively. Nonetheless, the slight but non-statistically significant higher counts of obligate anaerobic bacteria were showed, but this trend was minute and found inconsistent for facultative anaerobic bacteria genera (Fig. 3B), highlighting the differences in obligate vs. facultative oxygen requirement effect yet at the non-significant statistic. Overall, the percent microbiota composition and the quantitative microbiota did not demonstrate significant difference between aerobic and anaerobic sample transport materials. Subsequently, the alpha diversity by OTU species richness (OTUs and Chao1) and OTU species diversity (inverse Simpson and Shannon) showed very high P values between 0.3827 and 0.9497 (Fig. 4), and the beta diversity among individual samples belonging aerobic and anaerobic sample transport groups showed no separate clustering pattern (Fig. 5A). Noted that the detail analyses of alpha diversity at OTU phylum and genus levels were also analyzed and no statistic differences were found ($P > 0.05$) (Fig. S3). Additionally, other beta diversity coefficients, such as Sorabund, Morisita-Horn, Thetayc and Bray-Curtis, were computed and all

dissimilarity coefficient indices did not separate the microbiota community differences between aerobic and anaerobic sample transport groups (Table S3: $P > 0.05$).

Quantitative microbiota analyses between healthy and fat-metabolic disorder groups

When we analyzed the quantitative microbiota structure differences based on beta diversity coefficients and statistics between healthy vs. fat-metabolic disorder (from now on referred as “unhealthy”) groups, both community structures demonstrated relatively separate clusters with significant statistic (Fig. 5B: enclosed green circle for healthy subjects and red circle for mostly unhealthy subjects, $P = 0.049$). Together, many clinical parameters corresponding to fat-metabolic disorders demonstrated statistically ($P < 0.05$: age, liver stiffness, GGT, BMI, and TC) and non-statistically (i.e., AST, ALT, TG, LDL, and CAP) associated the same direction with the unhealthy microbiota community structure (Fig. 5C). Fig. 5D exhibited bacterial species that significantly associated with healthy community structure pattern such as *Prevotella*, *Haemophilus* and *Bacteroides plebeius*; and unhealthy community structure such as *Clostridium*, *Ruminococcus* and *Bacteroides*.

Metabolic function prediction levels via quantitative profiles of prevalent health-associated bacteria, and microbial metabolic function species biomarkers for healthy and fat-metabolic disorder groups

Potentially important microbial related metabolic functions were analyzed via quantitative profiles of reported and prevalent health-associated bacterial OTUs, including *Bacteroides*, *Prevotella*, *Megamonas*, *Bifidobacterium*, *Hemophilus*, *Clostridium*, *Ruminococcus*

294 and Pasteurellaceae (Wu, Bushmanc & Lewis, 2013; Schirmer et al., 2019; Sun et al., 2020; Sabo
295 & Dumitrascu, 2021). The general most active microbial related functions were in metabolism
296 pathway (49.92%: primarily amino acid and carbohydrate metabolisms followed by energy,
297 cofactors and vitamins, lipid and xenobiotics biodegradation metabolisms), 19.94% in genetic
298 information processing, 16.22% environmental information processing, 3.11% cellular process,
299 0.91% human diseases, 0.65% organismal systems, and 5.09% poorly characterized. The OTUs
300 representing *Bacteroides* and *Prevotella copri* represented the general topmost bacterial
301 metabolisms (Fig. 6A). Nonetheless, the relative abundances of these two species and other
302 prevalent health-associated bacteria showed the dynamic functions in categories of metabolisms,
303 cellular process, and genetic information processing between healthy and fat-metabolic disorder
304 groups, in orderly. For instances, the relatively more abundances of amino acid, carbohydrate
305 and energy metabolism functions, cellular process, genetic information processing and human
306 diseases were reported in the fat-metabolic disorder group. *Prevotella copri*, *Prevotella stercorea*
307 and *Bacteroides plebeius* were estimated more diverse and abundant functions in the fat-
308 metabolic disorder group while *Bacteroides* and *Bifidobacterium longum* were estimated the
309 more diverse and abundant in healthy group (Fig. S4). These microbial metabolism differences
310 between groups allowed LEfSe to identify the specific microbial metabolic functions along the
311 bacterial species as the biomarkers to differentiate between healthy vs. fat-metabolic disorder
312 groups, with statistic *P* values. *Prevotella copri* and *Bacteroides plebeius* were the biomarkers
313 for the fat-metabolic disorder and their microbial metabolic functions included many functions
314 involved in diseases (immune system diseases, metabolic diseases, and neurodegenerative
315 diseases). On the other hand, more numbers of bacterial species and their microbial metabolic
316 functions were the biomarkers for the healthy group, supporting the diverse microbial related

metabolic functions in healthy human guts; and noted that the commonly reported functions were in metabolism and organismal systems pathways meanwhile the human disease pathway was rare for the healthy group (Fig. 6B).

Discussion

As intestine occupies the most number and diversity of bacteria in human body, fecal microbiome has shown the important field to study many bacterial interactions with human healthy (or diseases), and the fat-metabolic disorder represent one common related disorder with fecal microbiota dysbiosis. Due to variation in sample transport materials, especially in local and limited research resource settings, the anaerobic sample transport materials might be utilized. Hence, this study analyzed influences of aerobic and anaerobic sample transport materials on percent composition and quantitative composition of gut (fecal) microbiota, and also identified whether these influences could affect the interpretation in microbiomes of healthy compared with the fat-metabolic disorder. Further, we could describe the percent and quantitative microbiota differences in healthy and fat-metabolic disorder subjects disrespect of aerobic or anaerobic sample transport materials.

Our study successfully obtained microbiota results in percent and quantitative compositions. The number of quality sequences in each sample allowed reliable Good's coverage index score for OTU diversity and rarefaction curve. Comparing between aerobic and anaerobic sample transport materials, the core bacterial compositions, in both percentages and quantitative counts, showed no statistical difference. This supported the no statistic difference in alpha diversity that included numbers of OTUs, Chao1 richness, inverse Simpson, and Shannon

diversity indices. Further, analyses of obligate anaerobic and facultative anaerobic bacteria were compared and still no statistical difference in these bacterial species between the aerobic and anaerobic sample transport groups. Supportively, the beta diversity analysis by NMDS could not separate bacterial communities of aerobic from anaerobic sample transport groups ($P = 0.864$). Overall, our study indicated no influence between aerobic and anaerobic sample transport materials during sample collection and sample transport (provided that the metagenomic extraction was performed within 2 days) on fecal microbiota and fecal quantitative microbiota. Our results were in consistent with Taguer et al. (2021) that short period of oxygen exposure did not affect the nucleic acid content and changes of bacterial microbiota. Moreover, studies reported that the fecal samples for microbiome studies might be kept without any DNA stabilizer reagent at 4°C for up to 8 weeks and at -20°C for the longer period (Choo et al., 2015; Song et al., 2016). Moreover, some obligate anaerobes could partially reduce pressure of aerobic (oxygen) environment by consuming oxygen via their bacterial oxidase enzymes (Baughn & Malamy, 2004): for examples, a conserved cytochrome *bd* family enzymes in many bacterial species in phyla Firmicutes, Bacteroidetes, Actinomycetes and Proteobacteria, allowing the bacterial tolerance in the presence of oxygen for several hours (Borisov et al., 2021). Yet, when possible, the minimizing oxygen exposure remains the gold standard fecal collection and transport (Burz et al., 2019).

Next, we analyzed if these microbiota communities remained associated and able to be distinguished by a fat-metabolic disorder, an example of well-known disease that could be affected by the gut microbiota dysbiosis (Rothschild et al., 2018; HMP Consortium, 2012b; Zheng et al., 2020). The beta diversity analyses by NMDS could distinguish the different

microbiota community structures between healthy and this disease state, and many clinical factors representing the fat-metabolic disorders (*Dominianni et al., 2015; Loo et al., 2017; Liu et al., 2019a; Xu et al., 2019; Zheng et al., 2020*) were statistically correlated with the fat-metabolic disorder microbiota subjects (from both aerobic and anaerobic sample transport groups) (e.g. age, liver stiffness, GGT, BMI, and TC). In addition, we could identify the bacterial OTUs that statistically associated with the healthy vs. fat-metabolic disorder, their microbial metabolic functions, and the potential biomarkers for bacterial species and correlated metabolisms in healthy vs. fat-metabolic disorder. For instances, genera such as *Ruminococcus* and *Bifidobacterium* were also reported previously in healthy human gut and provided functions in short chain fatty acid producers, metabolisms of cofactors and vitamins, biosynthesis of secondary metabolites against gut bacterial pathogens, energy metabolisms, digestive system, and carbohydrate metabolism (*Ze et al., 2012; Christopherson et al., 2014; Matijašić et al., 2014;*). Noted that the presence of *H. parainfluenzae* was reported no any negative effect in gut health (*Kosikowska et al., 2016; Tanner et al., 2016*). Additionally, the microbial functions involved human disease was rare found in the healthy than the fat-metabolic disorder groups (Fig. 6B).

For fat-metabolic disorder group, *Prevotella copri* and *Bacteroides plebeius* had been reported as potential gut pathogens for cardiac valve calcification and cardiovascular disease (*Liu et al., 2019b*). However, the prevalence of genus *Prevotella* could be found in healthy gut, and this genus was reported linked with high-fiber diet consumption (*Arumugam et al., 2011*). Hence, the reason that we observed this genus correlated with the fat-metabolic disorder could be biased by the subjects' diets, which we did not have information in study. Furthermore,

limitation in this study included a small number of samples, which could hinder the correlation and bacterial species identification of the microbiota and quantitative microbiota with the fat-metabolic disorder.

Conclusions

The study first analyzed fecal bacterial microbiota and quantitative microbiota, and revealed no influence of anaerobic sample transport material on the microbiota and quantitative microbiota. This supported studies that short term aerobic sample collection and transport does not statistically affected the microbiota analyses, with $\leq 4^{\circ}\text{C}$ sample storage and sample processing within 48 h are required. Our study could also able to demonstrate the gut microbiota differences between healthy and fat-metabolic disorder in both aerobic and anaerobic sample transport collections, and analyze quantitative microbiota related microbial metabolic potentials and bacterial species biomarkers in Thai adult subjects. This disease gut microbiota dysbiosis factor exhibited albeit inter-individual human differences like sex and diet patterns.

Acknowledgments

The study was supported by Thailand Science Research and Innovation Fund Chulalongkorn University (CU_FRB65_he(68)_131_23_61), Thailand Science Research and Innovation (RDG6150124), and the 90th Anniversary of Chulalongkorn University Scholarship. The funders had no role in study design, data collection and analysis. The authors also acknowledged Matanee Palasuk, Piraya Chathanathon, Paweena Ouying and Chitrasak Kullapanich for their technical assistances or advice.

Authors' Contributions

NT performed molecular biology experiments and data analysis, and drafted the manuscript. LW helped molecular biology experiments and data analysis. KJ helped clinical sample collections. KP provided samples. KP and NS advised and conceived the study. NS designed the study, coordinated the experiments and data analysis, and wrote the manuscript. All authors read and approved the final manuscript

Conflict of Interest

The authors declare no conflict of interest.

References

Arumugam M, Raes J, Pelletier E, Le Paslier D, Yamada T, Mende DR, Fernandes GR, Tap J, Bruls T, Batto J-M, Bertalan M, Borruel N, Casellas F, Fernandez L, Gautier L, Hansen T, Hattori M, Hayashi T, Kleerebezem M, Kurokawa K, Leclerc M, Levenez F, Manichanh C, Nielsen HB, Nielsen T, Pons N, Poulain J, Qin J, Sicheritz-Ponten T, Tims S, Torrents D, Ugarte E, Zoetendal EG, Wang J, Guarner F, Pedersen O, de Vos WM, Brunak S, Doré J, Antolín M, Artiguenave F, Blottiere HM, Almeida M, Brechot C, Cara C, Chervaux C, Cultrone A, Delorme C, Denariáz G, Dervyn R, Foerstner KU, Friss C, van de Guchte M, Guedon E, Haimet F, Huber W, van Hylckama-Vlieg J, Jamet A, Juste C, Kaci G, Knol J, Kristiansen K, Lakhdari O, Layec S, Le Roux K, Maguin E, Mérieux A, Melo Minardi R, M'Rini C, Muller J, Oozeer R, Parkhill J, Renault P, Rescigno M,

Sanchez N, Sunagawa S, Torrejon A, Turner K, Vandemeulebrouck G, Varela E,
Winogradsky Y, Zeller G, Weissenbach J, Ehrlich SD, Bork P, and Meta HITC. 2011.
Enterotypes of the human gut microbiome. *Nature* 473:174-180. doi:
10.1038/nature09944

Baughn AD, Malmay MH. 2004. The strict anaerobe *Bacteroides fragilis* grows in and benefits
from nanomolar concentrations of oxygen. *Nature* 427:441-444. doi:
10.1038/nature02285

Borisov VB, Siletsky SA, Paiardini A, Hoogewijs D, Forte E, Giuffrè A, Poole RK. 2021.
Bacterial Oxidases of the Cytochrome bd Family: Redox Enzymes of Unique Structure,
Function, and Utility As Drug Targets. *Antioxidants & Redox Signaling* 34:1280-1318.
doi: 10.1089/ars.2020.8039

Burz SD, Abraham A-L, Fonseca F, David O, Chapron A, Béguet-Crespel F, Cénard S, Le Roux
K, Patrascu O, Levenez F, Schwintner C, Blottière HM, Béra-Maillet C, Lepage P, Doré
J, Juste C. 2019. A Guide for Ex Vivo Handling and Storage of Stool Samples Intended
for Fecal Microbiota Transplantation. *Scientific Reports* 9:8897. doi: 10.1038/s41598-
019-45173-4

Caporaso JG, Lauber CL, Costello EK, Berg-Lyons D, Gonzalez A, Stombaugh J, Knights D,
Gajer P, Ravel J, Fierer N, Gordon JI, Knight R. 2011. Moving pictures of the human
microbiome. *Genome Biology* 12:R50. doi: 10.1186/gb-2011-12-5-r50

Caporaso, JG, Lauber CL, Walters WA, Berg-Lyons D, Huntley J, Fierer N, Owens SM, Betley
J, Fraser L, Bauer M, Gormley N, Gilbert JA, Smith G, Knight R. 2012. Ultra-high-

- throughput microbial community analysis on the Illumina HiSeq and MiSeq platforms.
ISME J 6:1621–1624. doi: 10.1038/ismej.2012.8
- Castelino M, Eyre S, Moat J, Fox G, Martin P, Ho P, Upton M, Barton A. 2017. Optimisation of
methods for bacterial skin microbiome investigation: primer selection and comparison of
the 454 versus MiSeq platform. *BMC Microbiology* 17:23. doi: 10.1186/s12866-017-
0927-4
- Choo JM, Leong LEX, Rogers GB. 2015. Sample storage conditions significantly influence
faecal microbiome profiles. *Scientific Reports* 5:16350. doi: 10.1038/srep16350
- Christopherson MR, Dawson JA, Stevenson DM, Cunningham AC, Bramhacharya S, Weimer
PJ, Kendzierski C, Suen G. 2014. Unique aspects of fiber degradation by the ruminal
ethanologen *Ruminococcus albus* 7 revealed by physiological and transcriptomic
analysis. *BMC Genomics* 15:1066. doi: 10.1186/1471-2164-15-1066
- Dailey FE, Turse EP, Daglilar E, Tahan V. 2019. The dirty aspects of fecal microbiota
transplantation: a review of its adverse effects and complications. *Current Opinion in
Pharmacology* 49:29-33. doi: 10.1016/j.coph.2019.04.008
- Dityen K, Soonthornchai W, Kueanjinda P, Kullapanich C, Tunsakul N, Somboonna N,
Wongpiyabovorn J. 2022. Analysis of cutaneous bacterial microbiota of Thai patients
with seborrheic dermatitis. *Experimental Dermatology* 31:1949-1955. doi:
10.1111/exd.14674
- Dominianni C, Sinha R, Goedert JJ, Pei Z, Yang L, Hayes RB, Ahn J. 2015. Sex, body mass
index, and dietary fiber intake influence the human gut microbiome. *PLoS One*
10:e0124599. doi: 10.1371/journal.pone.0124599

474 Dore J, Ehrlich SD, Levenez F, Pelletier E, Alberti A, Bertrand L, Bork P, Costea PI, Sunagawa
475 S, Guarner F, Manichanh C, Santiago A, Zhao L, Shen J, Zhang C, Versalovic J, Luna
476 RA, Petrosino J, Yang H, Li S, Wang J, Allen-Vercoe E, Gloor G, Singh B, International
477 Human Microbiome Standards (IHMS) Consortium. 4 December 2015. IHMS_SOP 02
478 V1: Standard operating procedure for fecal samples self-collection, laboratory analysis
479 handled within 4 hours ($x \leq 4$ hours). International Human Microbiome Standards. pages
480 1-13.

481 Duncan SH, Hold GL, Harmsen HJM, Stewart CS, Flint HJ. 2002. Growth requirements and
482 fermentation products of *Fusobacterium prausnitzii*, and a proposal to reclassify it as
483 *Faecalibacterium prausnitzii* gen. nov., comb. nov. *Int J Syst Evol Microbiol* 52:2141-
484 2146. doi: 10.1099/00207713-52-6-2141

485 Fofanov VY, Furstenau TN, Sanchez D, Hepp CM, Cocking J, Sobek C, Pagel N, Walker F,
486 Chambers CL. 2018. Guano exposed: Impact of aerobic conditions on bat fecal
487 microbiota. *Ecol Evol* 8:5563-5574. doi: 10.1002/ece3.4084

488 Gorzelak MA, Gill SK, Tasnim N, Ahmadi-Vand Z, Jay M, Gibson DL. 2015. Methods for
489 Improving Human Gut Microbiome Data by Reducing Variability through Sample
490 Processing and Storage of Stool. *PLoS One* 10:e0134802. doi:
491 10.1371/journal.pone.0134802

492 Hanahan D, Jessee J, Bloom FR. 1991. Plasmid transformation of *Escherichia coli* and other
493 bacteria. *Methods Enzymology* 204:63-113. doi: 10.1016/0076-6879(91)04006-a

494 Handzlik MK, Gengatharan JM, Frizzi KE, McGregor GH, Martino C, Rahman G, Gonzalez A,
495 Moreno AM, Green CR, Guernsey LS, Lin T, Tseng P, Ideguchi Y, Fallon RJ, Chaix A,

496 Panda S, Mali P, Wallace M, Knight R, Gantner ML, Calcutt NA, Metallo CM. 2023.
 497 Insulin-regulated serine and lipid metabolism drive peripheral neuropathy. *Nature*
 498 614:118-124. doi: 10.1038/s41586-022-05637-6

499 Hrnčir T. 2022. Gut Microbiota Dysbiosis: Triggers, Consequences, Diagnostic and Therapeutic
 500 Options. *Microorganisms* 10. doi: 10.3390/microorganisms10030578

501 Hsu YL, Chen CC, Lin YT, Wu WK, Chang LC, Lai CH, Wu MS, Kuo CH. 2019. Evaluation
 502 and Optimization of Sample Handling Methods for Quantification of Short-Chain Fatty
 503 Acids in Human Fecal Samples by GC-MS. *Journal of Proteome Research* 18:1948-
 504 1957. doi: 10.1021/acs.jproteome.8b00536

505 Human Microbiome Project (HMP) Consortium. 2012a. A framework for human microbiome
 506 research. *Nature* 486:215-221. doi: 10.1038/nature11209

507 Human Microbiome Project (HMP) Consortium. 2012b. Structure, function and diversity of the
 508 healthy human microbiome. *Nature* 486:207-214. doi: 10.1038/nature11234

509 Jian C, Luukkonen P, Yki-Järvinen H, Salonen A, Korpela K. 2020. Quantitative PCR provides a
 510 simple and accessible method for quantitative microbiome profiling. *PLoS ONE*
 511 15:e0227285. doi: 10.1371/journal.pone.0227285

512 Jenkins SV, Vang KB, Gies A, Griffin RJ, Jun S-R, Nookaew I, Dings RPM. 2018. Sample
 513 storage conditions induce post-collection biases in microbiome profiles. *BMC*
 514 *Microbiology* 18:227. doi: 10.1186/s12866-018-1359-5

515 Kosikowska U, Rybojad P, Stępień-Pyśniak D, Żbikowska A, Malm A. 2016. Changes in the
 516 prevalence and biofilm formation of *Haemophilus influenzae* and *Haemophilus*

parainfluenzae from the respiratory microbiota of patients with sarcoidosis. *BMC Infectious Diseases* 16:449. doi: 10.1186/s12879-016-1793-7

Kousgaard SJ, Michaelsen TY, Nielsen HL, Kirk KF, Brandt J, Albertsen M, Thorlacius-Ussing O. 2020. Clinical results and microbiota changes after faecal microbiota transplantation for chronic pouchitis: a pilot study. *Scandinavian Journal of Gastroenterology* 55:421-429. doi: 10.1080/00365521.2020.1748221

Langille MGI, Zaneveld J, Caporaso JG, McDonald D, Knights D, Reyes JA, Clemente JC, Burkepile DE, Vega Thurber RL, Knight R, Beiko RG, Huttenhower C. 2013. Predictive functional profiling of microbial communities using 16S rRNA marker gene sequences. *Nature Biotechnology* 31:814-821. doi: 10.1038/nbt.2676

Liang Y, Dong T, Chen M, He L, Wang T, Liu X, Chang H, Mao J-H, Hang B, Snijders AM, Xia Y. 2020. Systematic Analysis of Impact of Sampling Regions and Storage Methods on Fecal Gut Microbiome and Metabolome Profiles. *mSphere* 5:10.1128/msphere.00763-00719. doi: 10.1128/msphere.00763-19

Liu Y, Ding W, Wang HL, Dai LL, Zong WH, Wang YZ, Bi J, Han W, Dong GJ. 2019a. Gut microbiota and obesity-associated osteoarthritis. *Osteoarthritis and Cartilage* 27:1257-1265. doi: 10.1016/j.joca.2019.05.009

Liu Z, Li J, Liu H, Tang Y, Zhan Q, Lai W, Ao L, Meng X, Ren H, Xu D, Zeng Q. 2019b. The intestinal microbiota associated with cardiac valve calcification differs from that of coronary artery disease. *Atherosclerosis* 284:121-128. doi: 10.1016/j.atherosclerosis.2018.11.038

538 Loo TM, Kamachi F, Watanabe Y, Yoshimoto S, Kanda H, Arai Y, Nakajima-Takagi Y, Iwama
539 A, Koga T, Sugimoto Y, Ozawa T, Nakamura M, Kumagai M, Watashi K, Taketo MM,
540 Aoki T, Narumiya S, Oshima M, Arita M, Hara E, Ohtani N. 2017. Gut Microbiota
541 Promotes Obesity-Associated Liver Cancer through PGE(2)-Mediated Suppression of
542 Antitumor Immunity. *Cancer Discovery* 7:522-538. doi: 10.1158/2159-8290.Cd-16-0932

543 Ma J, Sheng L, Hong Y, Xi C, Gu Y, Zheng N, Li M, Chen L, Wu G, Li Y, Yan J, Han R, Li B,
544 Qiu H, Zhong J, Jia W, Li H. 2020. Variations of Gut Microbiome Profile Under
545 Different Storage Conditions and Preservation Periods: A Multi-Dimensional Evaluation.
546 *Frontiers in Microbiology* 11:972. doi: 10.3389/fmicb.2020.00972

547 Martínez N, Hidalgo-Cantabrana C, Delgado S, Margolles A, Sánchez B. 2019. Filling the gap
548 between collection, transport and storage of the human gut microbiota. *Scientific Reports*
549 9:8327. doi: 10.1038/s41598-019-44888-8

550 Matijašić BB, Obermajer T, Lipoglavšek L, Grabnar I, Avguštin G, Rogelj I. 2014. Association
551 of dietary type with fecal microbiota in vegetarians and omnivores in Slovenia. *European*
552 *Journal of Nutrition* 53:1051-1064. doi: 10.1007/s00394-013-0607-6

553 McDonald D, Price MN, Goodrich J, Nawrocki EP, DeSantis TZ, Probst A, Andersen GL,
554 Knight R, Hugenholtz P. 2012. An improved Greengenes taxonomy with explicit ranks
555 for ecological and evolutionary analyses of bacteria and archaea. *Isme J* 6:610-618. doi:
556 10.1038/ismej.2011.139

557 Moossavi S, Engen PA, Ghanbari R, Green SJ, Naqib A, Bishehsari F, Merat S, Poustchi H,
558 Keshavarzian A, Malekzadeh R. 2019. Assessment of the impact of different fecal

storage protocols on the microbiota diversity and composition: a pilot study. *BMC Microbiology* 19:145. doi: 10.1186/s12866-019-1519-2

Ndong S, Khelaifia S, Lagier J-C, Raoult D. 2020. From anaerobes to aerointolerant prokaryotes. *Human Microbiome Journal* 15:100068. doi: 10.1016/j.humic.2019.100068

Oldham AL, Duncan KE. 2012. Similar gene estimates from circular and linear standards in quantitative PCR analyses using the prokaryotic 16S rRNA gene as a model. *PLoS ONE* 7:e51931. doi: 10.1371/journal.pone.0051931

Ondee T, Pongpirul K, Jancot K, Kanacharoen S, Lertmongkolaksorn T, Wongsaroj L, Somboonna N, Ngamwongsatit N, Leelahavanichkul A. 2022. Lactiplantibacillus plantarum dfa1 outperforms Enterococcus faecium dfa1 on anti-obesity in high fat-induced obesity mice possibly through the differences in gut dysbiosis attenuation, despite the similar anti-inflammatory properties. *Nutrients* 14:80. doi: 10.3390/nu14010080

Parks DH, Tyson GW, Hugenholtz P, Beiko RG. 2014. STAMP: statistical analysis of taxonomic and functional profiles. *Bioinformatics* 30:3123-3124. doi: 10.1093/bioinformatics/btu494

Quast C, Pruesse E, Yilmaz P, Gerken J, Schweer T, Yarza P, Peplies J, Glöckner FO. 2013. The SILVA ribosomal RNA gene database project: improved data processing and web-based tools. *Nucleic Acids Research* 41:D590-596. doi: 10.1093/nar/gks1219

Reynoso-García J, Miranda-Santiago AE, Meléndez-Vázquez NM, Acosta-Pagán K, Sánchez-Rosado M, Díaz-Rivera J, Rosado-Quñones AM, Acevedo-Márquez L, Cruz-Roldán L, Tosado-Rodríguez EL, Figueroa-Gispert MDM, Godoy-Vitorino F. 2022. A complete

guide to human microbiomes: body niches, transmission, development, dysbiosis, and restoration. *Frontiers in Systems Biology* 2:2022. doi: 10.3389/fsysb.2022.951403

Rothschild D, Weissbrod O, Barkan E, Kurilshikov A, Korem T, Zeevi D, Costea PI, Godneva A, Kalka IN, Bar N, Shilo S, Lador D, Vila AV, Zmora N, Pevsner-Fischer M, Israeli D, Kosower N, Malka G, Wolf BC, Avnit-Sagi T, Lotan-Pompan M, Weinberger A, Halpern Z, Carmi S, Fu J, Wijmenga C, Zhernakova A, Elinav E, Segal E. 2018. Environment dominates over host genetics in shaping human gut microbiota. *Nature* 555:210-215. doi: 10.1038/nature25973

Sabo CM, Dumitrascu DL. 2021. Microbiota and the irritable bowel syndrome. *Minerva Gastroenterol* 67:377-384. doi: 10.23736/S2724-5985.21.02923-5

Schirmer M, Garner A, Vlamakis H, Xavier RJ. 2019. Microbial genes and pathways in inflammatory bowel disease. *Nature Review Microbiology* 17:497-511. doi: 10.1038/s41579-019-0213-6

Schloss PD, Westcott SL, Ryabin T, Hall JR, Hartmann M, Hollister EB, Lesniewski RA, Oakley BB, Parks DH, Robinson CJ, Sahl JW, Stres B, Thallinger GG, Horn DJV, Weber CF. 2009. Introducing mothur: Open-Source, Platform-Independent, Community-Supported Software for Describing and Comparing Microbial Communities. *Applied and Environmental Microbiology* 75:7537-7541. doi: 10.1128/AEM.01541-09

Schloss, PD. 2020. Reintroducing mothur: 10 years later. *Appl Environ Microbiol* 86:e02343-19. doi: 10.1128/AEM.02343-19.

Smith CJ, Nedwell DB, Dong LF, Osborn AM. 2006. Evaluation of quantitative polymerase chain reaction-based approaches for determining gene copy and gene transcript numbers

603 in environmental samples. *Environmental Microbiology* 8:804-815. 10.1111/j.1462-
604 2920.2005.00963.x

605 Song SJ, Amir A, Metcalf JL, Amato KR, Xu ZZ, Humphrey G, Knight R. 2016. Preservation
606 methods differ in fecal microbiome stability, affecting suitability for field studies.
607 *mSystems* 1:e00021-16. doi: 10.1128/msystems.00021-16

608 Sun Q, Zhu L, Li Y, Cui Y, Jiang S, Tao N, Chen H, Zhao Z, Xu J, Dong C. 2020. A novel
609 inulin-type fructan from *Asparagus cochinchinensis* and its beneficial impact on human
610 intestinal microbiota. *Carbohydrate Polymers* 247:116761. doi:
611 10.1016/j.carbpol.2020.116761

612 Suzuki MT, Taylor LT, DeLong EF. 2000. Quantitative analysis of small-subunit rRNA genes in
613 mixed microbial populations via 5'-nuclease assays. *Applied Environmental*
614 *Microbiology* 66:4605–4614. doi: 10.1128/aem.66.11.4605-4614.2000

615 Taguer M, Quillier O, Maurice CF. 2021. Effects of oxygen exposure on relative nucleic acid
616 content and membrane integrity in the human gut microbiota. *PeerJ* 9:e10602. doi:
617 10.7717/peerj.10602

618 Tanner SA, Chassard C, Rigozzi E, Lacroix C, Stevens MJA. 2016. Bifidobacterium
619 thermophilum RBL67 impacts on growth and virulence gene expression of Salmonella
620 enterica subsp. enterica serovar Typhimurium. *BMC Microbiology* 16:46. doi:
621 10.1186/s12866-016-0659-x

622 Taur Y, Coyte K, Schluter J, Robilotti E, Figueroa C, Gjonbalaj M, Littmann ER, Ling L, Miller
623 L, Gyaltsen Y, Fontana E, Morjaria S, Gyurkocza B, Perales MA, Castro-Malaspina H,
624 Tamari R, Ponce D, Koehne G, Barker J, Jakubowski A, Papadopoulos E, Dahi P, Sauter

C, Shaffer B, Young JW, Peled J, Meagher RC, Jenq RR, van den Brink MRM, Giralto
SA, Pamer EG, Xavier JB. 2018. Reconstitution of the gut microbiota of antibiotic-
treated patients by autologous fecal microbiota transplant. *Sci Transl Med* 10. doi:
10.1126/scitranslmed.aap9489

Valdes AM, Walter J, Segal E, Spector TD. 2018. Role of the gut microbiota in nutrition and
health. *BMJ* 361:k2179. doi: 10.1136/bmj.k2179

van Horn KG, Warren K, Baccaglini EJ. 1997. Evaluation of the AnaeroPack system for growth
of anaerobic bacteria. *Journal of Clinical Microbiology* 35:2170-2173. doi:
10.1128/jcm.35.8.2170-2173.1997

Vandeputte D, Kathagen G, D'hoel K, Vieira-Silva S, Valles-Colomer M, Sabino J, Wang J, Tito
RY, Falony G, Raes J. 2017b. Quantitative microbiome profiling links gut community
variation to microbial load. *Nature* 551:507-511. doi: 10.1038/nature24460

Vandeputte D, Tito RY, Vanleeuwen R, Falony G, Raes J. 2017. Practical considerations for
large-scale gut microbiome studies. *FEMS Microbiology Review* 41:S154-s167. doi:
10.1093/femsre/fux027

Wang Q, Garrity GM, Tiedje JM, Cole JR. 2007. Naive Bayesian classifier for rapid assignment
of rRNA sequences into the new bacterial taxonomy. *Applied Environmental
Microbiology* 73:5261-5267. doi: 10.1128/aem.00062-07

Watson EJ, Giles J, Scherer BL, Blatchford P. 2019. Human faecal collection methods
demonstrate a bias in microbiome composition by cell wall structure. *Scientific Reports*
9:16831. doi: 10.1038/s41598-019-53183-5

- 646 Wen J, Wang D, Cheng L, Wu D, Qiu L, Li M, Xie Y, Wu S, Jiang Y, Bai H, Xu B, Lv H. 2021.
647 The optimization conditions of establishing an H9c2 cardiomyocyte
648 hypoxia/reoxygenation injury model based on an AnaeroPack System. *Cell Biology*
649 *International* 45:757-765. doi: 10.1002/cbin.11513
- 650 Wongsaroj L, Chanabun R, Tunsakul N, Prombutara P, Panha S, Somboonna N. 2021. First
651 reported quantitative microbiota in different livestock manures used as organic fertilizers
652 in the Northeast of Thailand. *Scientific Reports* 11:102. doi: 10.1038/s41598-020-80543-
653 3
- 654 Wesolowska-Andersen A, Bahl MI, Carvalho V, Kristiansen K, Sicheritz-Pontén T, Gupta R,
655 Licht TR. 2014. Choice of bacterial DNA extraction method from fecal material
656 influences community structure as evaluated by metagenomic analysis. *Microbiome* 2:19.
657 doi: 10.1186/2049-2618-2-19
- 658 Wu GD, Bushmanc FD, Lewis JD. 2013. Diet, the human gut microbiota, and IBD. *Anaerobe*
659 24:117-120. doi: 10.1016/j.anaerobe.2013.03.011
- 660 Xu C, Zhu H, and Qiu P. 2019. Aging progression of human gut microbiota. *BMC Microbiology*
661 19:236. doi: 10.1186/s12866-019-1616-2
- 662 Yan B, Sun Y, Fu K, Zhang Y, Lei L, Men J, Guo Y, Wu S, Han J, Zhou B. 2023. Effects of
663 glyphosate exposure on gut-liver axis: metabolomic and mechanistic analysis in grass
664 carp (*Ctenopharyngodon idellus*). *Science of the Total Environment* 902:166062. doi:
665 10.1016/j.scitotenv.2023.166062

Ze X, Duncan SH, Louis P, Flint HJ. 2012. *Ruminococcus bromii* is a keystone species for the degradation of resistant starch in the human colon. *ISME Journal* 6:1535-1543. doi: 10.1038/ismej.2012.4

Zheng D, Liwinski T, Elinav E. 2020. Interaction between microbiota and immunity in health and disease. *Cell Research* 30:492-506. doi: 10.1038/s41422-020-0332-7

Figure Legends

Fig. 1. Schematic diagram of experimental design.

Fig. 2. Relative percent gut microbiota compositions of aerobic and anaerobic transport groups at phylum, genus and species levels.

Color shades represent bacterial phyla: yellow (Firmicutes), blue (Bacteroidetes), red (Proteobacteria), grey (Fusobacteria), purple (Actinobacteria), white (Other), and pink (unclassified bacterial phyla). The OTUs where Mothur could not identify the genus (or species) names were denoted by small letters (o_ abbreviates order; f_, family; g_, genus and s_, species) to the deepest taxonomic names that could be identified; k_ abbreviated kingdom bacteria but unclassified phylum; and “Other” represented < 1% phylum (or genus, or species) OTUs.

Fig. 3. Quantification of bacterial counts for (A) average total bacterial counts and (B) average strictly anaerobic and facultative anaerobic bacterial genera, comparing between aerobic and anaerobic sample transport groups.

Data were presented as average \pm SD. Statistical differences between groups were tested using Student's *t*-test ($P < 0.05$), and no statistical difference was found.

Fig. 4. Scatter plots showing individual and mean range alpha diversity data at species OTUs of aerobic (filled circle) and anaerobic (empty square) sample transport groups, measured by (A) number of OTUs, (B) Chao1 richness, (C) inverse Simpson diversity, and (D) Shannon evenness. Statistical differences between groups were tested using Student's *t*-test ($P < 0.05$), and no statistical difference was found: $P > 0.05$.

Fig. 5. Non-metric multidimensional scaling (NMDS) constructed from Thetan coefficients displaying beta diversity among quantitative microbiota communities in aspects of (A) aerobic and anaerobic sample transport groups and (B-D) health and fat-metabolic disorder (denoted “unhealthy”) groups.

In (A) and (B), AMOVA test was performed to determine statistical separation between designated groups ($P < 0.05$). In (C) and (D) showed the Pearson's correlations with health status parameters and the representing bacterial species OTUs, respectively. A vector direction and length represented the direction and strength of that parameter or OTU to the communities. A red arrow indicated a statistically significant correlation parameter ($P < 0.05$), and a black arrow indicated non-statistically significant correlation parameter ($P > 0.05$). In (C), GGT abbreviates gamma-glutamyl transferase; BMI, body mass index; stiffness, liver stiffness indicates the non-elasticity of the liver associated fat accumulation; TC, total cholesterol; AST, aspartate aminotransferase; ALT, alanine aminotransferase; TG, triglyceride; LDL, low-density lipoproteins; CAP, controlled attenuation parameter; and HDL, high-density lipoproteins.

711

712 **Fig. 6.** Metabolic functional prediction associated to quantitative profiles of (A) prevalent health-
 713 associated bacteria OTUs and (B) linear discriminant analysis (LDA) combined effect size
 714 (LEfSe) as bacterial species and associated microbial metabolic function biomarkers for healthy
 715 or fat-metabolic disorder (denoted “unhealthy”) groups.

716 Microbial metabolic functions were estimated according to KEGG pathways. In (A), a different
 717 color from nude to tangerine represents the level of quantitative microbial metabolic function
 718 abundance from absence to the highest presence level (scale in vertical bar chart). In (B), a
 719 numeric in front of KEGG name represents the KEGG pathway category: 1, metabolism; 2,
 720 organismal systems; 3, diseases; 4, environmental information processing; 5, genetic information
 721 processing; and 6, cellular processes. The LDA score > 3.0 was referred microbial metabolic
 722 function markers (ANOVA Welch’s test, $P < 0.05$).

Figure 1

Schematic diagram of experimental design.

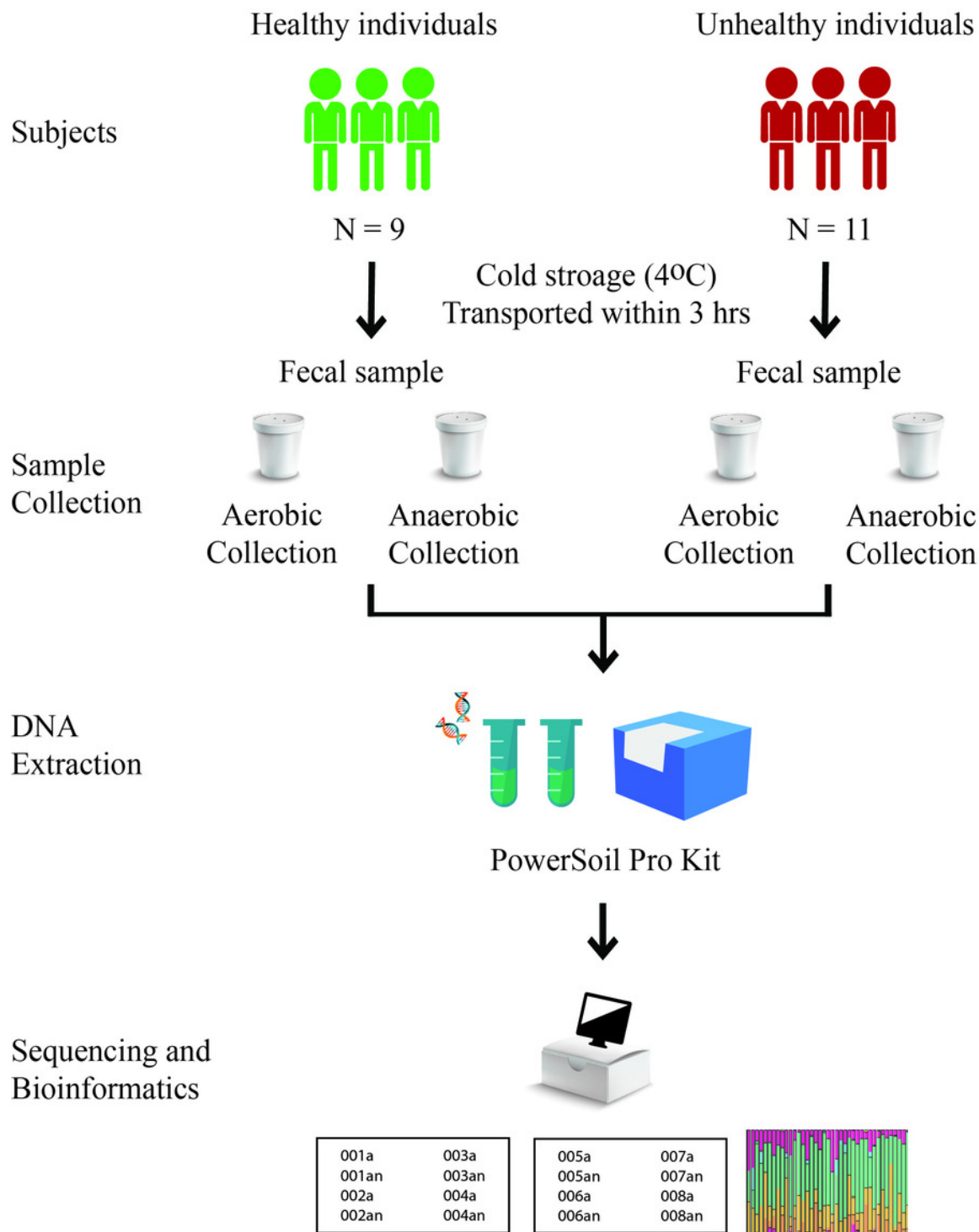


Figure 2

Relative percent gut microbiota compositions of aerobic and anaerobic transport groups at phylum, genus and species levels.

Color shades represent bacterial phyla: yellow (Firmicutes), blue (Bacteroidetes), red (Proteobacteria), grey (Fusobacteria), purple (Actinobacteria), white (Other), and pink (unclassified bacterial phyla). The OTUs where Mothur could not identify the genus (or species) names were denoted by small letters (o_ abbreviates order; f_, family; g_, genus and s_, species) to the deepest taxonomic names that could be identified; k_ abbreviated kingdom bacteria but unclassified phylum; and “Other” represented < 1% phylum (or genus, or species) OTUs.

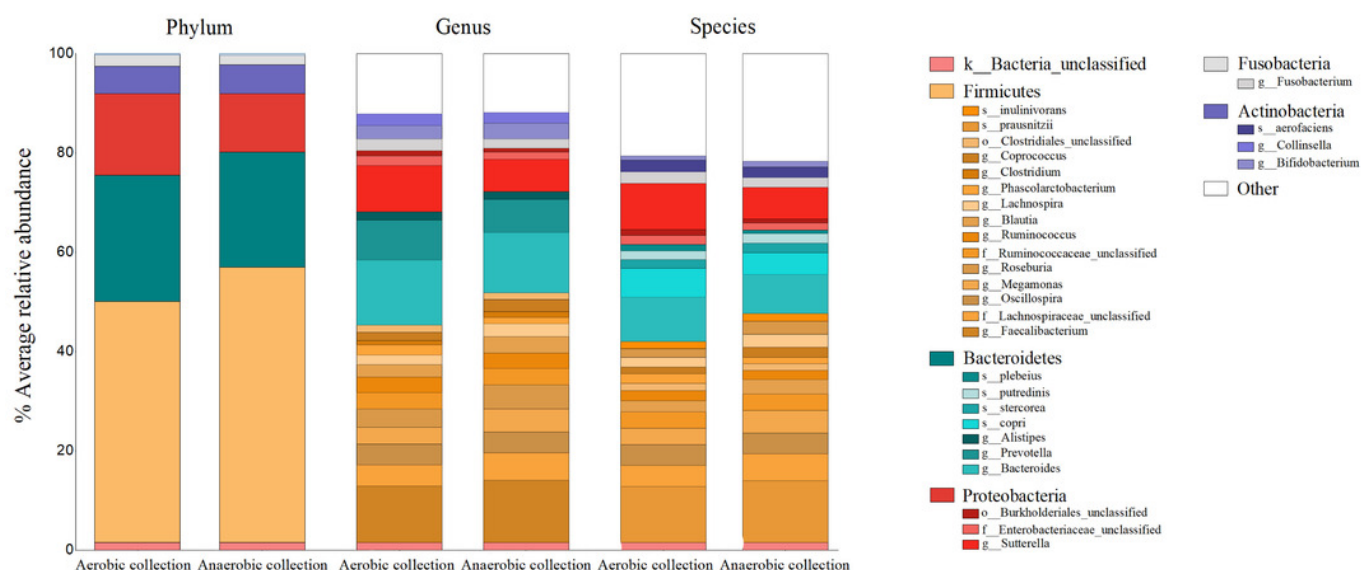
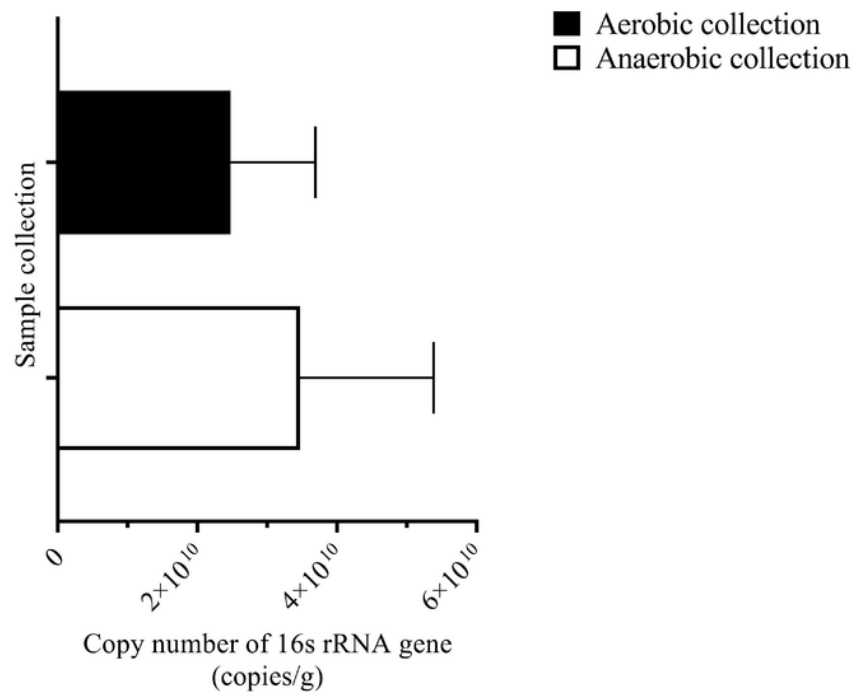


Figure 3

Quantification of bacterial counts for (A) average total bacterial counts and (B) average strictly anaerobic and facultative anaerobic bacterial genera, comparing between aerobic and anaerobic sample transport groups.

Data were presented as average \pm SD. Statistical differences between groups were tested using Student's *t*-test ($P < 0.05$), and no statistical difference was found.

A



B

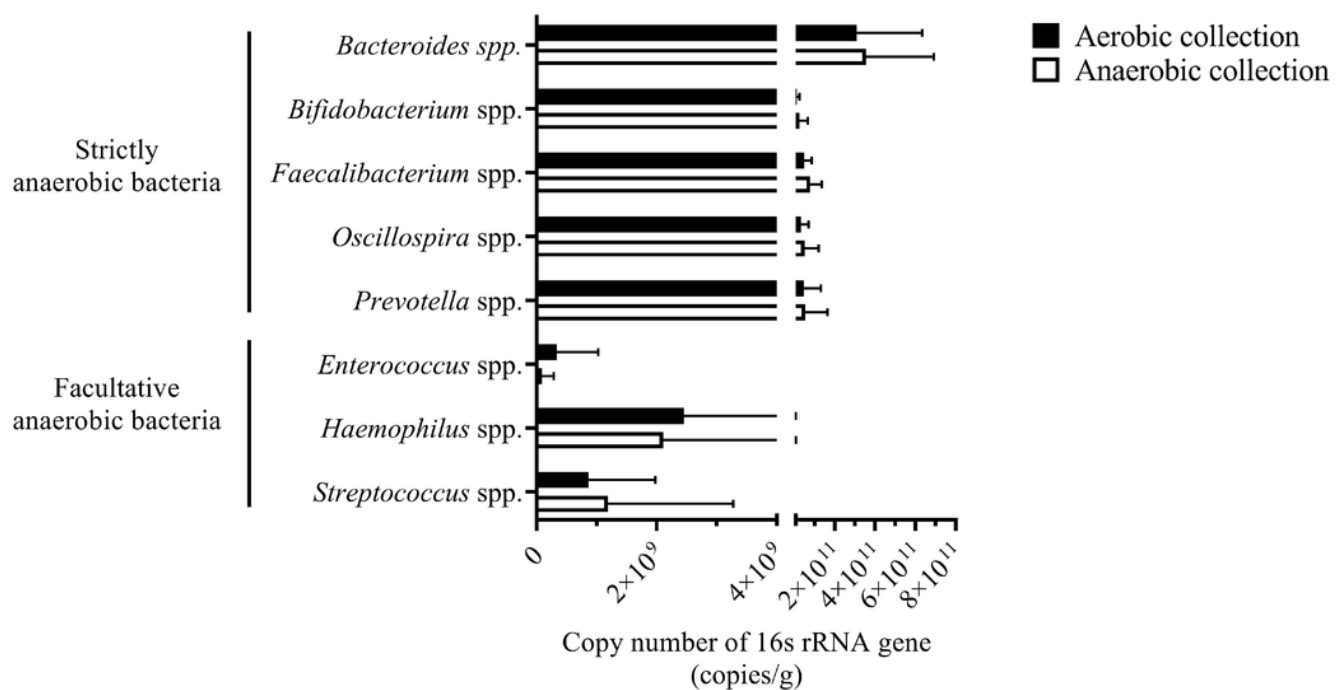


Figure 4

Scatter plots showing individual and mean range alpha diversity data at species OTUs of aerobic (filled circle) and anaerobic (empty square) sample transport groups, measured by (A) number of OTUs, (B) Chao1 richness, (C) inverse Simpson diversity, and (D

Statistical differences between groups were tested using Student's *t*-test ($P < 0.05$), and no statistical difference was found: $P > 0.05$.

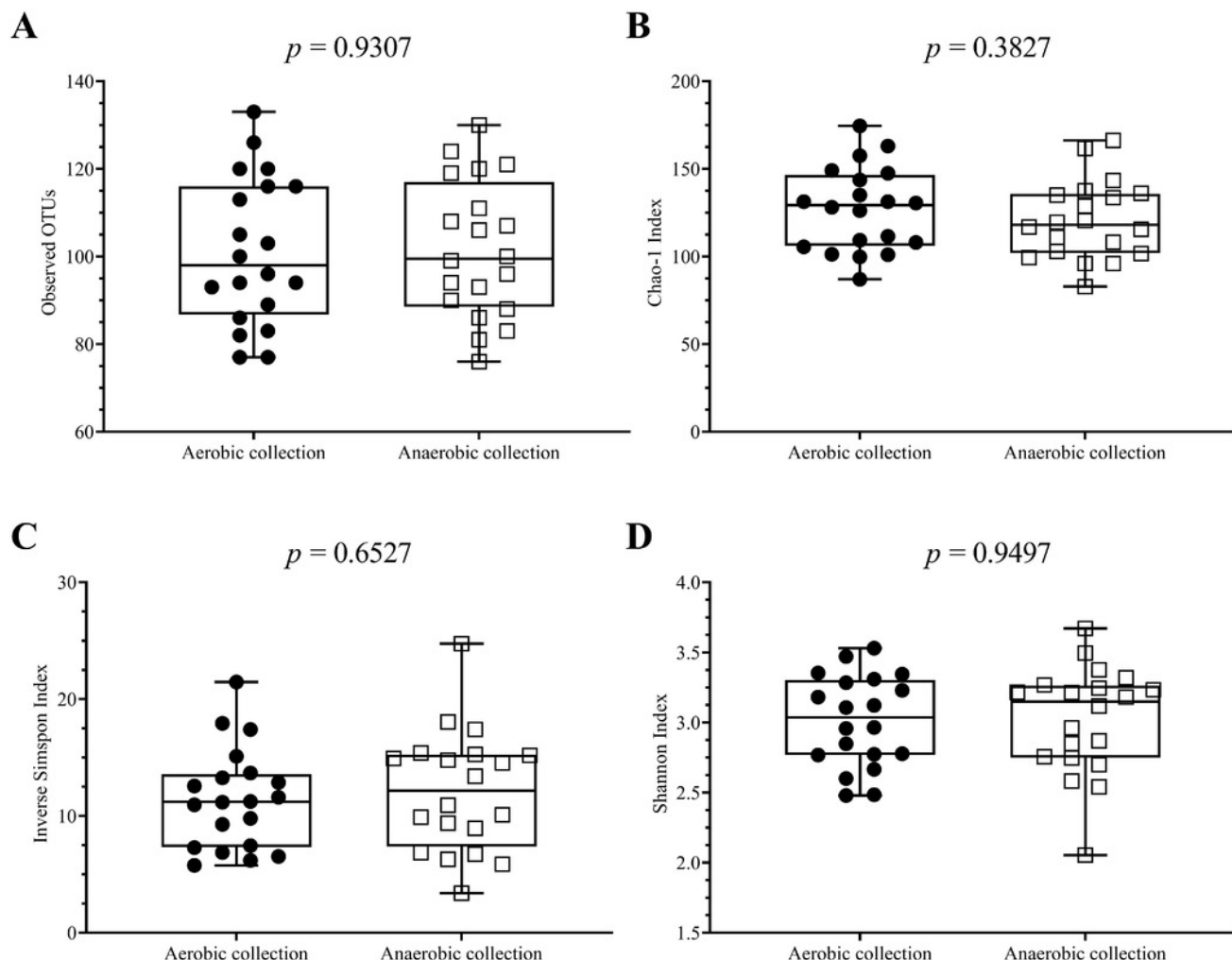


Figure 5

Non-metric multidimensional scaling (NMDS) constructed from Thetan coefficients displaying beta diversity among quantitative microbiota communities in aspects of (A) aerobic and anaerobic sample transport groups and (B-D) health and fat-metabolic disorder

In (A) and (B), AMOVA test was performed to determine statistical separation between designated groups ($P < 0.05$). In (C) and (D) showed the Pearson's correlations with health status parameters and the representing bacterial species OTUs, respectively. A vector direction and length represented the direction and strength of that parameter or OTU to the communities. A red arrow indicated a statistically significant correlation parameter ($P < 0.05$), and a black arrow indicated non-statistically significant correlation parameter ($P > 0.05$). In (C), GGT abbreviates gamma-glutamyl transferase; BMI, body mass index; stiffness, liver stiffness indicates the non-elasticity of the liver associated fat accumulation; TC, total cholesterol; AST, aspartate aminotransferase; ALT, alanine aminotransferase; TG, triglyceride; LDL, low-density lipoproteins; CAP, controlled attenuation parameter; and HDL, high-density lipoproteins.

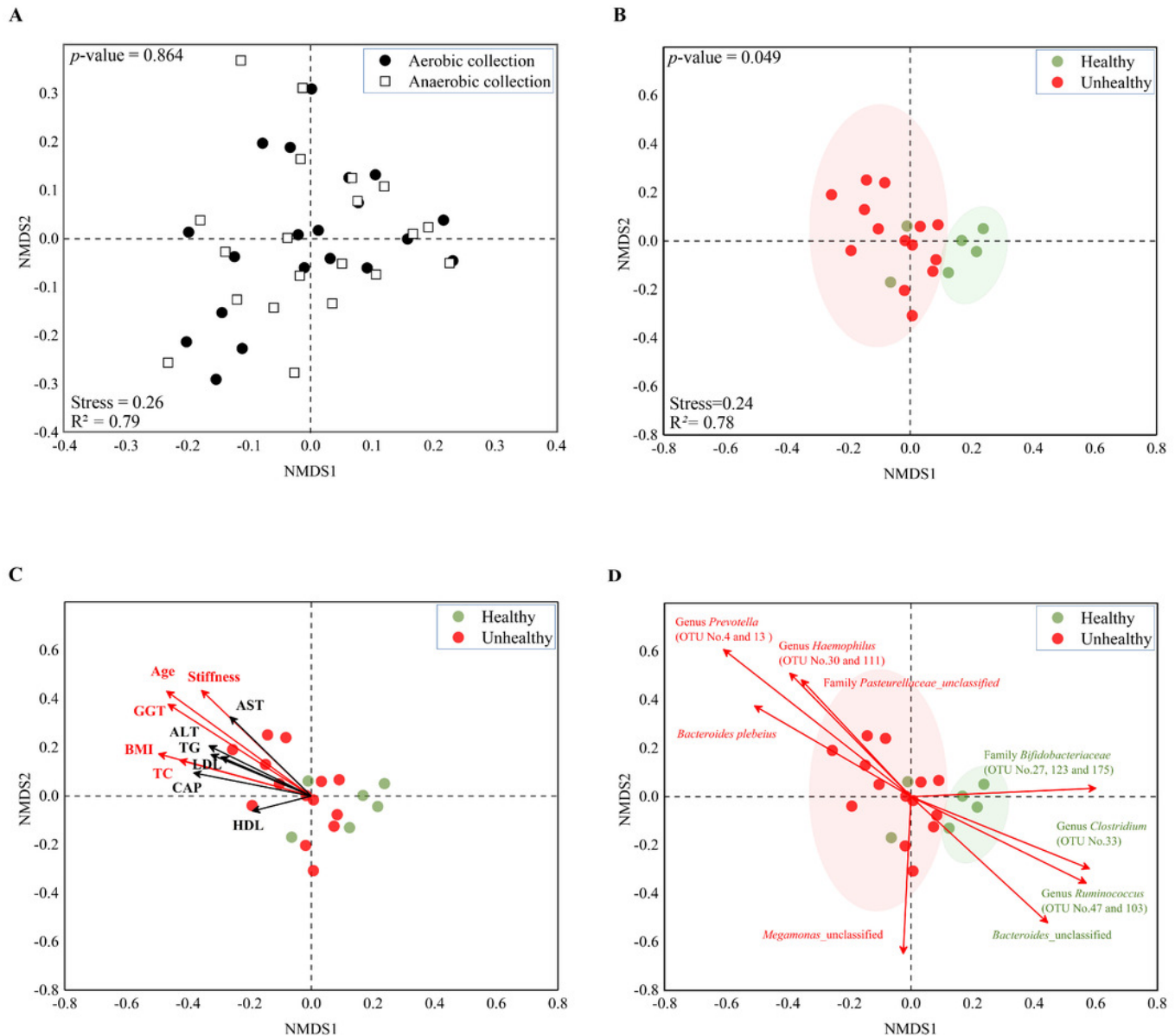


Figure 6

Metabolic functional prediction associated to quantitative profiles of (A) prevalent health-associated bacteria OTUs and (B) linear discriminant analysis (LDA) combined effect size (LEfSe) as bacterial species and associated microbial metabolic function b

Microbial metabolic functions were estimated according to KEGG pathways. In (A), a different color from nude to tangerine represents the level of quantitative microbial metabolic function abundance from absence to the highest presence level (scale in vertical bar chart). In (B), a numeric in front of KEGG name represents the KEGG pathway category: 1, metabolism; 2, organismal systems; 3, diseases; 4, environmental information processing; 5, genetic information processing; and 6, cellular processes. The LDA score > 3.0 was referred microbial metabolic function markers (ANOVA Welch's test, $P < 0.05$).

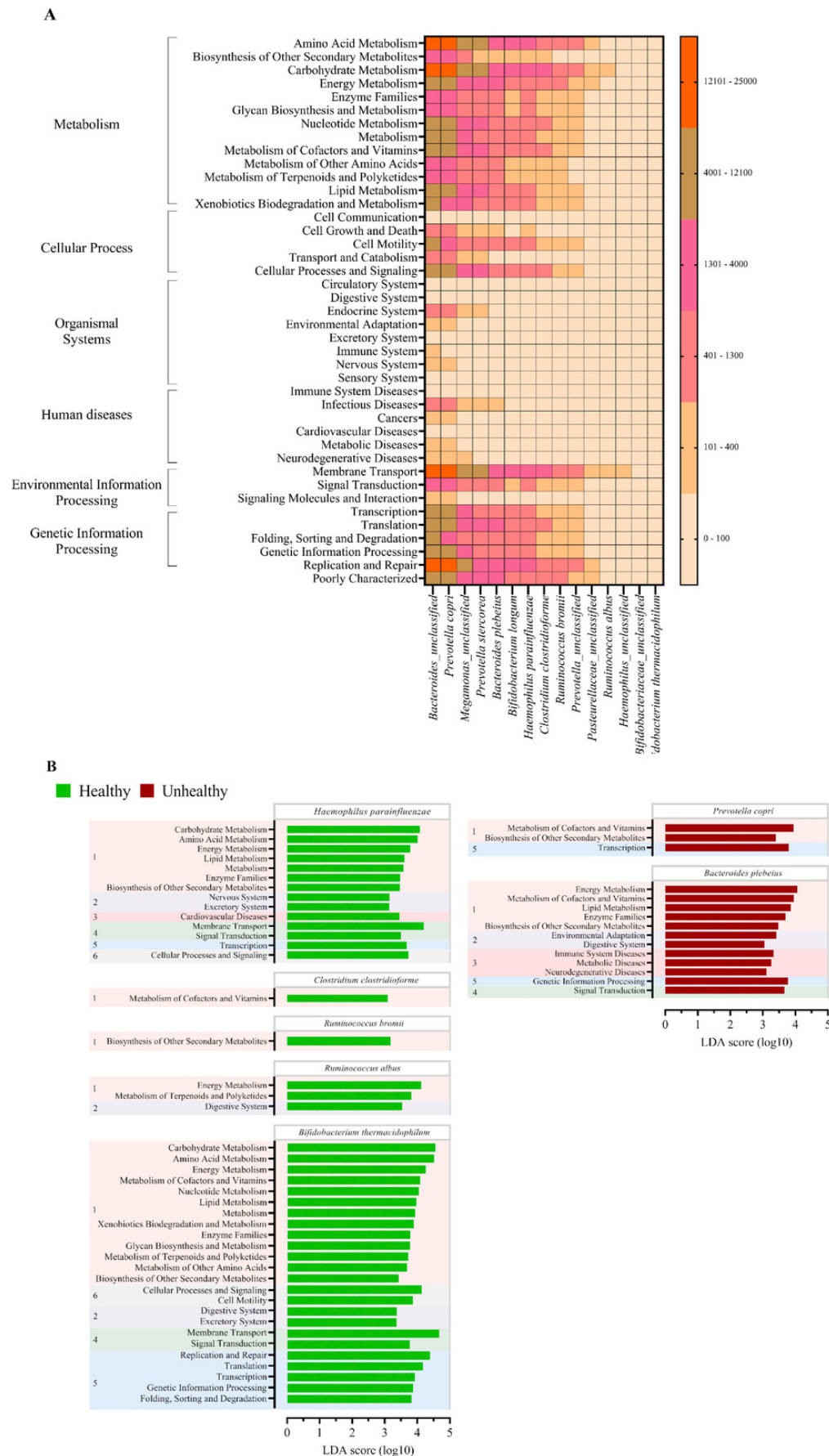


Table 1(on next page)

Average quality reads, OTUs and Good's coverage (%) at phylum, genus and species level.

For number of quality reads and OTUs, data were displayed in average \pm SD. Multiple t-tests were performed for OTUs and Good's coverages between aerobic and anaerobic sample transport groups and no statistical difference was determined ($P > 0.05$).

Table 1. Average quality reads, OTUs and Good's coverage (%) at phylum, genus and species level.

For number of quality reads and OTUs, data were displayed in average \pm SD. Multiple *t*-tests were performed for OTUs and Good's coverages between aerobic and anaerobic sample transport groups and no statistical difference was determined ($P > 0.05$).

Groups	Quality sequences	Phylum		Genus		Species	
		OTUs	Good's coverage	OTUs	Good's coverage	OTUs	Good's coverage
All	40,587 \pm 24,139	6.80 \pm 1.22	100	72.05 \pm 10.76	99.82	101.38 \pm 16.05	99.72
Aerobic collection	53,116 \pm 24,211	6.55 \pm 1.19	100	71.40 \pm 10.45	99.83	101.15 \pm 16.83	99.71
Anaerobic collection	28,059 \pm 16,715	7.05 \pm 1.23	100	72.70 \pm 11.29	99.81	101.60 \pm 15.67	99.72

6