A peer-reviewed version of this preprint was published in PeerJ on 31 March 2016.

<u>View the peer-reviewed version</u> (peerj.com/articles/1854), which is the preferred citable publication unless you specifically need to cite this preprint.

Conley MN, Wong CP, Duyck KM, Hord N, Ho E, Sharpton TJ. 2016. Aging and serum MCP-1 are associated with gut microbiome composition in a murine model. PeerJ 4:e1854 https://doi.org/10.7717/peerj.1854



Aging and serum MCP-1 are associated with gut microbiome composition in a murine model

Melissa N. Conley, Carmen P. Wong, Kyle M. Duyck, Norman Hord, Emily Ho, Thomas J. Sharpton

Introduction Age is the primary risk factor for major human chronic diseases, including cardiovascular disorders, cancer, type 2 diabetes, and neurodegenerative diseases. Chronic, low-grade, systemic inflammation is associated with aging and the progression of immunosenescence. Immunosenescence may play an important role in the development of age-related chronic disease and the widely observed phenomenon of increased production of inflammatory mediators that accompany this process, referred to as "inflammaging". While it has been demonstrated that the gut microbiome and immune system interact, the relationship between the gut microbiome and age remains to be clearly defined, particularly in the context of inflammation. The aim of the study was to clarify the associations between age, the gut microbiome, and pro-inflammatory marker serum MCP-1 in a C57BL/6 murine model. **Results** We used 16S rRNA gene sequencing to profile the composition of fecal microbiota associated with young and aged mice. Our analysis identified an association between microbiome structure and mouse age, and revealed specific groups of taxa whose abundances stratify young and aged mice. This includes the Ruminococcaceae, Clostridiaceae, and Enterobacteriaceae. We also profiled pro-inflammatory serum MCP-1 levels of each mouse and found that aged mice exhibited elevated serum MCP-1, a phenotype consistent with inflammaging. Robust correlation tests identified several taxa whose abundance in the microbiome associates with serum MCP-1 status, indicating that they may interact with the mouse immune system. We find that taxonomically similar organisms can exhibit differing, even opposite, patterns of association with the host immune system. We also find that many of the OTUs that associate with serum MCP-1 also stratify individuals by age. **Discussion** Our results demonstrate that gut microbiome composition is associated with age and the proinflammatory marker, serum MCP-1. The correlation between age, relative abundance of specific taxa in the gut microbiome, and serum MCP-1 status in mice indicates that the gut microbiome may play a modulating role in age-related inflammatory processes. These findings warrant further investigation of taxa associated with the inflammaging phenotype and the role of gut microbiome in the health status and immune function of aged individuals.



- 1 Aging and serum MCP-1 are associated with gut microbiome composition in a
- 2 murine model.
- 3 Melissa N. Conley^{1, 6}, Carmen P. Wong¹, Kyle Duyck⁵, Norman Hord^{1, 3, 6}, Emily Ho^{1, 2, 3, 6},
- 4 Thomas J. Sharpton^{4, 5, 6}
- 5 Corresponding author: Thomas Sharpton
- 6 1. School of Biological and Population Health Sciences, College of Public Health and Human
- 7 Sciences, Oregon State University, 113 Milam Hall, Corvallis, OR, USA
- 8 2. Linus Pauling Institute, Oregon State University, Corvallis, OR, USA
- 9 3. Moore Family Center for Whole Grain Foods, Oregon State University, Corvallis, OR, USA
- 10 4. Department of Statistics, Oregon State University, Corvallis, OR, USA
- 5. Department of Microbiology, Oregon State University, 226 Nash Hall, Corvallis, OR, USA
- 12 6. Center for Healthy Aging Research, Oregon State University, Corvallis, OR 97331, USA
- 15 Authors' email addresses
- 16
- 17 Melissa Conley: thommeli@orst.onid.edu
- 18 Carmen Wong: Carmen.wong@oregonstate.edu
- 19 Kyle Duyck: duyckkyle@gmail.com
- 20 Norman Hord: norman.hord@oregonstate.edu
- 21 Emily Ho: Emily.ho@oregonstate.edu
- 22 Thomas Sharpton: Thomas.sharpton@oregonstate.edu
- 2324

14

- 25
- 26
- 27
- 28
- 29
- 30 31
- 32
- 33
- 34 35
- 36



Abstract

Introduction

Age is the primary risk factor for major human chronic diseases, including cardiovascular disorders, cancer, type 2 diabetes, and neurodegenerative diseases. Chronic, low-grade, systemic inflammation is associated with aging and the progression of immunosenescence. Immunosenescence may play an important role in the development of age-related chronic disease and the widely observed phenomenon of increased production of inflammatory mediators that accompany this process, referred to as "inflammaging". While it has been demonstrated that the gut microbiome and immune system interact, the relationship between the gut microbiome and age remains to be clearly defined, particularly in the context of inflammation. The aim of the study was to clarify the associations between age, the gut microbiome, and pro-inflammatory marker serum MCP-1 in a C57BL/6 murine model.

Results

We used 16S rRNA gene sequencing to profile the composition of fecal microbiota associated with young and aged mice. Our analysis identified an association between microbiome structure and mouse age, and revealed specific groups of taxa whose abundances stratify young and aged mice. This includes the Ruminococcaceae, Clostridiaceae, and Enterobacteriaceae. We also profiled pro-inflammatory serum MCP-1 levels of each mouse and found that aged mice exhibited elevated serum MCP-1, a phenotype consistent with inflammaging. Robust correlation tests identified several taxa whose abundance in the microbiome associates with serum MCP-1 status, indicating that they may interact with the mouse immune system. We find that taxonomically similar organisms can exhibit differing, even opposite, patterns of association with the host immune system. We also find that many of the OTUs that associate with serum MCP-1 also stratify individuals by age.

Discussion

Our results demonstrate that gut microbiome composition is associated with age and the proinflammatory marker, serum MCP-1. The correlation between age, relative abundance of specific taxa in the gut microbiome, and serum MCP-1 status in mice indicates that the gut microbiome may play a modulating role in age-related inflammatory processes. These findings warrant further investigation of taxa associated with the inflammaging phenotype and the role of gut microbiome in the health status and immune function of aged individuals.



Introduction

83

84 Aging is accompanied by a progressive decline of several physiological functions, predisposing 85 the host to impaired function and increased mortality risk (López-Otín et al., 2013). Age is the 86 primary risk factor for major human chronic diseases, including cancer, type 2 diabetes, 87 cardiovascular disorders, and neurodegenerative diseases. The immune system is particularly 88 sensitive to age-related alterations in function. Aging of the immune system, or 89 immunosenescence, contributes to increased susceptibility to infection, autoimmune diseases, 90 chronic inflammatory diseases, and cancer. Immunosenescence encompasses both the 91 impairment and dysfunction of adaptive and innate immune responses (Franceschi et al., 2007; 92 Gruver, Hudson & Sempowski, 2007; Provinciali et al., 2010). Age-dependent dysregulation of 93 immunity may play an important role in aging and the widely observed phenomenon of increased 94 production of inflammatory mediators that accompany this process, referred to as 95 "inflammaging" (Franceschi, 2007; Shaw, Goldstein & Montgomery, 2013). However, there is 96 wide variability in the overall inflammatory response of age-associated basal inflammation 97 across populations (Shaw, Goldstein & Montgomery, 2013). We currently do not have a 98 complete understanding of the mechanisms that produce variability in inflammatory mediator 99 production associated with aging or factors that may explain variable susceptibility to this 100 process among individuals (Chung et al., 2009; Cevenini et al., 2010).

101102

103

104105

106107

108

109

110

111

112

113114

115

116117

118

119

One factor, the host gut microbiome, has been suggested to be an important determinant of human susceptibility to several age-related conditions, including metabolic syndrome and cancer (Cho & Blaser, 2012; Claesson et al., 2012). There is accumulating evidence that aging may be associated with changes in the gut microbiome in invertebrates, such as Caenorhabditis elegans, and vertebrates, including rodents and humans (Biagi et al., 2010; Rampelli et al., 2013; Heintz & Mair, 2014; Langille et al., 2014). Of growing interest is the relationship between aging and gut microbiome diversity. Most studies have focused on the relatively rapid diversification of the gut microbiome that occurs during early human development (i.e., infancy to three years of age) (Hopkins, Sharp & Macfarlane, 2002; Koenig et al., 2011). However, a limited number of studies have described a human lifespan-associated trend in microbiome diversification, a pattern that appears to be consistent across distinct human populations (Mariat et al., 2009; Yatsunenko et al., 2012). Given that changes in microbiome composition can associate with chronic disease (Ley et al., 2006; Turnbaugh et al., 2006; Ley, 2010; Murphy et al., 2010; Koeth et al., 2013; Gregory et al., 2015; Chassaing et al., 2015) and that specific microbiota can interact with the immune system to regulate inflammation (Atarashi et al., 2011; Round et al., 2011) it has been hypothesized that age-related changes in the microbiome associate with and potentially contribute to the proinflammatory environment associated with the aging process (Magrone & Jirillo, 2013; Heintz & Mair, 2014). However, to date there is limited data available regarding alterations in the gut microbiome with age, and its relationship to inflammation.

120121122

123

124

125

126127

128

Mouse models provide a controlled setting in which specific interactions between hosts and their microbiome can be empirically explored. The use of mouse models has clarified specific associations between mammalian physiology and the microbiome, and identified causal mechanisms employed by the microbiome to modulate host physiology and vice versa (Hooper et al., 2001; Geuking et al., 2011; Vaishnava et al., 2011). However, their application to the study of the interaction between aging and the microbiome has been limited. Two prior studies have used mouse models to investigate this interaction and identified age-related differences in the



mouse gut microbiome (Murphy et al., 2010; Langille et al., 2014) but it is generally unclear how these differences correspond to age-related immunological variation. Characterizing this relationship is useful given that mouse models of aging elicit immunological profiles consistent with age-related inflammation in humans (Wong & Ho, 2012) and that accumulating evidence suggests that microbiome structure can modulate the mammalian innate and adaptive immune system by regulating a delicate balance of pro- and anti-inflammatory responses (Magrone & Jirillo, 2013; Chu & Mazmanian, 2013).

Age-related inflammation may be a major contributor to several age-related disorders. The identification of mechanisms contributing to age-related inflammation could have a significant impact on improving the quality of life for older individuals. Pro-inflammatory chemokines and cytokines, typified by monocyte chemoattractant protein-1 (MCP-1), may serve as biomarkers of inflammatory processes that underlie aging and age-related diseases (Conti & DiGioacchino, 2001; Deshmane et al., 2009). MCP-1/CCL2 is a 76–amino-acid peptide that serves as the major lymphocyte chemoattractant secreted by mitogen-stimulated peripheral blood mononuclear cells (Deshmane et al., 2009). MCP-1 was first shown to be positively associated with age in a study of 405 healthy Japanese subjects (Inadera et al., 1999) and has since been confirmed in animal models and other human studies (Tyagi et al., 2014). Here, we explore the relationship between age, the microbiome, and serum MCP-1 as a surrogate marker of inflammation in a mouse model.

Materials and Methods

Animals, diets, and sample collection

Young (2 mo.) and aged (26 mo.) female C57Bl/6 mice were purchased from the aged rodent colonies at the National Institute on Aging (Bethesda, MD). All mice were healthy and free from obvious signs of illnesses and tumors. Five mice from the same age group were co-housed in a temperature- and humidity-controlled environment and were fed an AIN93 diet (Wong et al., 2009). Diets were purchased from Research Diets (New Brunswick, NJ). Mice were maintained on the purified diets for a total of five weeks. Food and water were provided *ad libitum*. Dietary intakes and body weights of all mice were monitored throughout the entire study. Fecal samples were collected after four weeks and stored at -20°C. Blood samples were also collected, and serum samples were immediately frozen after separation and stored at -80°C. Mice were euthanized by CO₂ asphyxiation at the termination of the experiments. The animal protocol was approved by the Oregon State University Institutional Laboratory Animal Care and Use Committee under ACUP 4204.

Pro-inflammatory cytokine measurements

Profiles of the pro-inflammatory cytokine MCP-1 in serum were determined using a BD cytometric bead array mouse inflammation kit (BD Biosciences, San Jose, CA). Quantitative measurements of MCP-1 were determined by flow cytometry. Data were acquired using FACSCalibur (BD Biosciences), and data analyses were conducted using FCAP Array Software version 3.0 (BD Biosciences).

Fecal DNA isolation and 16S amplicon sequencing



Fecal DNA was isolated using QIAamp DNA stool mini-kits (Qiagen, Valencia, CA) per manufacturer's instructions. 16S rRNA PCR amplification was conducted according to established methods (Caporaso et al., 2012). Briefly, each sample's extracted DNA was subjected to PCR reactions to amplify the V4 region of the 16S locus using PCR primers (515F and 806R) that include Illumina adapters and sample-specific barcodes. PCR amplicons from individual mouse samples were cleaned using the QIAquick PCR cleanup kit (Qiagen) and pooled. An aliquot of the pooled 16S library was sequenced on an Illumina MiSeq (v3 chemistry) at the Center for Genome Research and Biocomputing core facility (Oregon State University, OR). This generated ~3.99 million 300bp single end reads (median reads per sample = 395,310).

Bioinformatic and statistical data analysis

The QIIME software package (v1.8.0) was applied using default parameters to quality control sequence data and to quantify the diversity of microbial communities as described previously (Rideout et al., 2014). Specifically, the QIIME script split_libraries.py was used with default parameters to trim and filter low quality sequences (i.e., quality < 25) and remove reverse primers. Operational Taxonomic Units (OTUs) were identified using open-reference OTU picking in QIIME via the pick_open_reference_otus.py script, using the UCLUST (v1.2.22) algorithm against the Greengenes 97% OTU reference database (v13.8) (Kopylova et al., 2016). OTUs were phylotyped using the assign_taxonomy.py script in QIIME, using UCLUST (v1.2.22) as an assignment method and the GreenGenes 97% OTU database (v13.8) as an annotation reference. Samples were rarefied to 200,000 reads, and alpha- (i.e., richness) and beta-diversity (i.e., weighted and unweighted UniFrac distances) were subsequently quantified using the core diversity analyses.py script in QIIME.

Statistical analyses were conducted in R. The coin package was used to implement robust statistical tests and identify differences in the gut microbiome communities of young and aged mice (i.e., Wilcoxon tests) and the Kendall package was used to quantify the correlation between serum MCP-1 and OTU abundance (i.e., Kendall's tau). Linear models relating OTU abundance and MCP-1 were constructed using the lm function. For the co-variation analysis, OTU's were filtered based on presence in ≥50% of samples. False discovery rates were quantified using the q-value software package (Storey, Taylor & Siegmund, 2004), except for phylum level analyses, in which Bonferroni corrections were conducted using the p.adjust function in R, given the small number of tests.

Results

Mouse fecal microbiota composition varies by age

In order to identify possible gut microbiota signatures with age, we compared the gut microbiota composition of five young mice (two months old, female, C57Bl/6) to five aged mice (26 months old, female, C57Bl/6). We first assessed the intersample diversity between the young and aged mice. We used UniFrac, which normalizes intersample taxonomic differences by the phylogenetic diversity of the microbial lineages observed in the samples (i.e., samples containing more phylogenetically similar taxa produce a relatively lower distance). A principal coordinates analysis (PCoA) of fecal samples based on their unweighted UniFrac distances reveals that samples primarily cluster by age, which suggests that the young and aged mice exhibit microbial

227

228

229

230

231

232

233

234

235

236

237

238

239

240

241

242243

244245

246

247

248

249

250

251

252

253

254255

256257

258

259

260

261

262263

communities with different evolutionary histories (Figure 1a). Non-parametric tests support this observation, as the intra-age UniFrac distances are significantly smaller (Bonferroni-corrected Wilcoxon test p<0.01) than the inter-age distances (Figure 1b). These results are qualitatively consistent with those obtained using weighted UniFrac and indicate that there are distinct phylogenetic differences in the gut microbiome between young and aged mice.

We then explored the structure of these communities at various taxonomic levels to understand potential taxonomic signatures that may be driving the observed age effect. Using 16S rRNA ribosomal genes as a marker, sequences were clustered into operational taxonomic units (OTUs) using a threshold of 97% sequence similarity from the GreenGenes database using the QIIME open-reference OTU-picking protocol. OTUs were then taxonomically annotated using the RDP classifier. As expected, given prior characterizations of the mouse gut microbiome (Nguyen et al., 2015), all mice were dominated by the phyla Bacteroidetes, Firmicutes, and Verrucomicrobia, and these phyla did not stratify young and aged mice. We found increased abundances of Deferribacteres and *Bacteroidetes* in the aged mice both marginally significant (p = 0.055, p = 0.11, respectively). At the level of families, Ruminococcaceae and Christensenellaceae were overrepresented in the young mice (q < 0.15), whereas Clostridiaceae and Enterobacteriaceae were more abundant in the aged (q < 0.15). The genera Oscillospira and Blautia increased in the young mice, whereas Mucispirillum, Eggerthella, Clostridium, Sarcina, and Anaerotruncus were increased in the aged mice (q < 0.15). These results are summarized at the family level in Figure 2a, and a complete table of the taxa that stratify mice by age, as well fold change between groups can be found in (Additional File 1).

Specific gut microbiota are associated with pro-inflammatory marker serum MCP-1

Chronic, low-grade, systemic inflammation is associated with aging and contributor to immunosenescence (Shaw, Goldstein & Montgomery, 2013). To test the hypothesis that specific gut microbiota are associated with an increase in pro-inflammatory marker serum MCP-1, we correlated taxon abundances with serum MCP-1, since it was strongly associated with aging. Circulating MCP-1 was significantly elevated in the aged mice compared to young mice ($62.8 \pm 25.0 \text{ versus } 7.2 \pm 3.4 \text{ pg/mL}$, respectively, Wilcoxon-test p = 0.036) (Figure 3). However, serum MCP-1 was highly variable in the aged animals. This observation of inconsistent levels of MCP-1 among the aged mice is comparable to the variation in specific inflammatory mediators observed in aged humans (Shaw, Goldstein & Montgomery, 2013), wherein chronic inflammation develops with age, but the hallmarks and degree of inflammation are quite varied.

inflammation develops with age, but the hallmarks and degree of inflammation are quite varied.

If a specific taxon interacts with the immune system, we might expect its relative abundance in the microbiome to associate with cytokine abundance. We tested for such associations by using Kendall's tau to quantify the correlation between each OTU's abundance and MCP-1. We identified 293 OTUs that significantly (q < 0.15, tau > 0.5) associate with MCP-1 status (Figure 2b). Of these, 117 OTUs positively associate with MCP-1, including OTUs within *Parabacteroides* (tau= 0.84), *Mucispirillum* (tau=0.69), *Clostridium* (tau = 0.69), and *Sarcina* (tau = 0.69), which show the strongest correlations. Conversely, 176 OTUs negatively correlate with MCP-1. Those with the strongest negative correlations are within *Akkermansia* (tau= -0.75), *Oscillospira* (tau= -0.78), *Blautia* (tau= -0.76), and *Lactobacillus* (tau= -0.75). Among families, the *Clostridiaceae* contained the largest percentage of OTUs that significantly correlate with

the *Clostridiaceae* contained the largest percentage of OTUs that significantly correlate with MCP-1 (22%), followed by *Ruminococcaceae* (11%). Many genera and families contain multiple



- 266 OTUs that significantly associate with MCP-1 (Figure 2). But, these associations are not always
- 267 consistent among the OTUs that comprise a taxonomic group. For example, the
- 268 Porphyromonadaceae family contains OTUs that both positively and negatively correlate with
- MCP-1, indicating that even closely related microorganisms may exhibit diverse or inconsistent
- interactions with the host (Figure 4). Many of the OTUs with the strongest positive and negative
- associations are uncharacterized at the family and genus level, especially among the order
- 272 Clostridiales. A complete list of these results can be found in (Additional File 2).

Discussion

273274

292293

294

295

296

297

298

299

300

301

302303

304

275 Emerging evidence indicates that the human gut microbiome diversifies in an age-related manner 276 (Mariat et al., 2009; Yatsunenko et al., 2012; Langille et al., 2014). It is currently unclear how this diversification relates to the development of age-associated chronic diseases. While human 277 278 studies provide clinically relevant insight, they introduce many external variables that are 279 difficult to control. Mouse models are valuable because they enable controlled experimentation, 280 and for this reason they have been used to study the interaction between the gut microbiome and 281 host physiology or health status, including inflammatory bowel disease, metabolic syndrome, 282 and obesity (Turnbaugh et al., 2006; Manichanh et al., 2012; Kostic, Xavier & Gevers, 2014; 283 Chassaing et al., 2015). Currently, our understanding of lifespan-related changes in the 284 composition of the enteric microbiome in mice is limited to two studies. Zhang et al. describe 285 age-related gut microbial shifts in mice on a calorie-restricted diet from 5 to 141 weeks of age 286 (Zhang et al., 2013), while Langille et al. recently characterized microbial compositions in 287 young, middle-aged, and old mice in relation to the development of frailty (Langille et al., 2014). 288 Both studies identified age-related differences in the gut microbiome, but differed in how 289 specific taxa associate with age. Additionally, aside from Langille et al. 's exploration of the 290 phenotype of host frailty, there is almost no insight into how age-associated aspects of the gut 291 microbiome correspond to mouse physiology, such as age-related inflammation.

The goal of this study was to clarify the relationship between gut microbiota composition, age, and MCP-1 in mice. We investigated the composition of gut microbiome communities in five young mice and five aged mice, profiled their serum marker MCP-1 levels, and correlated our observations to identify potential interactions between specific microbiota and serum MCP-1. We observed the young and aged groups of mice had distinct gut microbiomes at the level of beta-diversity and taxonomic structure. We also found that aged mice exhibit elevated serum MCP-1. Further, some of the taxonomic differences in the microbiome observed between young and aged mice are strongly correlated with serum MCP-1 status. This suggests that differences in the gut microbiome observed between young and aged groups of mice may be associated with the age-related development of increased pro-inflammatory marker MCP-1, but causal relationships have not yet been explored.

We compared our results with the other two available age-related mouse microbiome investigations to evaluate whether the mouse gut microbiome consistently diversifies with age. Our data are consistent with previous reports that the mouse gut microbiome is largely dominated by the phyla Bacteroidetes and Firmicutes (Nguyen et al., 2015). We did not observe any notable differences in the relative ratio of Firmicutes to Bacteroidetes between age groups. This observation is consistent with the patterns identified in Langille *et al.* and differs from



Zhang *et al.*'s finding of a large shift from Firmicutes to Bacteroidetes in the microbiomes of calorically restricted aged mice.

In our study, the phylum Deferribacteres exhibited marginally significant differences in abundance between the young and aged mice (p= 0.055, Bonferroni corrected non-parametric ttest). These differences are entirely driven by variation in the genus *Mucispirillum* (p = 0.008), which has a two orders of magnitude difference in mean abundance between the young and aged mice. While Mucispirillum, a mucin-degrading bacterium (Robertson et al., 2005), is not a wellunderstood component of the human gut microbiome, it appears to be important in mouse models of inflammation. For example, its relative abundance in the gut is elevated in two different mouse models of colitis compared to controls (Rooks et al., 2014; Belzer et al., 2014). Increased abundance of *Mucispirillum* also coincides the transient pro-inflammatory response observed upon colonization of germ-free mice (El Aidy et al., 2014). We also found that 50% of the Mucispirillum OTUs identified in our investigation are positively correlated with MCP-1 (q<0.15). Prior work suggests *Mucispirillum* can induce inflammation, possibly through mucin degradation. Reduction of the mucus layer may allow for potentially greater access of luminal antigens to the gut immune system and activation of the inflammatory response(Ganesh et al., 2013). Follow-up experimentation can determine if *Mucispirillum* plays a role in the development of age-related inflammation.

Most of the taxonomic differences between young and aged mice were observed at the family and genus levels. Among the families, the Ruminococcaceae were overrepresented in the young mice, while Clostridiaceae and Enterobacteriaceae were more abundant in the aged mice. In addition to *Mucispirillum*, the genera *Eggerthella*, *Clostridium*, *Sarcina*, and *Anaerotruncus* were significantly more abundant in the aged mice. Some of these observations coincide with Langille *et al.*'s work, which found similar differences in the Ruminococcaceae and Clostridiaceae, while others diverge, including their unique finding of age-related differences in the Lachnospiraceae and our observation of variation in the Enterobacteriaceae. These inconsistent results indicate that some mouse gut microbiota robustly associate with age, while others may be subject to study-specific or institutional variation.

 Our study is the first to evaluate the relationship between an immunological marker that has been shown to associate with age-related inflammation, MCP-1(Conti & DiGioacchino, 2001; Deshmane et al., 2009; Mansfield et al., 2012), and the mouse gut microbiome. In our study, aged mice exhibited significantly elevated serum MCP-1 relative to young mice. However, there was large variation in serum MCP-1 status among aged individuals. We correlated serum MCP-1 status with OTU abundance and found that many of the OTUs that associate with this marker of inflammation are members of families that also are associated with gut microbiome differences observed between young and aged groups of mice. These results indicate that some of the differences in the gut microbiome that associated with age also associate with MCP-1. An expanded evaluation with a panel of pro-inflammatory cytokines is needed to clarify if these changes promote inflammatory processes in aging. Since not all aged mice in this study developed the elevated MCP-1 phenotype, which is consistent with human populations, it is tempting to speculate that gut microbiome composition may contribute to the development of inflammaging.

 We found 120 OTUs that positively correlated with serum MCP-1. One of the families that most consistently associated with MCP-1 is the Clostridiaceae. Microorganisms within this family have been shown to positively associate with mucosal inflammation and are directly correlated with mucosal ulceration (Scarpa et al., 2011; Jiang et al., 2015). The Clostridiaceae are also significantly increased in our aged mice. Conversely, 162 OTUs negatively correlated with MCP-1. These taxa may induce an anti-inflammatory response or may be especially sensitive to inflammation. Over 40% of these OTUs are found in the Ruminococcaceae family, which was also relatively elevated in young mice. The Ruminococcaceae have been described as part of a core healthy gut microbiome, and decreases in abundance within this family have been observed across human lifespan and are also associated with colonic inflammation (Hayashi et al., 2003; Li, Bihan & Methé, 2013; Perez-Muñoz et al., 2014). Over 15% of the OTUs that negatively correlate with MCP-1 were taxonomically annotated to the genus Oscillospira, which is a member of the Ruminococcaceae family that demonstrated the largest difference in abundance between young and aged groups of mice. Prior work has identified a negative correlation between Oscillospira abundance and inflammatory pathways that regulate barrier function in the colon (Hamilton et al., 2015). Collectively, these results support the notion that different taxonomic groups of microbiota can differentially correlate with the host immune system. Further, many of the taxa that stratify the young and age mice, such as Eggerthella, Sarcina, and Anaerotruncus also appear to be associated with inflammation in prior investigations (Thota et al., 2011; Candela et al., 2014). This suggests the gut microbiome may play a role in the development of age-associated inflammation.

However, our work also reveals that the patterns of interaction between OTUs within a taxonomic group and their host are complex and should be interpreted with caution. Plotting OTU and MCP-1 correlation coefficients across families reveals a broad coefficient distribution (Figure 2). For example, of the six families that contain more than one OTU that significantly associates with MCP-1, five of them exhibit coefficient distributions that span both positive and negative coefficients. While associations within families are complex, some families exhibit biases towards positive (*i.e.*, Clostridiaceae) or negative (*i.e.*, Ruminococcaceae) coefficients. This indicates that for some families, general patterns of host-microbe interaction may exist, at least for serum MCP-1. We find that one individual appears to be highly elevated in its inflamed status relative to the rest of the aged cohort. We verified that the results discussed here are robust to whether this sample is included in our correlation analyses. Ultimately, further experimentation is required to validate the functional roles of these taxa and their interaction with their host.

Our work has implications for future studies examining the relationship of the gut microbiome and the immune system in the context of age. Diversification of the gut microbiome in association with age may contribute to age-related inflammation through mediation of nutrient metabolism and immunity (Rehman, 2012; Magrone & Jirillo, 2013). This may include differences in bacterial metabolites, and production of inflammatory mediators influencing local and systemic processes such as gut permeability and immune function. This may, in turn, increase the host's susceptibility to inflammation and related chronic diseases (Joyce & Gahan, 2014). Given the immune system's ability to sense commensal microbiota and trigger various immune-related responses (Macpherson & Harris, 2004; Hooper, Littman & Macpherson, 2012), we speculate that taxa with strong positive or negative correlations to MCP-1 could be directly.



404

405

406

407

408 409

410

411 412

413

414 415

416

417

418

419

420

421

422

423

424 425

426

427 428

429

430

431

432 433

434

435

436 437

438 439 or indirectly, interacting with the immune system. Our work supports the hypothesis that agerelated diversification of the gut microbiome contributes to the immunological variation that is also observed with age. In consideration of work that shows immune-compromised hosts have altered gut microbial composition (Garrett et al., 2007), it is likely the immune system is also effecting microbial composition.

While our experiment has clarified how the mouse gut microbiome varies in association with age and has yielded hypotheses about how microbiota interact with the immune system, it is limited by several factors. Similar to other studies of gut microbiome and aging in mice, our analyses are confounded by potential cage effects, a small number of animals, and the use of a single marker of inflammation. Investigations of aging in mice, including the previous studies of the gut microbiome and age, also commonly use individuals from different cohorts to obtain timematched individuals at different points in their lifespan (Sprott, 1991). This is frequently necessary given the costs associated with maintaining laboratory animals over the entirety of their lifespan. Our study adopted a consistent design, and as a result it is difficult to account for potential cohort effects. However, the strong overlap between our study and other investigations suggest that many of the findings reported here are robust to these study effects. MCP-1 was used a surrogate marker of inflammation and oversimplifies the potential relationship associating inflammatory processes associated with aging. Confirming age-related associations for other immunological markers will help establish important bi-directional pathophysiologic mediators for the aging process. Furthermore, MCP-1 abundance may not reflect the results of aging but may be the result of inflammatory changes wrought by atherosclerosis, endotoxemia, or other covariates of age-related, chronic inflammatory conditions. Since we did not measure other biomarkers of these potential confounders or covariates, we cannot rule out other potential explanations for these interactions (Cani et al., 2008; Bennett et al., 2013; Koeth et al., 2013; Gregory et al., 2015). Regardless, our work provides important insight into the potential interactions between host age, inflammation, and the gut microbiome, and improves the contextualization of the age-associated diversification of the mouse gut microbiome observed in the limited number of prior studies.

Conclusions

Recent work suggests that the gut microbiome diversifies in association with host age. Here, we detected age-related differences in the gut microbiome that are associated with the serum marker MCP-1 in a murine model. The correlation between age, relative abundance of specific taxa in the gut microbiome, and serum MCP-1 status in mice indicates that the gut microbiome may play a modulating role in age-related immunological processes. These findings warrant further investigation of taxa associated with the inflammaging phenotype and the role of gut microbiome in the health status and immune function of aged individuals.

441 442

440

Additional files

443444445

446 447

448

Additional file 1: Significant age differences in excel format

Proportion of sequences assigned to each sample at each taxonomic rank, along with means for each age group and significance of difference in means using Wilcoxon Rank Sum Test with q-value FDR multiple test correction.



449 450 451 452 453	Additional file 2: OTUs, tau coefficients, corrected p-values, and taxonomic annotations Correlation analysis of OTU abundance and serum MCP-1 completed using Kendall Tau Correlation Test with q-value FDR multiple test correction. Individual mouse serum MCP-1 levels are also listed.
454 455 456 457 458	Acknowledgements We are thankful to the Oregon State University Center for Genome Research and Biocomputing for their sequencing support and Stephen Lawson for proofreading of the manuscript.
459 460	References Atarashi K, Tanoue T, Shima T, Imaoka A, Kuwahara T, Momose Y, Cheng G, Yamasaki S,
461	Saito T, Ohba Y, Taniguchi T, Takeda K, Hori S, Ivanov II, Umesaki Y, Itoh K, Honda
462	K. 2011. Induction of colonic regulatory T cells by indigenous Clostridium species.
463	Science (New York, N.Y.) 331:337–341.
464	Belzer C, Gerber GK, Roeselers G, Delaney M, DuBois A, Liu Q, Belavusava V, Yeliseyev V,
465	Houseman A, Onderdonk A, Cavanaugh C, Bry L. 2014. Dynamics of the Microbiota in
466	Response to Host Infection. PLoS ONE 9:e95534.
467	Bennett BJ, de Aguiar Vallim TQ, Wang Z, Shih DM, Meng Y, Gregory J, Allayee H, Lee R,
468	Graham M, Crooke R, Edwards PA, Hazen SL, Lusis AJ. 2013. Trimethylamine-N-
469	Oxide, a Metabolite Associated with Atherosclerosis, Exhibits Complex Genetic and
470	Dietary Regulation. Cell metabolism 17:49-60.
471	Biagi E, Nylund L, Candela M, Ostan R, Bucci L, Pini E, Nikkïla J, Monti D, Satokari R,
472	Franceschi C, Brigidi P, De Vos W. 2010. Through ageing, and beyond: gut microbiota
473	and inflammatory status in seniors and centenarians. PloS One 5:e10667.
474	Candela M, Turroni S, Biagi E, Carbonero F, Rampelli S, Fiorentini C, Brigidi P. 2014.
475	Inflammation and colorectal cancer, when microbiota-host mutualism breaks. World
476	Journal of Gastroenterology: WJG 20:908–922.



477 Cani PD, Bibiloni R, Knauf C, Waget A, Neyrinck AM, Delzenne NM, Burcelin R. 2008. 478 Changes in gut microbiota control metabolic endotoxemia-induced inflammation in high-479 fat diet-induced obesity and diabetes in mice. Diabetes 57:1470–1481. 480 Caporaso JG, Lauber CL, Walters WA, Berg-Lyons D, Huntley J, Fierer N, Owens SM, Betley J, 481 Fraser L, Bauer M, Gormley N, Gilbert JA, Smith G, Knight R. 2012. Ultra-high-482 throughput microbial community analysis on the Illumina HiSeq and MiSeq platforms. 483 *The ISME journal* 6:1621–1624. Cevenini E, Caruso C, Candore G, Capri M, Nuzzo D, Duro G, Rizzo C, Colonna-Romano G, 484 485 Lio D, Di Carlo D, Palmas MG, Scurti M, Pini E, Franceschi C, Vasto S. 2010. Age-486 related inflammation: the contribution of different organs, tissues and systems. How to 487 face it for the rapeutic approaches. Current Pharmaceutical Design 16:609–618. 488 Chassaing B, Koren O, Goodrich JK, Poole AC, Srinivasan S, Ley RE, Gewirtz AT. 2015. 489 Dietary emulsifiers impact the mouse gut microbiota promoting colitis and metabolic 490 syndrome. *Nature* 519:92–96. 491 Cho I, Blaser MJ. 2012. The Human Microbiome: at the interface of health and disease. Nature 492 reviews. Genetics 13:260-270. 493 Chu H, Mazmanian SK. 2013. Innate immune recognition of the microbiota promotes host-494 microbial symbiosis. *Nature Immunology* 14:668–675. 495 Chung HY, Cesari M, Anton S, Marzetti E, Giovannini S, Seo AY, Carter C, Yu BP, 496 Leeuwenburgh C. 2009. Molecular inflammation: underpinnings of aging and age-related 497 diseases. Ageing Research Reviews 8:18–30. 498 Claesson MJ, Jeffery IB, Conde S, Power SE, O'Connor EM, Cusack S, Harris HMB, Coakley 499 M, Lakshminarayanan B, O'Sullivan O, Fitzgerald GF, Deane J, O'Connor M, Harnedy



500	N, O'Connor K, O'Mahony D, van Sinderen D, Wallace M, Brennan L, Stanton C,
501	Marchesi JR, Fitzgerald AP, Shanahan F, Hill C, Ross RP, O'Toole PW. 2012. Gut
502	microbiota composition correlates with diet and health in the elderly. Nature 488:178-
503	184.
504	Conti P, DiGioacchino M. 2001. MCP-1 and RANTES are mediators of acute and chronic
505	inflammation. Allergy and Asthma Proceedings: The Official Journal of Regional and
506	State Allergy Societies 22:133–137.
507	Deshmane SL, Kremlev S, Amini S, Sawaya BE. 2009. Monocyte chemoattractant protein-1
508	(MCP-1): an overview. Journal of Interferon & Cytokine Research: The Official Journal
509	of the International Society for Interferon and Cytokine Research 29:313–326.
510	El Aidy S, Derrien M, Aardema R, Hooiveld G, Richards SE, Dane A, Dekker J, Vreeken R,
511	Levenez F, Doré J, Zoetendal EG, van Baarlen P, Kleerebezem M. 2014. Transient
512	inflammatory-like state and microbial dysbiosis are pivotal in establishment of mucosal
513	homeostasis during colonisation of germ-free mice. Beneficial Microbes 5:67-77.
514	Franceschi C, Capri M, Monti D, Giunta S, Olivieri F, Sevini F, Panourgia MP, Invidia L, Celani
515	L, Scurti M, Cevenini E, Castellani GC, Salvioli S. 2007. Inflammaging and anti-
516	inflammaging: a systemic perspective on aging and longevity emerged from studies in
517	humans. Mechanisms of Ageing and Development 128:92–105.
518	Franceschi C. 2007. Inflammaging as a major characteristic of old people: can it be prevented or
519	cured? Nutrition Reviews 65:S173-176.
520	Ganesh BP, Klopfleisch R, Loh G, Blaut M. 2013. Commensal Akkermansia muciniphila
521	Exacerbates Gut Inflammation in Salmonella Typhimurium-Infected Gnotobiotic Mice.
522	PLoS ONE 8:e74963.



523	Garrett WS, Lord GM, Punit S, Lugo-Villarino G, Mazmanian SK, Ito S, Glickman JN,
524	Glimcher LH. 2007. Communicable ulcerative colitis induced by T-bet deficiency in the
525	innate immune system. Cell 131:33–45.
526	Geuking MB, Cahenzli J, Lawson MAE, Ng DCK, Slack E, Hapfelmeier S, McCoy KD,
527	Macpherson AJ. 2011. Intestinal bacterial colonization induces mutualistic regulatory T
528	cell responses. Immunity 34:794–806.
529	Gregory JC, Buffa JA, Org E, Wang Z, Levison BS, Zhu W, Wagner MA, Bennett BJ, Li L,
530	DiDonato JA, Lusis AJ, Hazen SL. 2015. Transmission of atherosclerosis susceptibility
531	with gut microbial transplantation. The Journal of Biological Chemistry 290:5647–5660.
532	Gruver AL, Hudson LL, Sempowski GD. 2007. Immunosenescence of ageing. The Journal of
533	Pathology 211:144–156.
534	Hamilton MK, Boudry G, Lemay DG, Raybould HE. 2015. Changes in intestinal barrier function
535	and gut microbiota in high-fat diet-fed rats are dynamic and region dependent. American
536	Journal of Physiology. Gastrointestinal and Liver Physiology 308:G840–851.
537	Hayashi H, Sakamoto M, Kitahara M, Benno Y. 2003. Molecular analysis of fecal microbiota in
538	elderly individuals using 16S rDNA library and T-RFLP. Microbiology and Immunology
539	47:557–570.
540	Heintz C, Mair W. 2014. You Are What You Host: Microbiome Modulation of the Aging
541	Process. Cell 156:408–411.
542	Hooper LV, Wong MH, Thelin A, Hansson L, Falk PG, Gordon JI. 2001. Molecular analysis of
543	commensal host-microbial relationships in the intestine. Science (New York, N.Y.)
544	291:881–884.



545	Hooper LV, Littman DR, Macpherson AJ. 2012. Interactions Between the Microbiota and the
546	Immune System. Science 336:1268–1273.
547	Hopkins MJ, Sharp R, Macfarlane GT. 2002. Variation in human intestinal microbiota with age.
548	Digestive and Liver Disease 34, Supplement 2:S12–S18.
549	Inadera H, Egashira K, Takemoto M, Ouchi Y, Matsushima K. 1999. Increase in circulating
550	levels of monocyte chemoattractant protein-1 with aging. Journal of Interferon &
551	Cytokine Research: The Official Journal of the International Society for Interferon and
552	Cytokine Research 19:1179–1182.
553	Jiang W, Wu N, Wang X, Chi Y, Zhang Y, Qiu X, Hu Y, Li J, Liu Y. 2015. Dysbiosis gut
554	microbiota associated with inflammation and impaired mucosal immune function in
555	intestine of humans with non-alcoholic fatty liver disease. Scientific Reports 5:8096.
556	Joyce SA, Gahan CGM. 2014. The gut microbiota and the metabolic health of the host. Current
557	Opinion in Gastroenterology 30:120–127.
558	Koenig JE, Spor A, Scalfone N, Fricker AD, Stombaugh J, Knight R, Angenent LT, Ley RE.
559	2011. Succession of microbial consortia in the developing infant gut microbiome.
560	Proceedings of the National Academy of Sciences 108:4578–4585.
561	Koeth RA, Wang Z, Levison BS, Buffa JA, Org E, Sheehy BT, Britt EB, Fu X, Wu Y, Li L,
562	Smith JD, DiDonato JA, Chen J, Li H, Wu GD, Lewis JD, Warrier M, Brown JM, Krauss
563	RM, Tang WHW, Bushman FD, Lusis AJ, Hazen SL. 2013. Intestinal microbiota
564	metabolism of l-carnitine, a nutrient in red meat, promotes atherosclerosis. Nature
565	Medicine 19:576–585.



566 Kopylova E, Navas-Molina JA, Mercier C, Xu ZZ, Mahé F, He Y, Zhou H-W, Rognes T, 567 Caporaso JG, Knight R. 2016. Open-Source Sequence Clustering Methods Improve the 568 State Of the Art. mSystems 1:e00003–15. 569 Kostic AD, Xavier RJ, Gevers D. 2014. The Microbiome in Inflammatory Bowel Disease: 570 Current Status and the Future Ahead. *Gastroenterology* 146:1489–1499. 571 Langille MG, Meehan CJ, Koenig JE, Dhanani AS, Rose RA, Howlett SE, Beiko RG. 2014. 572 Microbial shifts in the aging mouse gut. *Microbiome* 2:50. Ley RE, Turnbaugh PJ, Klein S, Gordon JI. 2006. Microbial ecology: Human gut microbes 573 574 associated with obesity. Nature 444:1022-1023. 575 Ley RE. 2010. Obesity and the human microbiome. Current opinion in gastroenterology 26:5— 576 11. 577 Li K, Bihan M, Methé BA. 2013. Analyses of the Stability and Core Taxonomic Memberships of 578 the Human Microbiome. PLoS ONE 8:e63139. 579 López-Otín C, Blasco MA, Partridge L, Serrano M, Kroemer G. 2013. The Hallmarks of Aging. 580 Cell 153:1194–1217. 581 Macpherson AJ, Harris NL. 2004. Interactions between commensal intestinal bacteria and the 582 immune system. *Nature Reviews. Immunology* 4:478–485. 583 Magrone T, Jirillo E. 2013. The interaction between gut microbiota and age-related changes in 584 immune function and inflammation. *Immunity & Ageing: I & A* 10:31. 585 Manichanh C, Borruel N, Casellas F, Guarner F. 2012. The gut microbiota in IBD. *Nature* 586 Reviews. Gastroenterology & Hepatology 9:599–608. Mansfield AS, Nevala WK, Dronca RS, Leontovich AA, Shuster L, Markovic SN. 2012. Normal 587 588 ageing is associated with an increase in Th2 cells, MCP-1 (CCL1) and RANTES (CCL5),



589	with differences in sCD40L and PDGF-AA between sexes. Clinical and Experimental
590	Immunology 170:186–193.
591	Mariat D, Firmesse O, Levenez F, Guimarăes VD, Sokol H, Doré J, Corthier G, Furet J-P. 2009.
592	The Firmicutes/Bacteroidetes ratio of the human microbiota changes with age. BMC
593	Microbiology 9:123.
594	Murphy EF, Cotter PD, Healy S, Marques TM, O'Sullivan O, Fouhy F, Clarke SF, O'Toole PW,
595	Quigley EM, Stanton C, Ross PR, O'Doherty RM, Shanahan F. 2010. Composition and
596	energy harvesting capacity of the gut microbiota: relationship to diet, obesity and time in
597	mouse models. <i>Gut</i> 59:1635–1642.
598	Nguyen TLA, Vieira-Silva S, Liston A, Raes J. 2015. How informative is the mouse for human
599	gut microbiota research? Disease Models & Mechanisms 8:1-16.
600	Perez-Muñoz ME, Bergstrom K, Peng V, Schmaltz R, Jimenez-Cardona R, Marsteller N, McGee
601	S, Clavel T, Ley R, Fu J, Xia L, Peterson DA. 2014. Discordance between changes in the
602	gut microbiota and pathogenicity in a mouse model of spontaneous colitis. Gut Microbes
603	5:286–485.
604	Provinciali M, Barucca A, Cardelli M, Marchegiani F, Pierpaoli E. 2010. Inflammation, aging,
605	and cancer vaccines. Biogerontology 11:615-626.
606	Rampelli S, Candela M, Turroni S, Biagi E, Collino S, Franceschi C, O'Toole PW, Brigidi P.
607	2013. Functional metagenomic profiling of intestinal microbiome in extreme ageing.
608	Aging 5:902–912.
609	Rehman T. 2012. Role of the gut microbiota in age-related chronic inflammation. <i>Endocrine</i> ,
610	Metabolic & Immune Disorders Drug Targets 12:361–367.



611	Rideout JR, He Y, Navas-Molina JA, Walters WA, Ursell LK, Gibbons SM, Chase J, McDonald
612	D, Gonzalez A, Robbins-Pianka A, Clemente JC, Gilbert JA, Huse SM, Zhou H-W,
613	Knight R, Caporaso JG. 2014. Subsampled open-reference clustering creates consistent,
614	comprehensive OTU definitions and scales to billions of sequences. <i>PeerJ</i> 2:e545.
615	Robertson BR, O'Rourke JL, Neilan BA, Vandamme P, On SLW, Fox JG, Lee A. 2005.
616	Mucispirillum schaedleri gen. nov., sp. nov., a spiral-shaped bacterium colonizing the
617	mucus layer of the gastrointestinal tract of laboratory rodents. International Journal of
618	Systematic and Evolutionary Microbiology 55:1199–1204.
619	Rooks MG, Veiga P, Wardwell-Scott LH, Tickle T, Segata N, Michaud M, Gallini CA, Beal C,
620	van Hylckama-Vlieg JE, Ballal SA, Morgan XC, Glickman JN, Gevers D, Huttenhower
621	C, Garrett WS. 2014. Gut microbiome composition and function in experimental colitis
622	during active disease and treatment-induced remission. <i>The ISME Journal</i> 8:1403–1417.
623	Round JL, Lee SM, Li J, Tran G, Jabri B, Chatila TA, Mazmanian SK. 2011. The Toll-like
624	receptor 2 pathway establishes colonization by a commensal of the human microbiota.
625	Science (New York, N.Y.) 332:974–977.
626	Scarpa M, Grillo A, Faggian D, Ruffolo C, Bonello E, D'Incà R, Scarpa M, Castagliuolo I,
627	Angriman I. 2011. Relationship between mucosa-associated microbiota and inflammatory
628	parameters in the ileal pouch after restorative proctocolectomy for ulcerative colitis.
629	Surgery 150:56–67.
630	Shaw AC, Goldstein DR, Montgomery RR. 2013. Age-dependent dysregulation of innate
631	immunity. Nature Reviews. Immunology 13:875–887.
632	Sprott RL. 1991. Development of animal models of aging at the national institute on aging.
633	Neurobiology of Aging 12:635–638.



634	Storey JD, Taylor JE, Siegmund D. 2004. Strong control, conservative point estimation and
635	simultaneous conservative consistency of false discovery rates: a unified approach.
636	Journal of the Royal Statistical Society: Series B (Statistical Methodology) 66:187–205.
637	Thota VR, Dacha S, Natarajan A, Nerad J. 2011. Eggerthella lenta bacteremia in a Crohn's
638	disease patient after ileocecal resection. Future Microbiology 6:595-597.
639	Turnbaugh PJ, Ley RE, Mahowald MA, Magrini V, Mardis ER, Gordon JI. 2006. An obesity-
640	associated gut microbiome with increased capacity for energy harvest. Nature 444:1027-
641	131.
642	Tyagi P, Tyagi V, Qu X, Lin H-T, Kuo H-C, Chuang Y-C, Chancellor M. 2014. Association of
643	inflammaging (inflammation + aging) with higher prevalence of OAB in elderly
644	population. International Urology and Nephrology 46:871–877.
645	Vaishnava S, Yamamoto M, Severson KM, Ruhn KA, Yu X, Koren O, Ley R, Wakeland EK,
646	Hooper LV. 2011. The antibacterial lectin RegIIIy promotes the spatial segregation of
647	microbiota and host in the intestine. Science (New York, N.Y.) 334:255-258.
648	Wong CP, Song Y, Elias VD, Magnusson KR, Ho E. 2009. Zinc supplementation increases zinc
649	status and thymopoiesis in aged mice. The Journal of Nutrition 139:1393-1397.
650	Wong CP, Ho E. 2012. Zinc and its role in age-related inflammation and immune dysfunction.
651	Molecular nutrition & food research 56:77–87.
652	Yatsunenko T, Rey FE, Manary MJ, Trehan I, Dominguez-Bello MG, Contreras M, Magris M,
653	Hidalgo G, Baldassano RN, Anokhin AP, Heath AC, Warner B, Reeder J, Kuczynski J,
654	Caporaso JG, Lozupone CA, Lauber C, Clemente JC, Knights D, Knight R, Gordon JI.
655	2012. Human gut microbiome viewed across age and geography. <i>Nature</i> 486:222–227.



656 Zhang C, Li S, Yang L, Huang P, Li W, Wang S, Zhao G, Zhang M, Pang X, Yan Z, Liu Y, 657 Zhao L. 2013. Structural modulation of gut microbiota in life-long calorie-restricted 658 mice. Nature Communications 4. 659 660 Figure legends 661 662 Figure 1. Young and aged mice are distinctive at the beta-diversity level using UniFrac 663 metric. A) Principal coordinates analysis using unweighted UniFrac distance on 16S sequences from fecal microbiota of young (2 months, blue) and aged (26 months, green) mice showing 664 there are distinct phylogenetic differences in the gut microbiome between young and aged mice. 665 666 Ellipses represent 95% confidence intervals. B) Within-age-group beta-diversity is significantly 667 lower than the between-age-group diversity indicating that the composition of gut microbiomes from aged mice significantly differ from those of young mice (taxon abundance weighted and 668 669 unweighted UniFrac; p<0.01, Bonferroni corrected non-parametric t-tests'). 670 671 Figure 2. Some age-associated differences in mouse gut microbiome also correlate with 672 **inflammatory marker MCP-1.** A) Selected significant taxonomy representing differences 673 between young (dotted line) and aged (solid line) at the family level, expressed as mean relative 674 abundances on a log10 scale. B) Histograms for Kendall tau correlation coefficients representing 675 the complex relationship between individual OTUs and serum MCP-1 by taxonomic family. 676 Certain family level differences observed between young and aged mice also appear to correlate 677 with pro-inflammatory marker, serum MCP-1. 678 679 Figure 3. Serum MCP-1 distribution of aged and young mice. Mean serum MCP-1 levels of 680 aged mice are significantly higher than in young mice $(62.8 \pm 25.0 \text{ versus } 7.2 \pm 3.4 \text{ pg/mL})$ 681 respectively, Wilcoxon-test p = 0.036). Points represent individual mice. Lines represent 682 minimum, median, and maximum values. 683 684 Figure 4. Specific OTUs are correlated with serum MCP-1 status in mice. Example of two 685 OTUs from within the same genus (*Parabacteroides*) showing positive and negative correlations of OTU abundance to MCP-1 status, suggesting OTUs from within same order are inconsistent 686 687 with correlations with MCP-1. Plot A shows OTU12369 (tau = .78) and Plot B shows OTU71089 (tau = -.66). Points represent individual mice. Black lines represent a linear model of 688 the data with standard errors represented by the surrounding dark grey shaded area. OTU 689 690 abundance represents the number of sequences classified into an OTU with 97% sequence 691 similarity after they were rarified by a sequencing depth of 200,000. 692 693



Figure 1(on next page)

PCoA plot of young and aged mice gut microbiome variation and unweighted unifrac distances

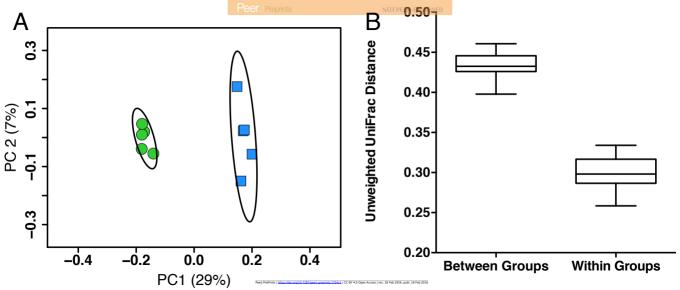




Figure 2(on next page)

Taxonomic differences between young and aged mice, and histogram of OTU abundance and kendall tau coefficients for each taxonomic family.

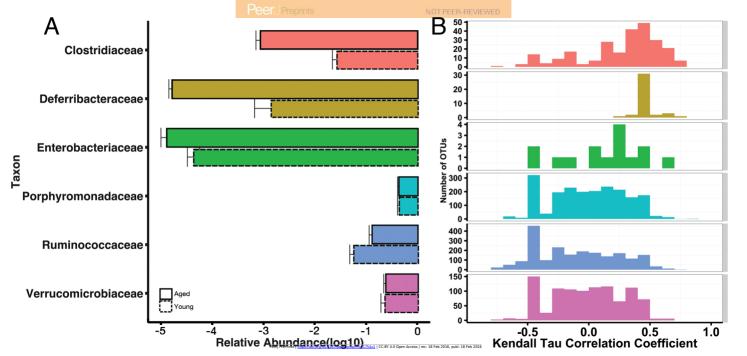




Figure 3(on next page)

Serum MCP-1 levels of young and aged mice.

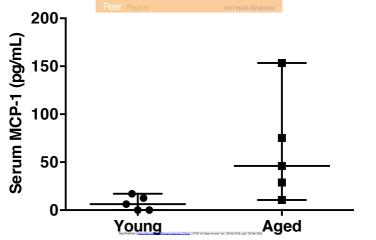




Figure 4(on next page)

Plot of examples of correlation between OTU abundance and serum MCP-1 levels.

