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## DELIVERABLE

### D2.1 – Report on requirements for microbiome analysis

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## Executive Summary

The human microbiome plays an important role in human metabolism. It is one of the most important players in the digestive process, and is therefore a key parameter to monitor when developing personalised nutrition. Microbiome analysis will be performed using a new technique developed at EPFL. It relies on cycling temperature capillary electrophoresis (CTCE) integrated with a bioinformatics and biostatistics platform.

For samples to be analysed to maximum effect, they should be fixed within 10 minutes of collection. Fixation is achieved by mixing the samples in a fixing solution. The samples are then stable at room temperature for up to 30 days.

An effective analysis requires at its basis a set of bacterial species defined as “most relevant.” The analysis will then be designed to target those. A list of 230 species has been decided upon.

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## Definitions, Acronyms and Abbreviations

Acronym	Title
CTCE	cycling temperature capillary electrophoresis
OTU	operational taxonomic unit
HM	Human Milk

# 1. Samples requirements

## 1.1. Sample collection

The human microbiome will be analysed in stool and human milk samples. The bacteria composition in human stool offers a good representation of the microbiome composition in the human gut (which is the largest microbiome niche in the human body). However, as soon as the stool is ejected from the body, it will continue to ferment. The bacteria that will grow outside of the body, will not be representative of those that thrived in the gut. Furthermore, the change in environment changes the delicate balance in ecosystem that is the microbiome of the gut. Due to the speed at which some bacteria divide (as fast as 20 mins), the bacterial composition of the stool can very quickly diverge from the microbiome of the gut which is of interest for the NUTRISHIELD project.

It is therefore of fundamental importance to guarantee that the stool samples will no longer ferment once they are collected. To achieve that, samples need to be fixed immediately upon collection. The fixing procedure should be safe and easy to use by both patients as well as medical doctors (when required). Once fixed, the sample should be stable at room temperature for at least 30 days.

Sampling human stool can sometimes be unpleasant. This means that designing a sampling procedure to minimise unpleasantness for both study subjects, or anyone else collecting the samples, is important. The procedure should be easy, and not require exposure to the stool. Also it should minimise stool manipulations of any kind. A good sampling procedure will guarantee better compliance of the study subjects.

Satisfying the requirements of fixation as well as reduction of unpleasantness related to the sampling necessitates the use of a pre-made kit. This kit should contain the means to collect a small amount (2-4g) of stool and insert it into a tube containing already prepared fixative. It must be possible to introduce the collection device whole into the collection tube and to seal the tube. Simple shaking of the tube should be enough to homogenize the solution of fixative & stool sample.

There exists viable sampling kits on the market. One such example is the OMNIgene gut kit, sold by DNA genotek (Canada) which can be seen in Figure 1.



However, the NUTRISHIELD consortium is still considering the option of devising its own stool sampling kit. The advantage of which would be the full knowledge of the fixative mixture content. Which would remove potential biases.

## 1.2. Sample preparation

Fixed samples will require DNA extraction. The procedure related to DNA extraction needs to satisfy the following requirements:

- Reproducible
- Easy to automate
- Low cost
- High throughput
- High DNA yield
- Consistent extraction across bacterial species

As of the moment this deliverable was submitted, one of the most promising methods that satisfies all above condition is as follows:

1. Addition of NaOH
2. Microwave boiling of sample
3. Neutralisation with HCL
4. Digestion with Proteinase K for 1h
5. DNA extraction using the MagAttract system from Macherey Nagel

EPFL will however continue to research, and test different DNA extraction techniques to find the optimal strategy.

Once the DNA is extracted, it can be analysed to determine the microbiome composition.

## 1.3. Logistics

### 1.3.1. Human Milk study

In the case of the human milk study, some samples will be collected at the hospital, and others will be collected at home of the subjects. Since the study subjects are newborns, it will fall upon mothers to collect stool samples. For that purpose, a kit will be provided to them, that they can use to collect small stool samples when changing diapers. The kit will contain the fixating solution, will be easy to use and intuitive. Once fixed, the samples are stable at room temperature, where they can wait until collection or delivery to the hospital.

In the case of mother's milk sample, the procedure will be similar. A kit with fixative will be provided. Mothers will have to place a small amount of milk in the collection vial already containing the fixative. For stool sample from mothers, a standard stool microbiome sampling kit will be used. It will also rely on the immediate fixing of the sample.

### 1.3.2. Obesity and diabetes study

Subjects in this study are 8-18-year-old children and the stool collection procedure will be carried out at home by their parents. The parents will be instructed by medical personnel and nurses and will receive informative materials explaining how to collect and store the stool samples. They will be provided a collection kit that will make it as easy and comfortable as possible to collect their samples (for example the kits from DNA genotek). Once collected, they will be asked to keep the samples at room temperature and to deliver it to the hospital within 2 days after collection (possibly during their periodic visit to the hospital).

## 1.4. Storage & Shipping

In both studies the samples storage at the patient's home and after delivery to the hospital will be at room temperature. Once a sufficient number of samples are grouped, they will be shipped to EPFL for analysis. Shipping will be at room temperature, for greater ease of transport. Once they are received at EPFL they will once again be stored at room temperature until DNA is extracted.

# 2. Analysis requirement

## 2.1. Bacteria list

Taking information from the literature on microbiome, as well as the expertise from all members of the consortium, a list of around 300 species has been drafted. These species cover all major families of bacteria likely to be present in the gut of adolescents and young children.

An analytical assay has been developed using these 300 species as basis. The list of species can be found in Supplementary material 1.

## 2.2. Probe-set

To cover the list of bacteria described in 2.1, a set of between 48 and 96 analytical probes will be selected from the set of probes available for analysis. The aim of the selection will be to maximise resolution across the set of 300 bacteria. The possibility of choosing a different assay in the two studies remains open. Indeed, it is well reported in the literature that the microbiome of newborns has less variety than the microbiome of adolescents<sup>1</sup>. It might therefore be more interesting to reduce the breadth of the assay, in favor of having greater resolution around the bacteria families more likely to be found in the microbiome of newborns, and especially preterm infants.

The analysis will be performed at EPFL.

## 2.3. data analysis

The output of CTCE will be analysed using a statistical pipeline developed at EPFL. It combines signal processing strategies with the output from the bioinformatic platform used for assay design. The output of the data analysis platform is a table containing the relative abundance of each bacterial species separated by the assay used. The segmentation of bacteria is dependent on the assay used, and is optimised according to the sample (children stool, newborn stool, and human milk).

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<sup>1</sup> Parra-Llorca, A., Gormaz, M., Alcántara, C., Cernada, M., Nuñez-Ramiro, A., Vento, M., & Collado, M. C. (2018). Preterm Gut Microbiome Depending on Feeding Type: Significance of Donor Human Milk. *Frontiers in Microbiology*, 9, 1376. <http://doi.org/10.3389/fmicb.2018.01376>

## 3. Data storage requirements

### 3.1. Output

The raw data generated by the analysis using the REM Analytics technology is a set of electropherograms, one for each probe and each sample. Thus, the total number of electropherograms per sample will be between 48 and 96. The analysis of the electropherograms yields between 1 and 16 rational numbers. However, for the sake of completion, all the data should be stored. Each sample requires around 11 Mb of storage space in its raw form. The completely analysed form will double that number to around 24Mb.



## 4. Supplementary material 1

### List of species

<i>Propionibacterium acidipropionici</i>	<i>Streptococcus infantis</i>
<i>Propionibacterium acnes</i>	<i>Streptococcus iniae</i>
<i>Propionibacterium avidum</i>	<i>Streptococcus intermedius</i>
<i>Propionibacterium freudenreichii</i>	<i>Streptococcus lutetiensis</i>
<i>Propionibacterium propionicum</i>	<i>Streptococcus macedonicus</i>
<i>Bifidobacterium adolescentis</i>	<i>Streptococcus mitis</i>
<i>Bifidobacterium animalis</i>	<i>Streptococcus mutans</i>
<i>Bifidobacterium asteroides</i>	<i>Streptococcus oligofermentans</i>
<i>Bifidobacterium bifidum</i>	<i>Streptococcus oralis</i>
<i>Bifidobacterium breve</i>	<i>Streptococcus orisuis</i>
<i>Bifidobacterium catenulatum</i>	<i>Streptococcus parasanguinis</i>
<i>Bifidobacterium dentium</i>	<i>Streptococcus parauberis</i>
<i>Bifidobacterium gallinarum</i>	<i>Streptococcus pasteurianus</i>
<i>Bifidobacterium longum</i>	<i>Streptococcus pneumoniae</i>
<i>Bifidobacterium pseudocatenulatum</i>	<i>Streptococcus pseudopneumoniae</i>
<i>Bifidobacterium pullorum</i>	<i>Streptococcus pyogenes</i>
<i>Bifidobacterium ruminantium</i>	<i>Streptococcus ratti</i>
<i>Bifidobacterium scardovii</i>	<i>Streptococcus rubneri</i>
<i>Bifidobacterium thermophilum</i>	<i>Streptococcus salivarius</i>
<i>Gardnerella vaginalis</i>	<i>Streptococcus sanguinis</i>
<i>Bacteroides caccae</i>	<i>Streptococcus sobrinus</i>
<i>Bacteroides cellulosilyticus</i>	<i>Streptococcus suis</i>
<i>Bacteroides clarus</i>	<i>Streptococcus thermophilus</i>
<i>Bacteroides coprocola</i>	<i>Streptococcus uberis</i>
<i>Bacteroides eggertii</i>	<i>Clostridium acetobutylicum</i>
<i>Bacteroides faecis</i>	<i>Clostridium aminobutyricum</i>
<i>Bacteroides finegoldii</i>	<i>Clostridium autoethanogenum</i>
<i>Bacteroides fragilis</i>	<i>Clostridium beijerinckii</i>
<i>Bacteroides graminisolvens</i>	<i>Clostridium botulinum</i>
<i>Bacteroides helcogenes</i>	<i>Clostridium butyricum</i>
<i>Bacteroides intestinalis</i>	<i>Clostridium carboxidivorans</i>
<i>Bacteroides massiliensis</i>	<i>Clostridium cellulovorans</i>
<i>Bacteroides nordii</i>	<i>Clostridium cylindrosporium</i>
<i>Bacteroides ovatus</i>	<i>Clostridium diolis</i>

Bacteroides salanitronis	Clostridium histolyticum
Bacteroides stercoris	Clostridium kluyveri
Bacteroides thetaiotaomicron	Clostridium ljungdahlii
Bacteroides uniformis	Clostridium longisporum
Bacteroides vulgatus	Clostridium novyi
Bacteroides xylanisolvens	Clostridium paraputrificum
Dysgonomonas wimpennyi	Clostridium pasteurianum
Odoribacter splanchnicus	Clostridium perfringens
Paludibacter propionicigenes	Clostridium ragsdalei
Parabacteroides distasonis	Clostridium saccharobutylicum
	Clostridium
Parabacteroides gordonii	saccharoperbutylaceticum
Parabacteroides merdae	Clostridium scatologenes
Porphyromonas asaccharolytica	Clostridium sporogenes
Porphyromonas gingivalis	Clostridium subterminale
Tannerella forsythia	Clostridium taeniosporum
Bacillus alcalophilus	Clostridium tertium
Bacillus amyloliquefaciens	Clostridium tetani
Bacillus anthracis	Clostridium tetanomorphum
Bacillus aquimaris	Acetitomaculum ruminis
Bacillus atropheus	Anaerostipes caccae
Bacillus cellulosilyticus	Blautia coccoides
Bacillus cereus	Blautia hansenii
Bacillus circulans	Blautia hydrogenotrophica
Bacillus clausii	Blautia producta
Bacillus coagulans	Butyrivibrio fibrisolvens
Bacillus cytotoxicus	Butyrivibrio hungatei
Bacillus firmus	Butyrivibrio proteoclasticus
Bacillus flavocaldarius	Cellulosilyticum lentocellum
Bacillus halodurans	Cellulosilyticum ruminicola
Bacillus licheniformis	Coprococcus catus
Bacillus megaterium	Lachnoclostridium phytofermentans
Bacillus methanolicus	Roseburia cecicola
Bacillus mojavensis	Roseburia hominis
Bacillus mycoides	Roseburia intestinalis
Bacillus novalis	Roseburia inulinivorans
Bacillus pseudofirmus	Syntrophococcus sucromutans
Bacillus pseudomycooides	Tyzzeraella nexilis
Bacillus pumilus	Acetivibrio cellulolyticus
Bacillus smithii	Ethanoligenens harbinense

Bacillus sonorensis	Faecalibacterium prausnitzii
Bacillus subtilis	Ruminiclostridium thermocellum
Bacillus thermoalkalophilus	Ruminococcus albus
Bacillus thuringiensis	Ruminococcus bromii
Bacillus weihenstephanensis	Ruminococcus champanellensis
Brevibacillus brevis	Ruminococcus flavefaciens
Brevibacillus centrosporus	Ruminococcus gauvreauii
Brevibacillus choshinensis	Fusobacterium canifelinum
Brevibacillus texasporus	Fusobacterium mortiferum
Staphylococcus aureus	Fusobacterium necrophorum
Staphylococcus caprae	Fusobacterium nucleatum
Staphylococcus carnosus	Fusobacterium varium
Staphylococcus chromogenes	Azospira oryzae
Staphylococcus epidermidis	Helicobacter pylori
Staphylococcus haemolyticus	Citrobacter amalonaticus
Staphylococcus hominis	Citrobacter braakii
Staphylococcus hyicus	Citrobacter freundii
Staphylococcus lentus	Citrobacter gillenii
Staphylococcus lugdunensis	Citrobacter koseri
Staphylococcus pseudintermedius	Citrobacter rodentium
Staphylococcus saprophyticus	Citrobacter werkmanii
Staphylococcus sciuri	Cronobacter helveticus
Staphylococcus simulans	Cronobacter malonaticus
Staphylococcus warneri	Cronobacter muytjensii
Staphylococcus xylosus	Cronobacter pulveris
Enterococcus asini	Cronobacter sakazakii
Enterococcus avium	Cronobacter turicensis
Enterococcus casseliflavus	Cronobacter universalis
Enterococcus columbae	Cronobacter zurichensis
Enterococcus dispar	Enterobacter aerogenes
Enterococcus faecalis	Enterobacter asburiae
Enterococcus faecium	Enterobacter cloacae
Enterococcus gallinarum	Enterobacter hormaechei
Enterococcus hermannienseis	Enterobacter lignolyticus
Enterococcus hirae	Erwinia amylovora
Enterococcus moravienseis	Erwinia billingiae
Enterococcus mundtii	Erwinia pyrifoliae
Enterococcus pseudoavium	Erwinia rhapontici
Enterococcus raffinosus	Erwinia tasmanienseis
Enterococcus ratti	Escherichia coli

Lactobacillus acidophilus	Escherichia fergusonii
Lactobacillus amylovorus	Escherichia hermannii
Lactobacillus backii	Klebsiella oxytoca
Lactobacillus brevis	Klebsiella pneumoniae
Lactobacillus buchneri	Klebsiella variicola
Lactobacillus casei	Kluyvera ascorbata
Lactobacillus crispatus	Kluyvera cryocrescens
Lactobacillus curvatus	Pantoea agglomerans
Lactobacillus delbrueckii	Pantoea ananatis
Lactobacillus farraginis	Pantoea stewartii
Lactobacillus fermentum	Pantoea vagans
Lactobacillus gasseri	Proteus mirabilis
Lactobacillus helveticus	Proteus vulgaris
Lactobacillus johnsonii	Salmonella bongori
Lactobacillus kefiranofaciens	Salmonella enterica
Lactobacillus paracasei	Serratia entomophila
Lactobacillus pentosus	Serratia liquefaciens
Lactobacillus plantarum	Serratia marcescens
Lactobacillus reuteri	Serratia proteamaculans
Lactobacillus rhamnosus	Serratia symbiotica
Lactobacillus ruminis	Shigella boydii
Lactobacillus sakei	Shigella dysenteriae
Lactobacillus salivarius	Shigella flexneri
Lactobacillus sanfranciscensis	Shigella sonnei
Pediococcus claussenii	Shimwellia blattae
Pediococcus parvulus	Yersinia enterocolitica
Pediococcus pentosaceus	Yersinia entomophaga
Pediococcus siamensis	Yersinia intermedia
Leuconostoc carnosum	Yersinia kristensenii
Leuconostoc citreum	Yersinia pestis
Leuconostoc gasicomitatum	Yersinia pseudotuberculosis
Leuconostoc gelidum	Yersinia ruckeri
Leuconostoc kimchii	Yersinia similis
Leuconostoc lactis	Pseudomonas aeruginosa
Leuconostoc mesenteroides	Pseudomonas alcaligenes
Oenococcus oeni	Pseudomonas alkylphenolia
Weissella cibaria	Pseudomonas brassicacearum
Weissella koreensis	Pseudomonas chlororaphis
Weissella thailandensis	Pseudomonas denitrificans
Lactococcus garvieae	Pseudomonas entomophila

Lactococcus lactis	Pseudomonas extremaustralis
Lactococcus piscium	Pseudomonas fluorescens
Lactococcus raffinolactis	Pseudomonas fulva
Streptococcus agalactiae	Pseudomonas mendocina
Streptococcus anginosus	Pseudomonas mucidolens
Streptococcus australis	Pseudomonas nitroreducens
Streptococcus canis	Pseudomonas poae
Streptococcus downei	Pseudomonas protegens
Streptococcus dysgalactiae	Pseudomonas putida
Streptococcus equi	Pseudomonas savastanoi
Streptococcus equinus	Pseudomonas stutzeri
Streptococcus gallolyticus	Pseudomonas syringae
Streptococcus gordonii	Pseudomonas taetrolens
Streptococcus hyovaginalis	Pseudomonas viridiflava
Streptococcus infantarius	Akkermansia muciniphila