Title: Application of an ecology-based analytic approach to discriminate signal and noise in lowbiomass microbiome studies: whole lung tissue is the preferred sampling method for ampliconbased characterization of murine lung microbiota

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1 Abstract

2	Background: Low-biomass microbiome studies (such as those of the lungs, placenta, and skin)		
3	are vulnerable to contamination and sequencing stochasticity, which obscure legitimate		
4	microbial signal. Since low-biomass microbiome fields have had variable success in establishing		
5	the reality and clinical significance of identified microbiota, we sought to develop and apply an		
6	analytical approach to discriminate signal from noise in low-biomass microbiome studies. We		
7	used this approach to determine the optimal sampling strategy in murine lung microbiome		
8	studies, which will be essential for future mechanistic lung microbiome research.		
9			
10	Methods: Using a novel, ecology-based analytic approach, we compared bacterial DNA from		
11	the lungs of healthy adult mice collected via two common sampling approaches: homogenized		
12	whole lung tissue and bronchoalveolar lavage (BAL) fluid. We quantified bacterial DNA using		
13	droplet digital PCR, characterized bacterial communities using 16S rRNA gene sequencing, and		
14	systematically assessed the quantity and identity of bacterial DNA in both specimen types. We		
15	compared bacteria detected in lung specimens to each other and to potential source		
16	communities: negative (background) control specimens and paired oral samples.		
17			
18	Findings: By all measures, whole lung tissue in mice contained greater bacterial signal and less		
19	evidence of contamination than did BAL fluid. Relative to BAL fluid, whole lung tissue exhibited		
20	a greater quantity of bacterial DNA, distinct community composition, decreased sample-to-		
21	sample variation, and greater biological plausibility when compared to potential source		
22	communities. In contrast, bacteria detected in BAL fluid were minimally different from those of		
23	procedural, reagent, and sequencing controls.		
24			

Interpretation: An ecology-based analytical approach discriminates signal from noise in low biomass microbiome studies and identifies whole lung tissue as the preferred specimen type for

- 27 murine lung microbiome studies. Sequencing, analysis, and reporting of potential source
- communities, including negative control specimens and contiguous biological sites, is crucial for
- ²⁹ biological interpretation of low-biomass microbiome studies, independent of specimen type.
- 30
- 31 Funding: National Institutes of Health

32 Introduction

Though the development of next-generation sequencing has led to heightened interest in the 33 study of microbial communities across biological contexts, the study of low-biomass 34 microbiomes is particularly challenging and requires the development of new methodological 35 36 approaches. Low-biomass samples - samples with low densities of bacterial cells and therefore low quantities of bacterial DNA - are susceptible to contamination with background-derived 37 signal, which affects the taxonomic composition of low-biomass samples^{1,2} and makes it 38 challenging to decipher biological meaning from sequencing data³. These methodological 39 challenges exist in all fields that study low-biomass microbial communities across 40 environmental, industrial, and biomedical contexts. 41 42 43 Low-biomass microbiome fields have had variable success in overcoming these methodological challenges. Whereas early findings related to the purported placenta microbiome have 44 subsequently been attributed to contamination^{4,5}, the lung microbiome field has flourished with 45 robust, validated findings; lung microbiota are detectable in health⁶⁻¹², correlated with lung 46 immunity both in health^{7,8} and disease^{13–15}, correlated with disease severity and predictive of 47 response to therapy^{16–19}, and prognostic of clinical outcome in multiple conditions^{20–27}. The lung 48 microbiome field addressed the challenge of low-biomass microbiome sampling by 49 systematically defining methods that collect representative populations of lung microbiota to 50 maximize bacterial DNA content and minimize vulnerability to background contamination^{9–12}. As 51 a result, empirically validated sampling approaches such as bronchoalveolar lavage (BAL) fluid, 52 which samples a large surface area and yields high sample volumes, and sputum, which 53 contains concentrated densities of bacterial cells, have been successfully implemented in 54 human lung microbiome studies²⁸. 55

Yet despite their routine use in human lung microbiome studies, these sampling methods are 57 58 not easily adapted for sampling lung microbiota in murine models, which will be critical to understand the mechanisms that govern the relationship between respiratory tract microbiota 59 and pulmonary disease. Anatomic considerations make the application of sequencing-based 60 61 techniques to murine lung microbiome studies particularly challenging. Collection of BAL fluid is severely limited by the small (~1 mL) volume of the murine lung²⁹, and sputum collection is not 62 possible in mice. In contrast, analysis of homogenized lung tissue is more feasible in mice than 63 humans, and represents a viable option for maximizing the bacterial DNA content in murine lung 64 samples³⁰. The ability to effectively sample low-biomass microbial communities is inherently 65 context-dependent and will require new solutions adapted to the particular context of each 66 study. 67

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69 We therefore designed an empirical approach to compare microbial signal detected in two distinct sample types collected from the same ecological site (murine lungs) with the following 70 goals: 1) to assess the usefulness of microbial ecology-based analytical techniques repurposed 71 72 for the discrimination of legitimate microbial signal from background noise and 2) to determine the sampling method that is best suited for the characterization of the murine lung microbiome. 73 To accomplish these goals, we quantified and sequenced the bacterial DNA present in BAL fluid 74 and whole lung tissue from otherwise genetically- and environmentally-identical healthy mice 75 and compared them using a novel analytic approach (Figure 1). 76

77 Methods

Ethics approval: The animal studies described in this manuscript were approved by the
Institutional Animal Care and Use Committee at the University of Michigan. Laboratory animal
care policies at the University of Michigan follow the Public Health Service Policy on Humane
Care and Use of Laboratory Animals.

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Mice: Eight-week-old female C57BL/6 mice (n = 20) were purchased from Jackson Laboratories 83 and housed under specific pathogen-free conditions. Mice were housed in five-animal cages in 84 85 a common animal housing room and did not receive independent ventilation. Mice were allowed to acclimate for 1 week before harvest at 9 weeks of age. To avoid batch effect, mice were 86 randomly assigned to specimen type (BAL fluid or whole lung tissue) and evenly sampled 87 across cages. Animal experimentation was performed in compliance with the ARRIVE 88 Guidelines^{31,32}. Details regarding tissue collection and processing are reported in the online 89 supplement (Figure 1, step 1). 90

91

DNA extraction, quantification, and 16S rRNA gene sequencing: DNA was extracted,
 amplified, and sequenced according to previously published protocols^{33,34} (Figure 1, steps 2,4).
 Sequencing was performed with the MiSeq platform (Illumina). Bacterial DNA in lung specimens
 and negative controls was quantified with a QX200 ddPCR system (Bio-Rad, Hercules, CA)
 according to a previously published protocol³⁵. Details are provided in the online supplement.

Data analysis: 16S rRNA gene sequencing data were processed using mothur (v. 1.43.0)
 according to the Standard Operating Procedure for MiSeq sequence data using a minimum
 sequence length of 250 base pairs^{36,37}. Overall significance was determined as appropriate by
 the Kruskal-Wallis test and by permutational multivariate ANOVA (PERMANOVA) with 10,000
 permutations using Euclidean distances (adonis). Pairwise significance was determined as

- appropriate by the Wilcoxon test with the Benjamini-Hochberg correction for multiple
- 104 comparisons, Tukey's HSD test, and two-sample independent Mann-Whitney U test. All
- statistical tests used p=0.05 as a threshold for significance. Details regarding statistical and
- 106 ecologic analysis are reported in the online supplement.

107 **Results**

108 Murine whole lung tissue contains more bacterial DNA than BAL fluid and negative controls Obtaining quality sequencing data depends on the presence of sufficient bacterial DNA in the 109 samples to be analyzed. Therefore, we first compared the quantity of bacterial DNA in whole 110 111 lung tissue and BAL fluid obtained from healthy C57BL/6 mice (Figure 1, step 3). We hypothesized that whole lung tissue contains more bacterial DNA compared to BAL fluid. To test 112 this hypothesis, we determined the number of 16S rRNA gene copies present in DNA isolated 113 from whole lung tissue. BAL fluid, and negative control specimens using droplet digital PCR 114 (ddPCR). As seen in Figure 2, BAL fluid and whole lung tissue both contained a significantly 115 greater quantity of bacterial DNA than the isolation control (p=0.0084 and 0.0026, respectively). 116 In contrast, BAL fluid did not contain more bacterial DNA than sampling controls or no template 117 controls (p>0.05). Whole lung tissue contained significantly more bacterial DNA than all other 118 groups, including all negative controls (p=0.0001). Whole lung tissue contained 27-fold more 119 16S rRNA gene copies than BAL fluid (64,110 vs. 2,367 mean copies/mL, respectively; 120 p=0.0002). We thus concluded that murine whole lung tissue contains a greater quantity of 121 bacterial DNA than does BAL fluid. 122

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Having confirmed the presence of detectable bacterial DNA in whole lung tissue and BAL fluid, 124 we proceeded with 16S rRNA gene sequencing according to a standard low-biomass protocol. 125 Along with whole lung tissue and BAL fluid, we sequenced a variety of controls, including cecum 126 as a high-biomass positive control, tongue as a low-biomass positive control and potential 127 source community of the lower respiratory tract, a synthetic mock community as a positive 128 sequencing control, and negative controls for each stage of specimen processing, including 129 sampling, DNA isolation, and sequencing controls. Details regarding adequacy of sequencing 130 131 are provided in the online supplement.

133 Murine whole lung tissue has increased alpha diversity and decreased sample-to-sample

134 variation relative to BAL fluid and negative controls

We next determined if the alpha (within-sample) diversity also differed across sampling 135 approaches (Figure 1, step 5). We hypothesized that the increased quantity of bacterial DNA in 136 137 whole lung tissue would yield greater diversity of bacterial taxa in whole lung tissue compared to BAL fluid. To test this hypothesis, we calculated community richness as measured by the 138 number of unique operational taxonomic units (OTUs) present in each specimen and negative 139 control. As predicted, whole lung tissue had greater community richness than BAL fluid 140 (p=0.001) and sampling, isolation, and sequencing controls (p<0.001 for all comparisons) 141 (Figure 3). In contrast, whole lung and BAL specimens did not significantly differ in Shannon 142 diversity index, which reflects both community richness and evenness (p>0.05; Supplementary 143 Figure 2). We therefore concluded that alpha diversity differs across sampling approaches, with 144 greater alpha diversity in whole lung tissue driven by the detection of greater numbers of unique 145 OTUs relative to BAL fluid. 146

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Since BAL fluid contained low guantities of bacterial DNA and fewer unique OTUs than whole 148 149 lung tissue, we suspected that incomplete sampling of the respiratory tract via saline lavage may also result in increased sampling and sequencing stochasticity³⁸, which both lead to 150 decreased specimen-to-specimen reproducibility of cohoused mice (which have similar lung 151 microbiota⁶). We thus hypothesized that whole lung tissue would have decreased sample-to-152 sample variation relative to BAL fluid, representing greater replicability. To test this hypothesis, 153 we computed the Bray-Curtis dissimilarity index, a beta-diversity metric based on pairwise inter-154 sample distances between specimens of the same type (i.e. we compared each whole lung 155 tissue specimen to each other whole lung tissue specimen, and likewise for BAL fluid). Whole 156 157 lung tissue yielded a decrease in average Bray-Curtis dissimilarity index relative to that of BAL fluid and empty well controls (p<0.0001) (Figure 4). In contrast, the average Bray-Curtis 158

dissimilarity index for BAL fluid was not significantly different than the highly dissimilar empty
 well controls (p=0·27). These results indicate that whole lung tissue displays decreased sample to-sample variation and samples the lung microbiome of mice more reproducibly than BAL fluid.

The taxonomic composition of murine whole lung tissue is similar to its oral microbiome source community and is distinct from negative controls, whereas that of BAL fluid is not distinct from negative controls

Having identified differences in bacterial quantity and diversity across sampling approaches, we 166 167 next assessed whether the taxonomic composition of whole lung tissue and BAL fluid differed from each other and from negative controls (Figure 1, step 6). Since whole lung tissue had 168 higher bacterial DNA content and alpha diversity than BAL fluid, we hypothesized that the 169 taxonomic composition of BAL fluid would more closely resemble that of negative control 170 specimens than would whole lung tissue, reflecting background contamination and sequencing 171 noise as predominant sources of taxa in BAL fluid. To test this hypothesis, we used principal 172 component analysis (PCA) to compare the similarity of taxa identified in whole lung tissue, BAL 173 fluid, and negative control specimens. As seen in Figure 5A, the taxonomic composition of 174 whole lung tissue was distinct from that of BAL fluid (p=0.00009) and pooled sampling controls 175 (p=0.0004). In contrast, BAL fluid showed prominent overlap with sampling controls and did not 176 differ in overall community composition (p=0.46). Similar results were obtained when comparing 177 whole lung tissue and BAL fluid with isolation and sequencing controls (Supplementary Figure 178 3A,B). Overall, these data show that the taxonomic composition of whole lung tissue is distinct 179 from that of BAL fluid and negative controls, whereas BAL fluid is not distinct from most 180 negative controls. 181

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We next assessed the biological plausibility of bacterial taxa by comparing whole lung tissue
and BAL fluid communities to their likely source community, the oral microbiome (Figure 1, step

185 7). We hypothesized that the taxonomic composition of whole lung tissue would more closely 186 resemble that of the oral microbiome source community than does BAL fluid. Principal component analysis confirmed that tongue and whole lung tissue display similar but statistically 187 different (p=0.01) taxonomic compositions, whereas BAL fluid clusters separately both from 188 189 tongue (p=0.00009) and whole lung tissue (Figure 5B). The clustering of BAL fluid with negative controls and tongue with whole lung tissue is also observed when plotting all lung, tongue, and 190 negative control samples together (Supplementary Figure 3C). We confirmed these results by 191 calculating the Bray-Curtis dissimilarity index for matched (i.e. from the same mouse) tongue 192 and lung samples (Figure 5C). Consistent with the PCA results, whole lung tissue more closely 193 resembled the oral source community than did BAL fluid (p=0.0004). Rank abundance analysis 194 revealed that the prominent taxa in whole lung tissue were also common in tongue specimens, 195 whereas taxa in BAL fluid bore little resemblance to oral taxa and instead resembled taxa in 196 negative controls (Figure 5D). The similarity of taxa in the whole lung and tongue samples and 197 the BAL fluid and negative control samples, respectively, can also be observed when ordering 198 rank abundance plots by the taxa found in the tongue or pooled negative controls 199 (Supplementary Figure 4). Together, these results confirm that the bacterial taxa identified in 200 201 whole lung tissue are more biologically plausible than those detected in BAL fluid.

202 Discussion

203 This study illustrates how an ecology-based analytical approach can determine the reality of bacterial signal in low-biomass microbiome studies. Our approach revealed the superiority of 204 murine whole lung tissue relative to BAL fluid in detecting bacterial signal, and validates the use 205 206 of whole lung tissue for lung microbiome studies in mice. The bacterial signal in murine whole lung tissue is stronger than that of BAL fluid by all comparisons: increased quantity of bacterial 207 DNA, greater diversity of bacterial taxa, and taxonomic composition that is reproducible across 208 biological replicates, distinct from negative controls, and more similar to the oral microbiome, a 209 biologically plausible source community (Table 1). 210

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This study represents the first systematic comparison of sampling methods appropriate for the 212 study of the murine lung microbiome. The lack of empirically-validated methods for sampling 213 lung microbiota in mice is particularly concerning in light of the current reproducibility crisis³⁹ and 214 recent controversial low-biomass studies^{4,5,40}, which highlight the dangers of over-interpreting 215 noisy sequencing data in the absence of rigorous, field-specific standards. A systematic 216 examination of methods for sampling lung microbiota in mice is overdue, especially considering 217 218 the first report describing the murine lung microbiome was published almost a decade ago⁴¹. Published murine lung microbiome studies to date have used both whole lung tissue^{6,42–47} as 219 well as BAL fluid^{48–50}, but no study to date has directly compared sample approaches. Based on 220 the findings of the current study, we strongly recommend whole lung tissue as a preferred 221 sampling strategy for subsequent murine lung microbiome studies. 222

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While BAL fluid in mice contains weak bacterial signal relative to lung tissue, in humans the opposite has been observed: human BAL specimens contain consistently stronger bacterial signal than lung tissue acquired via biopsy. This observation is consistent with anatomic and ecologic differences across species. Anatomically, human lungs are much larger than murine

lungs, providing increased surface area for sampling (~75 m² vs. 0.008 m²) and more airspace 228 (6 L vs. 0.001 L) to accommodate the collection of far larger volumes of BAL fluid^{29,30,51}. Biopsy 229 specimens of human lungs are typically small in volume and peripheral in anatomic location. 230 meaning they are predominantly composed of interstitium rather than airways and alveolar 231 232 space (where bacteria are more likely to be found). In contrast, use of whole lung homogenate in mice ensures capture of all bacterial DNA within the entire respiratory tract. Thus, anatomic 233 and ecologic differences between humans and mice necessitates the use of murine-specific 234 sampling approaches, and illustrates why a "one-size-fits-all" approach to low-biomass 235 microbiome sampling is unlikely to work: sampling strategies will need to be tailored to their 236 specific environmental and biologic contexts. 237

238

Numerous sources of false signal can confound detection of bacterial communities in low-239 biomass microbiome studies, including contamination (procedural, reagent, and sequencing) 240 and sequencing stochasticity. Salter and colleagues elegantly demonstrated the susceptibility of 241 low-biomass samples to reagent contamination by sequencing serial dilutions of a pure bacterial 242 culture, where increasingly diluted specimens contained increasing abundances of taxa found in 243 244 the DNA isolation reagents¹. Other sources of contamination, such as those introduced during specimen collection (e.g. bronchoscope, surgical instruments, collection tubes) or sequencing 245 (e.g. well-to-well contamination or index switching) may also alter the taxonomic composition of 246 low-biomass samples^{52,53}. Additionally, it has recently been demonstrated via the use of 247 sequencing replicates that sequencing stochasticity is itself a major source of variability in 248 microbial signal in low-biomass studies³⁸. Given the numerous sources of potential false signal 249 in low-biomass microbiome studies, we do not believe this methodological challenge can be 250 sufficiently addressed with a simple, universal solution (e.g. a single bioinformatic 251 252 "decontamination" step). Rather, as illustrated in our approach, we believe the reality of

microbiologic signal must be assessed within the specific ecologic context from which it is
 sampled, and anchored in an understanding of microbial ecology.

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Several alternate approaches to false signal in low-biomass microbiome studies have been 256 257 proposed. Strategies used to detect, interpret, and in some cases, eliminate, contamination have included exclusion of taxa detected in negative controls through statistical packages^{54,55} or 258 unbiased subtraction⁷, extraction and sequencing technical replicates³⁸, calculation of 259 abundance ratios⁵⁶, correlation analyses⁵⁷, hierarchical clustering⁵⁸, and building neutral 260 models⁵⁹. In contrast, we propose a simple analytical approach grounded in principles of 261 microbial ecology to discriminate true microbial signal from background-derived signal. While 262 this approach requires the use of several complementary metrics to determine the extent of 263 background-derived signal in each specimen type, it is relatively accessible for those conducting 264 microbiome studies due to its dependence on open-source software, conceptual familiarity to 265 microbial ecologists, and ease of application to other low-biomass sites. Fundamentally, this 266 approach relies on sampling the low-biomass body site of interest and comparing the size, 267 diversity, and taxonomic composition of the microbial community identified at that low-biomass 268 269 site to all potential source communities, including background signal derived from procedural, reagent, and sequencing contamination and true microbial signal derived from contiguous body 270 sites. This approach can thus be applied to a single specimen type to discern true bacterial 271 signal from background-derived noise, or used to compare multiple specimen types to 272 determine the optimal sampling method in the absence of a gold standard. Our approach does 273 not preclude the use of complementary methods (such as those mentioned above), but rather 274 builds a foundation rooted in thorough experimental design and microbial ecology to support 275 further analyses. 276

There are several limitations to our study. We selected methods of harvesting BAL fluid and 278 279 whole lung tissue which have been used by our lab and others successfully, and thus cannot directly speak to other approaches (e.g. use of lung portions or pooled BAL specimens from 280 multiple mice). Our study only tested the use of whole lung tissue and BAL fluid for the purposes 281 282 of amplicon-based sequencing, and may yield different results if other sequencing methods (e.g. metagenomic sequencing) are applied. Whole lung tissue contains much more host DNA than 283 bacterial DNA, which can confound attempts at metagenomic analyses due to the depth of 284 sequencing required to return reliable bacterial data⁶⁰. Given the impossibility of performing both 285 BAL and whole lung homogenization on the same mouse, we could not perform paired analysis 286 on the same mice. We assumed, based on prior results⁶, that co-housed mice from the same 287 vendor and shipment should have lung bacterial communities with similar taxonomic 288 composition. Yet it remains possible that mouse-to-mouse variation may have confounded 289 some comparisons. Finally, despite our efforts to thoroughly account for all possible sources of 290 bacterial signal found in both types of lung specimens, it is possible that we have not accounted 291 for all potential source communities, including occult sources of contamination or other body 292 sites in contact with the lungs, such as the nasopharynx and blood. 293

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In conclusion, we here present an ecology-based analytical approach for distinguishing true
bacterial signal from background contamination in low biomass microbiome studies and provide
evidence supporting the use of whole lung tissue over BAL fluid in murine lung microbiome
studies. The use of our ecology-based analytic approach highlights the importance of
sequencing, analyzing, and reporting ample negative controls and, to the extent possible,
contiguous anatomical sites or other biological source communities to assess the reality of
bacterial signal in low-biomass microbiome studies.

303 Abbreviations

BAL: bronchoalveolar lavage; DNA: deoxyribonucleic acid; OTU: operational taxonomic unit;

- PCA: principal component analysis; PCR: polymerase chain reaction; rpm: revolutions per
- 306 minute; PBS: phosphate-buffered saline; ddPCR: droplet digital PCR
- 307

308 **Contributors**

- JMB participated in study design, sample collection, data acquisition, bioinformatic and
- statistical analysis, data interpretation, and drafted and revised the manuscript. KJH, RAM, and
- NRF participated in sample collection and processing and data acquisition. GBH participated in
- study design, data interpretation, and manuscript revision. RPD conceived the study design and
- 313 participated in data interpretation and manuscript revision. All authors read and approved this
- 314 version of the manuscript.
- 315

316 **Declaration of interests**

- 317 We declare no competing interests.
- 318

319 Data sharing

- 320 The dataset supporting the results of this article has been posted to the NIH Sequence Read
- 321 Archive (accession number: PRJNA644805). The script used for mothur analysis can be found
- at https://github.com/piyuranjan/DicksonLabScripts/blob/master/mothurGreatLakes.sh. R code
- and accompanying files for the microbial community analysis and statistical tests presented in
- this paper can be found at https://github.com/dicksonlunglab/WholeLungvBALFluid.

325

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329

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337 **References**

- Salter SJ, Cox MJ, Turek EM, et al. Reagent and laboratory contamination can critically impact sequence-based microbiome analyses. *BMC Biol* 2014; **12(1):** 87. doi:
 10.1186/s12915-014-0087-z.
- Biesbroek G, Sanders EAM, Roeselers G, et al. Deep sequencing analyses of low density
 microbial communities: working at the boundary of accurate microbiota detection. Gilbert
 JA, ed. *PLoS ONE* 2012; **7(3)**: e32942. doi: 10.1371/journal.pone.0032942.
- 345 3. The Lancet Infectious Diseases. Microbiome studies and "blue whales in the Himalayas." 346 *Lancet Infect Dis* 2018; **18(9):** 925. doi: 10.1016/S1473-3099(18)30503-6.
- Lauder AP, Roche AM, Sherrill-Mix S, et al. Comparison of placenta samples with
 contamination controls does not provide evidence for a distinct placenta microbiota.
 Microbiome 2016; 4(1): 29. doi: 10.1186/s40168-016-0172-3.
- Leiby JS, McCormick K, Sherrill-Mix S, et al. Lack of detection of a human placenta
 microbiome in samples from preterm and term deliveries. *Microbiome* 2018; 6(1): 196. doi:
 10.1186/s40168-018-0575-4.
- Dickson RP, Erb-Downward JR, Falkowski NR, Hunter EM, Ashley SL, Huffnagle GB. The
 lung microbiota of healthy mice are highly variable, cluster by environment, and reflect
 variation in baseline lung innate immunity. *Am J Respir Crit Care Med* 2018; **198(4):** 497 doi: 10.1164/rccm.201711-2180OC.
- Segal LN, Alekseyenko AV, Clemente JC, et al. Enrichment of lung microbiome with supraglottic taxa is associated with increased pulmonary inflammation. *Microbiome* 2013;
 1(1): 19. doi: 10.1186/2049-2618-1-19.
- Segal LN, Clemente JC, Tsay J-CJ, et al. Enrichment of the lung microbiome with oral taxa
 is associated with lung inflammation of a Th17 phenotype. *Nat Microbiol* 2016; 1(5):
 16031. doi: 10.1038/nmicrobiol.2016.31.
- Charlson ES, Bittinger K, Haas AR, et al. Topographical continuity of bacterial populations
 in the healthy human respiratory tract. *Am J Respir Crit Care Med* 2011; **184(8):** 957-963.
 doi: 10.1164/rccm.201104-0655OC.
- Charlson ES, Bittinger K, Chen J, et al. Assessing bacterial populations in the lung by
 replicate analysis of samples from the upper and lower respiratory tracts. *PLoS ONE* 2012;
 7(9): e42786. doi: 10.1371/journal.pone.0042786.
- Dickson RP, Erb-Downward JR, Freeman CM, et al. Spatial variation in the healthy human
 lung microbiome and the adapted island model of lung biogeography. *Ann Am Thorac Soc* 2015; **12(6):** 821-830. doi: 10.1513/AnnalsATS.201501-029OC.
- Dickson RP, Erb-Downward JR, Freeman CM, et al. Bacterial topography of the healthy
 human lower respiratory tract. *mBio* 2017; 8(1): e02287-16. doi: 10.1128/mBio.02287-16.

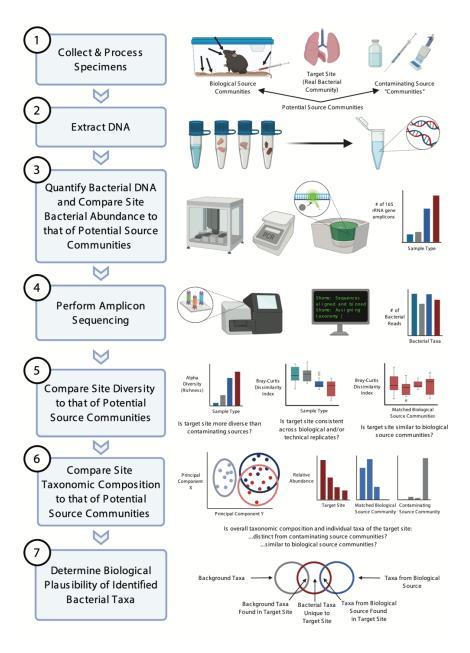
- 13. Dickson RP, Erb-Downward JR, Prescott HC, et al. Intraalveolar catecholamines and the
 human lung microbiome. *Am J Respir Crit Care Med* 2015; **192(2):** 257-259. doi:
 10.1164/rccm.201502-0326LE.
- Wang J, Lesko M, Badri MH, et al. Lung microbiome and host immune tone in subjects
 with idiopathic pulmonary fibrosis treated with inhaled interferon-γ. *ERJ Open Res* 2017;
 30008-02017. doi: 10.1183/23120541.00008-2017.
- 15. O'Dwyer DN, Ashley SL, Gurczynski SJ, et al. Lung microbiota contribute to pulmonary
 inflammation and disease progression in pulmonary fibrosis. *Am J Respir Crit Care Med* 2019; **199(9):** 1127-1138. doi: 10.1164/rccm.201809-1650OC.
- Huang YJ, Nariya S, Harris JM, et al. The airway microbiome in patients with severe
 asthma: associations with disease features and severity. *J Allergy Clin Immunol* 2015;
 136(4): 874-884. doi: 10.1016/j.jaci.2015.05.044
- I7. Zhang Q, Cox M, Liang Z, et al. Airway microbiota in severe asthma and relationship to
 asthma severity and phenotypes. Chalmers JD, ed. *PLoS ONE* 2016; **11(4):** e0152724.
 doi: 10.1371/journal.pone.0152724.
- 18. Durack J, Lynch SV, Nariya S, et al. Features of the bronchial bacterial microbiome
 associated with atopy, asthma, and responsiveness to inhaled corticosteroid treatment. J
 Allergy Clin Immunol 2017; 140(1): 63-75. doi: 10.1016/j.jaci.2016.08.055.
- Goleva E, Jackson LP, Harris JK, et al. The effects of airway microbiome on corticosteroid
 responsiveness in asthma. *Am J Respir Crit Care Med* 2013; **188(10):** 1193-1201. doi:
 10.1164/rccm.201304-0775OC.
- Leitao Filho FS, Alotaibi NM, Ngan D, et al. Sputum microbiome is associated with 1-year
 mortality after chronic obstructive pulmonary disease hospitalizations. *Am J Respir Crit Care Med* 2019; **199(10)**: 1205-1213. doi: 10.1164/rccm.201806-1135OC.
- Molyneaux PL, Cox MJ, Willis-Owen SAG, et al. The role of bacteria in the pathogenesis
 and progression of idiopathic pulmonary fibrosis. *Am J Respir Crit Care Med* 2014; **190(8)**:
 906-913. doi: 10.1164/rccm.201403-0541OC.
- Han MK, Zhou Y, Murray S, et al. Lung microbiome and disease progression in idiopathic
 pulmonary fibrosis: an analysis of the COMET study. *Lancet Respir Med* 2014; **2(7):** 548556. doi: 10.1016/S2213-2600(14)70069-4.
- Invernizzi R, Barnett J, Rawal B, et al. Bacterial burden in the lower airways predicts
 disease progression in idiopathic pulmonary fibrosis and is independent of radiological
 disease extent. *Eur Respir J* 2020; **55(4):** 1901519. doi: 10.1183/13993003.01519-2019.
- 408 24. Dickson RP, Schultz MJ, van der Poll T, et al. Lung microbiota predict clinical outcomes in 409 critically ill patients. *Am J Respir Crit Care Med* 2020; **201(5):** 555-563. doi: 410 10.1164/rccm.201907-1487OC.
- Panzer AR, Lynch SV, Langelier C, et al. Lung microbiota is related to smoking status and
 to development of acute respiratory distress syndrome in critically ill trauma patients. *Am J Respir Crit Care Med* 2018; **197(5):** 621-631. doi: 10.1164/rccm.201702-0441OC.

- 26. Dickson RP, Erb-Downward JR, Freeman CM, et al. Changes in the Lung Microbiome
 following Lung Transplantation Include the Emergence of Two Distinct Pseudomonas
 Species with Distinct Clinical Associations. Davis IC, ed. *PLoS ONE* 2014; 9(5): e97214.
 doi: 10.1371/journal.pone.0097214.
- Combs MP, Wheeler DS, Luth J, et al. Increasing relative abundance of pseudomonads
 predicts chronic rejection after lung transplant. *J Heart Lung Transplant* 2020; **39(4):** S65.
 doi: 10.1016/j.healun.2020.01.1266.
- 28. Carney SM, Clemente JC, Cox MJ, et al. Methods in lung microbiome research. *Am J Respir Cell Mol Biol* 2020; 62(3): 283-299. doi: 10.1165/rcmb.2019-0273TR.
- 29. Schulte H, Mühlfeld C, Brandenberger C. Age-related structural and functional changes in the mouse lung. *Front Physiol* 2019; **10:** 1466. doi: 10.3389/fphys.2019.01466.
- 30. Dickson RP, Cox MJ. Sampling the lung microbiome. In: Cox MJ, Ege MJ, von Mutius E,
 eds. *The Lung Microbiome*. European Respiratory Society; 2019: 1-17. doi:
 10.1183/2312508X.10015418.
- 428 31. Kilkenny C, Browne WJ, Cuthill IC, Emerson M, Altman DG. Improving bioscience
 429 research reporting: the ARRIVE guidelines for reporting animal research. *PLoS Biol* 2010;
 430 8(6): e1000412. doi: 10.1371/journal.pbio.1000412.
- 431 32. Percie du Sert N, Hurst V, Ahluwalia A, et al. Revision of the ARRIVE guidelines: rationale
 432 and scope. *BMJ Open Sci* 2018; **2(1):** e000002. doi: 10.1136/bmjos-2018-000002.
- Mason KL, Erb Downward JR, Mason KD, et al. *Candida albicans* and bacterial microbiota
 interactions in the cecum during recolonization following broad-spectrum antibiotic therapy.
 Infect Immun 2012; 80(10): 3371-3380. doi: 10.1128/IAI.00449-12.
- Kozich JJ, Westcott SL, Baxter NT, Highlander SK, Schloss PD. Development of a dualindex sequencing strategy and curation pipeline for analyzing amplicon sequence data on
 the MiSeq Illumina sequencing platform. *Appl Environ Microbiol* 2013; **79(17):** 5112-5120.
 doi:10.1128/AEM.01043-13.
- 35. Sze MA, Abbasi M, Hogg JC, Sin DD. A comparison between droplet digital and
 quantitative PCR in the analysis of bacterial 16S load in lung tissue samples from control
 and COPD GOLD 2. *PLoS ONE* 2014; **9(10):** e110351. doi:
 10.1371/journal.pone.0110351.
- 36. Schloss PD. MiSeq SOP mothur. 2019. https://mothur.org/wiki/miseq_sop/ (accessed on
 March 26, 2020).
- 37. Schloss PD, Westcott SL, Ryabin T, et al. Introducing mothur: open-source, platformindependent, community-supported software for describing and comparing microbial
 communities. *Appl Environ Microbiol* 2009; **75(23)**: 7537-7541. doi: 10.1128/AEM.0154109.
- 38. Erb-Downward JR, Falkowski NR, D'Souza JC, et al. Critical relevance of stochastic
 effects on low-bacterial-biomass 16S rRNA gene analysis. *mBio* 2020; **11(3):** e00258-20.
 doi: 10.1128/mBio.00258-20.

- 39. Schloss PD. Identifying and overcoming threats to reproducibility, replicability, robustness, and generalizability in microbiome research. *mBio* 2018; **9(3)**: e00525-18. doi:
 10.1128/mBio.00525-18.
- 40. Aagaard K, Ma J, Antony KM, Ganu R, Petrosino J, Versalovic J. The placenta harbors a
 unique microbiome. *Sci Transl Med* 2014; 6(237): 237ra65. doi:
 10.1126/scitranslmed.3008599.
- 41. Barfod K, Roggenbuck M, Hansen L, et al. The murine lung microbiome in relation to the
 intestinal and vaginal bacterial communities. *BMC Microbiol* 2013; **13(1):** 303. doi:
 10.1186/1471-2180-13-303.
- 462 42. Singh N, Vats A, Sharma A, Arora A, Kumar A. The development of lower respiratory tract 463 microbiome in mice. *Microbiome* 2017; **5(1):** 61. doi: 10.1186/s40168-017-0277-3.
- 464
 43. Yun Y, Srinivas G, Kuenzel S, et al. Environmentally determined differences in the murine
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- 467 44. Richmond BW, Brucker RM, Han W, et al. Airway bacteria drive a progressive COPD-like
 468 phenotype in mice with polymeric immunoglobulin receptor deficiency. *Nat Commun* 2016;
 469 7(1): 11240. doi: 10.1038/ncomms11240.
- 470 45. Gollwitzer ES, Saglani S, Trompette A, et al. Lung microbiota promotes tolerance to 471 allergens in neonates via PD-L1. *Nat Med* 2014; **20(6):** 642-647. doi: 10.1038/nm.3568.
- 472 46. Dickson RP, Singer BH, Newstead MW, et al. Enrichment of the lung microbiome with gut
 473 bacteria in sepsis and the acute respiratory distress syndrome. *Nat Microbiol* 2016; 1(10):
 474 16113. doi: 10.1038/nmicrobiol.2016.113.
- 475 47. Ashley SL, Sjoding MW, Popova AP, et al. Lung and gut microbiota are altered by
 476 hyperoxia and contribute to oxygen-induced lung injury in mice. *Sci Transl Med* 2020;
 477 12(556): eaau9959. doi: 10.1126/scitranslmed.aau9959.
- 478 48. Barfod KK, Vrankx K, Mirsepasi-Lauridsen HC, et al. The murine lung microbiome changes
 479 during lung inflammation and intranasal vancomycin treatment. *Open Microbiol J* 2015;
 480 9(1): 167-179. doi: 10.2174/1874285801509010167.
- 49. Poroyko V, Meng F, Meliton A, et al. Alterations of lung microbiota in a mouse model of
 LPS-induced lung injury. *Am J Physiol-Lung Cell Mol Physiol* 2015; **309(1):** L76-L83. doi:
 10.1152/ajplung.00061.2014.
- 484 50. Yadava K, Pattaroni C, Sichelstiel AK, et al. Microbiota promotes chronic pulmonary
 485 inflammation by enhancing IL-17A and autoantibodies. *Am J Respir Crit Care Med* 2016;
 486 **193(9):** 975-987. doi: 10.1164/rccm.201504-0779OC.
- 487 51. Lutfi MF. The physiological basis and clinical significance of lung volume measurements.
 488 *Multidiscip Respir Med* 2017; **12(1):** 3. doi: 10.1186/s40248-017-0084-5.

- 489 52. Minich JJ, Sanders JG, Amir A, Humphrey G, Gilbert JA, Knight R. Quantifying and
 490 understanding well-to-well contamination in microbiome research. *mSystems* 2019; 4(4):
 491 e00186-19. doi: 10.1128/mSystems.00186-19.
- 53. Sinha R, Stanley G, Gulati GS, et al. Index switching causes "spreading-of-signal" among
 multiplexed samples in Illumina HiSeq 4000 DNA sequencing. *BioRxiv* 2017; published
 online April 9. doi: 10.1101/125724.
- 54. Davis NM, Proctor DM, Holmes SP, Relman DA, Callahan BJ. Simple statistical
 identification and removal of contaminant sequences in marker-gene and metagenomics
 data. *Microbiome* 2018; 6(1): 226. doi: 10.1186/s40168-018-0605-2.
- McKnight DT, Huerlimann R, Bower DS, Schwarzkopf L, Alford RA, Zenger KR.
 microDecon: a highly accurate read-subtraction tool for the post-sequencing removal of
 contamination in metabarcoding studies. *Environ DNA* 2019; **1(1):** 14-25. doi:
 10.1002/edn3.11.
- 502 56. Robinson KM, Crabtree J, Mattick JSA, Anderson KE, Dunning Hotopp JC. Distinguishing 503 potential bacteria-tumor associations from contamination in a secondary data analysis of 504 public cancer genome sequence data. *Microbiome* 2017; **5(1):** 9. doi: 10.1186/s40168-505 016-0224-8.
- 506 57. Weiss S, Van Treuren W, Lozupone C, et al. Correlation detection strategies in microbial
 507 data sets vary widely in sensitivity and precision. *ISME J* 2016; **10(7):** 1669-1681. doi:
 508 10.1038/ismej.2015.235.
- 58. Bosch AATM, Levin E, van Houten MA, et al. Development of upper respiratory tract
 microbiota in infancy is affected by mode of delivery. *EBioMedicine* 2016; **9:** 336-345. doi:
 10.1016/j.ebiom.2016.05.031.
- 59. Venkataraman A, Bassis CM, Beck JM, et al. Application of a neutral community model to
 assess structuring of the human lung microbiome. *mBio* 2015; 6(1): e02284-14. doi:
 10.1128/mBio.02284-14.
- 60. Pereira-Marques J, Hout A, Ferreira RM, et al. Impact of host DNA and sequencing depth
 on the taxonomic resolution of whole metagenome sequencing for microbiome analysis.
 Front Microbiol 2019; **10:** 1277. doi: 10.3389/fmicb.2019.01277.
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519 Figures and Tables

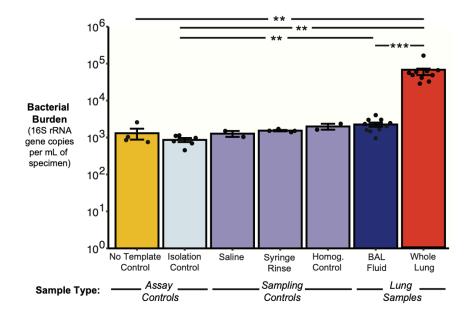


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521 Figure 1: A newly defined experimental and analytic approach can distinguish bacterial

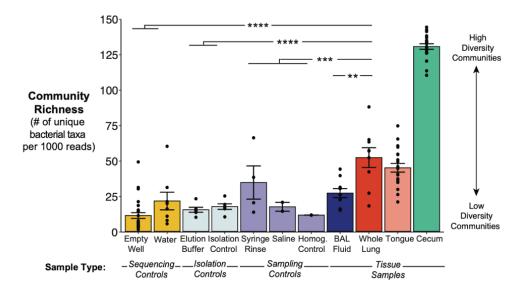
522 signal from noise in low-biomass microbiome studies. Graphical and conceptual outline of

- an experimental and analytic approach to low-biomass microbiome studies. This approach was
- applied to murine lung microbiome sampling optimization as a proof-of-concept in this study,
- and may be useful in other low-biomass microbiome studies across biological contexts.
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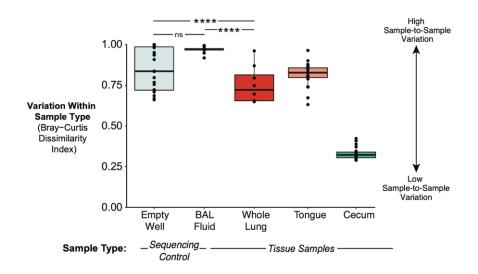


528 Figure 2: Murine whole lung tissue contains increased bacterial burden relative to BAL fluid and negative controls. Whole lung tissue contains more copies of the bacterial 16S rRNA 529 gene per mL of DNA isolated from lung or control specimens as quantified by ddPCR. Mean ± 530 SEM and individual data points (representing the average of technical duplicates) are shown. 531 532 Overall significance was determined by the Kruskal-Wallis test (p = 0.0001). Pairwise significance was determined by the pairwise Wilcoxon test and corrected for multiple 533 comparisons using the Benjamini-Hochberg method (pairwise comparisons including whole lung 534 or BAL fluid that are not shown were not significant). Significance key: ns p > 0.05; * $p \le 0.05$; ** 535 $p \le 0.01$; *** $p \le 0.001$; **** $p \le 0.0001$. 536



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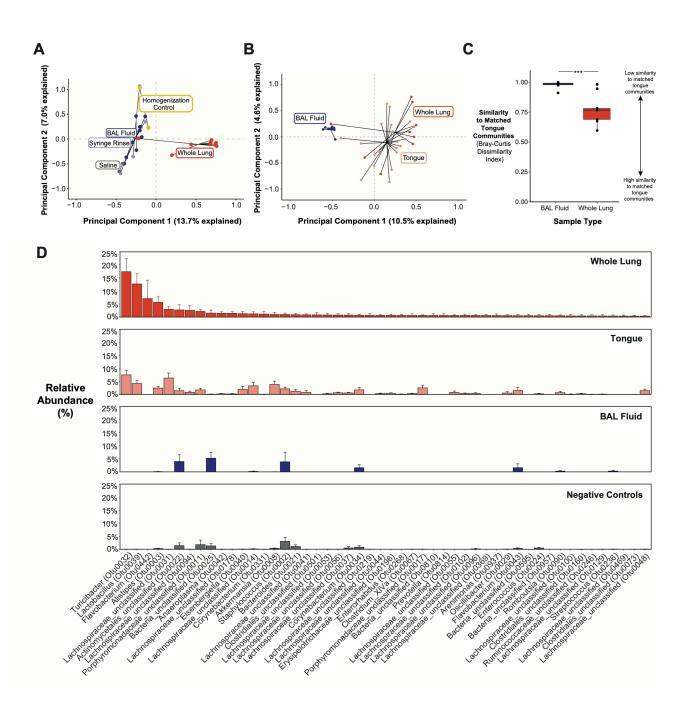
Figure 3: Bacterial communities in murine whole lung tissue have increased alpha 539 diversity relative to BAL fluid and negative controls. A. Whole lung tissue contains a greater 540 number of unique bacterial taxa than BAL fluid and negative controls. Richness of the bacterial 541 community in each tissue or control specimen was determined by clustering reads with species-542 level similarity (≥ 97% sequence identity) into operational taxonomic units (OTUs) and 543 544 calculating the number of unique OTUs within each specimen, normalized to 1000 reads per specimen. Mean ± SEM and individual data points are shown. Pairwise significance was 545 determined by comparing whole lung tissue and BAL fluid to pooled sampling, isolation, and 546 sequencing controls (respectively, as shown) using Tukey's HSD test. Significance key: ns p > 547 548 0.05; * p ≤ 0.05; ** p ≤ 0.01; *** p ≤ 0.001; ****p ≤ 0.0001.



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Figure 4: Bacterial communities in murine whole lung tissue show decreased variation 551 among biological replicates compared to those in BAL fluid. Variation among lung bacterial 552 communities of healthy mice from the same shipment was quantified using the Bray-Curtis 553 dissimilarity index. For comparison, Bray-Curtis dissimilarity was also calculated for empty wells 554 as a representative negative control with high variation, cecal communities as a representative 555 body site with low variation, and tongue as a representative seed community for the lower 556 respiratory tract. Median, IQR, and all unique pairwise comparisons (individual data points) are 557 shown. Pairwise significance was determined by pairwise Wilcoxon test and corrected for 558 multiple comparisons using the Benjamini-Hochberg method. Significance key: ns p > 0.05; * p 559 ≤ 0.05 ; ** p ≤ 0.01 ; *** p ≤ 0.001 ; **** p ≤ 0.0001 . 560





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Figure 5: The taxonomic composition of bacterial communities in murine whole lung
tissue is distinct from the background-dominant taxonomic composition of BAL fluid and
similar to that of the oral microbiome, a biologically plausible source community. A.
Whole lung tissue clusters separately from BAL fluid and sampling controls by principal

569 component analysis of Hellinger-transformed 16S rRNA gene sequencing data. Individual data points represent specimens grouped by sample or control type. B. Whole lung tissue, but not 570 BAL fluid, clusters near tongue samples by principal component analysis of Hellinger-571 transformed 16S rRNA gene sequencing data. Individual data points represent specimens 572 573 grouped by sample type. C. Bacterial communities in whole lung tissue are more similar to matched (within-mouse) oral communities than BAL fluid. Similarity of lung bacterial 574 communities, grouped by sampling approach, to matched oral communities was quantified 575 using Bray-Curtis dissimilarity index. Median, IQR, and individual data points representing 576 within-mouse comparisons of oral and lung communities are shown. D. Relative abundance of 577 bacterial taxa in whole lung tissue are similar to that of oral bacterial communities. In contrast, 578 the relative abundance of bacterial taxa in BAL fluid are similar to that of negative controls. Bars 579 are ranked by mean abundance in whole lung tissue and represent mean ± SEM percent 580 relative abundance of the top 50 bacterial taxa (OTUs) in whole lung tissue across sample 581 types. Labels denote genus (or most specific taxonomic level if no genus was assigned) and 582 unique identifier for each OTU. Overall significance was determined by (A, B) permutational 583 multivariate ANOVA (p = 0.00009 for both). Pairwise significance was determined by (A, B) two-584 585 sample PERMANOVA (A only: pooled sampling controls were compared to each lung sample type), and (C) two-sample unpaired Mann-Whitney U test. Significance key: ns p > 0.05; * $p \le$ 586 0.05; ** $p \le 0.01$; *** $p \le 0.001$; **** $p \le 0.0001$. 587

589 Table 1: Comparison of Sampling Methods for Murine Lung Microbiome Studies.

	Whole Lung Tissue	Bronchoalveolar Lavage Fluid
Sample description	All lung lobes homogenized in sterile water	Dislodged airway and alveolar contents (microbes, leukocytes, epithelial cells) in sterile saline
Biological site sampled	Airway and intra-alveolar space, interstitium, & blood (if not perfused)	Airway and intra-alveolar space only
Bacterial biomass	Low	Low
Host-to-microbe DNA ratio	High	Low
Total DNA content	High	Low
Number of 16S rRNA gene copies	~ 10 ⁴	~ 10 ³
Variation among biological replicates	Low	High
Similarity to contaminating source "communities" (negative controls)	Low	High
Similarity to biological source community (oral microbiome)	High	Low