1
2
3
4

Unravelling specific diet and gut microbial contributions to inflammatory bowel disease

Gabriel Vasconcelos Pereira[1,#], Marie Boudaud[2,#], Mathis Wolter[2,3], Celeste Alexander[1], Alessandro De Sciscio[2], Erica. T Grant[2,3], Bruno Caetano Trindade, Shaleni Singh[1], Austin Campbell[1], Nicholas A. Pudlo, Stéphanie Willieme[2], Sophie Craig[2], Kwi Kim[1], Trisha Denike-Duval[1], Lucy Kennedy[1], Thomas M. Schmidt[1], Grace Chen[1], Kathryn Eaton[1], Mahesh S. Desai[2,4,$,*], Eric C. Martens[1,$,§,*]

Affiliations:

[1]Department of Microbiology and Immunology, University of Michigan Medical School, Ann Arbor, Michigan, USA

[2]Department of Infection and Immunity, Luxembourg Institute of Health, 4354 Esch-sur-Alzette, Luxembourg

[3]Faculty of Science, Technology and Medicine, University of Luxembourg, 4365 Esch-sur-Alzette, Luxembourg

[4]Odense Research Center for Anaphylaxis, Department of Dermatology and Allergy Center, Odense University Hospital, University of Southern Denmark, 5000 Odense, Denmark

[#]Authors contributed equally

*Correspondence to: emartens@umich.edu, mahesh.desai@lih.lu

[§]Lead author

[$]Senior authors

Summary

Inflammatory bowel disease (IBD) is a chronic condition characterized by periods of spontaneous intestinal inflammation and is increasing in industrialized populations. Combined with host genetic predisposition, both diet and gut bacteria are thought to be prominent environmental features contributing to IBD, but little is known about the precise mechanisms. We show that low dietary fiber promotes bacterial erosion of the protective colonic mucus layer, leading to lethal colitis in interleukin-10-deficient mice. This diet-induced inflammation is specifically driven by mucin-degrading bacteria-mediated Th1 immune responses and is preceded by expansion of natural killer T cells and reduced immunoglobulin A coating of specific bacterial species. Low fiber, exclusive enteral nutrition reduced disease in part by increasing bacterial production of the metabolite isobutyrate, which was dependent on the presence of soy protein in the diet. Our results highlight a mechanistic framework to unravel the complex web of potentially opposing diet, host and microbial factors that combine to influence IBD development.

Introduction

Inflammatory bowel disease (IBD) occurs in people with underlying genetic variations that cause inappropriate immunological responses to intestinal antigens, especially ordinarily non-harmful symbiotic gut microbes (Shan et al., 2021). Despite identification of hundreds of IBD-associated genetic polymorphisms (Mirkov et al., 2017), the precise mechanisms through which IBD develops have not yet been determined. Even when predisposing genetics exist, IBD does not always occur, suggesting that additional important triggers beyond host genetics and gut microbes are required (Maloy and Powrie, 2011).

The incidence of IBD is increasing in some industrializing countries (Ng et al., 2017) and in immigrant populations that move to industrialized countries (Agrawal et al., 2020). Thus, dietary changes associated with industrialization (*e.g.*, decreased fiber intake, processed foods) may play a role in enhancing disease susceptibility, yet the underlying mechanisms of how diet acts as a disease "trigger" remain unexplored. The physiology of the microbes inhabiting the gut is continuously influenced by diet, especially fiber polysaccharides that elude digestion in the upper gastrointestinal tract and arrive in the ileum and colon providing nutrients for microbes (David et al., 2014; Porter and Martens, 2017). Several studies using murine models fed low fiber or "Westernized" diets have shown alterations in the microbiome that correlate with reduced integrity of the mucosal barrier, including increased activity of mucin-degrading bacteria and reduced mucus thickness (Desai et al., 2016; Earle et al., 2015) and increased mucus permeability (Schroeder et al., 2018).

Here, we investigated the specific contributions of dietary fiber and mucin-degrading gut bacteria to the development of spontaneous inflammation in mice lacking the IBD-associated cytokine interleukin-10 (IL-10). In humans, loss of normal IL-10 production or either of its receptor subunits results in early onset IBD in infants and children (Zhu et al., 2017). Conventional *Il10$^{-/-}$* mice develop spontaneous inflammation that is variable between colonies and worsened by the presence of pathobionts like *Enterococcus faecalis* or *Helicobacter* spp. (Keubler et al., 2015) and housing mice in specific-pathogen-free conditions (Keubler et al., 2015) or deriving as germfree substantially reduces or eliminates inflammation, respectively (Sellon et al., 1998). While it is therefore known that gut microbes are required for disease development in *Il10$^{-/-}$* mice, the precise mechanisms potentiating disease development in the

presence of commensal bacteria that lack known or potential pathogenic qualities, including the
proinflammatory host immune responses, remain unknown.

Our data reveal that a combination of IL-10 loss, a gut microbiota containing mucin-
degrading species and a low-fiber diet that increases bacterial mucus erosion are all required to
elicit severe disease. At the same time, we observed that the clinically validated dietary therapy
exclusive enteral nutrition (EEN) inhibits colitis development, despite lacking dietary fiber, at
least in part by promoting production of the bacterial metabolite isobutyrate from soy protein.
Our study presents an important step towards unraveling the positive and negative contributions
of host genetics, gut microbial physiology and diet on a mechanistic level, and provides first
steps towards leveraging the contributions that we can change (diet, microbiome) to reduce the
disease burden in people suffering from IBD.

Results

A combination of host genetic susceptibility, low dietary fiber and intestinal bacteria
exacerbate colitis

We previously determined that colonization of wild-type germfree mice with a 14-species
synthetic microbiota (SM14), which is composed of sequenced and metabolically characterized
human gut bacteria, experience erosion of the colonic mucus layer when fed a fiber free (FF)
diet. However, these mice do not develop spontaneous inflammation (Desai et al., 2016). To
determine if diet- and microbiota-driven mucus erosion—and the corresponding increased
proximity of bacteria to host tissue—promotes disease in mice that are genetically susceptible to
IBD, we introduced the same SM14 into germfree $Il10^{-/-}$ mice. Of note, $Il10^{-/-}$ lines have been
constructed in several murine strain backgrounds and we chose a C57BL/6J derived line (mouse
facility: University of Michigan (UM), USA), which has been reported to be the most resistant to
spontaneous disease development (Keubler et al., 2015). We colonized adult 8–10 week old $Il10^{-}$
$^{/-}$ mice fed a mouse chow, which we call a fiber rich (FR) diet, for 14 days and switched a subset
of the mice to the FF diet after 14 days of colonization, monitoring body weight and microbiota
changes for up to 60d. Colonized mice that remained on the FR diet maintained or gained weight
and did not experience noticeable morbidity. In contrast, mice switched to the FF diet began
losing weight 1–2 weeks after the diet switch and experienced ~75% lethality by 60d (**Fig. 1A**).

Histological examination of the intestines of FR and FF fed mice revealed inflammation and epithelial damage that was most severe in the ceca of SM14-colonized FF-fed mice (**Fig. 1B,C**). As expected, similar inflammation did not develop in wild-type mice with the same treatments (**Fig. S1A–C**). Cecal measurements of neutrophil-derived lipocalin 2 (Lcn2) provided further quantitative evidence that inflammation was most severe in SM14 colonized $Il10^{-/-}$ mice fed FF (**Fig. 1D**). Comparison to colonized FR-fed mice and other treatments that systematically manipulated the individual variables of diet (FR, FF), colonization (SM14 or germfree) and host genotype (wild-type or $Il10^{-/-}$) supported the conclusion that severe inflammation only develops in the context of three conditions: IL-10 deficiency, SM14 colonization and low fiber (**Figs. 1C,D, S1D**).

As expected, switching to the FF diet rapidly induced a microbiota shift in favor of decreased fiber-degrading and increased mucin-degrading species in $Il10^{-/-}$ mice (**Fig. S1E**). The same trend was observed in wild-type mice fed the FF diet, albeit with significantly increased levels of *E. coli* and *B. thetaiotaomicron* in $Il10^{-/-}$ mice (**Fig. S1F,G**). Both of these species have previously been shown to benefit from an inflamed environment (Kitamoto et al., 2020; Morgan et al., 2012), in some cases by sharing iron-scavenging siderophores (Zhu et al., 2020). As expected from studies with wild-type mice fed low fiber (Desai et al., 2016; Earle et al., 2015), feeding the FF diet to $Il10^{-/-}$ mice resulted in reduced mucus thickness (**Figs. S1H–K**) that likely increases bacterial contact with the host. Moreover, using bacteria-sized florescent beads in an *ex vivo* mucus penetrability assay (Schroeder, 2018 #3972), we determined the colonic mucus penetrability. Our results revealed significantly higher mucus penetrability and closer proximity of beads to the host epithelium in FF-fed $Il10^{-/-}$ mice compared to their FR-fed counterparts, an effect that was not as pronounced in the wild-type mice with SM14 (**Fig. 1E,F, S1L-M**). Plating livers and spleens from colonized mice that suffered FF-induced disease on media that support growth of SM14 species did not reveal systemic bacterial dissemination, suggesting that intestinal inflammation, resulting from a damaged mucus barrier and a potentially increased influx of microbial antigens, is the main cause of mortality (not shown).

Human disease associated with IL-10 dysfunction presents as early or very early onset IBD in children and infants (Zhu et al., 2017) and germfree mice have underdeveloped immune and mucosal barrier systems (Hooper and Macpherson, 2010) that could contribute to the disease development observed in colonized adult mice. To address these points, we modified our model

to allow for microbiota transfer in the neonatal period by colonizing germfree $Il10^{-/-}$ adult parents fed the FR diet which allows pups to be exposed to the maternal microbiota beginning at birth. All 14 of the SM species were transmitted, although two of the more fastidious Firmicutes (*F. prausnitzii* and *R. intestinalis*) were not transmitted to every pup. As anticipated, the SM14 took on a composition in pre-weaned, milk-fed pups that was similar to that observed in adult FF fed mice (**Fig. S1N**) due to the lack of fiber and the fact that milk oligosaccharides share many linkages in common with mucin *O*-glycans (Marcobal et al., 2011). While there were no signs of disease development during the pre-weaning period, pups weaned to the FF diet began losing weight after ~60 days of age (**Fig. 1G**) and experienced 100% mortality by 105d (**Fig. 1H**). In most experiments, we harvested both FR and FF groups at 100d, in which case mortality among the FF mice was ~85% (**Fig. S1O**). In contrast, all FR-fed mice survived to 100d (**Fig. S1O**) and a separate group of FR-fed mice showed 100% survival when maintained for 150d as did wild-type mice fed either diet (**Fig. 1H**). Weight loss in pups weaned to the FF diet corresponded with increasing fecal Lcn2 that occurred around the same time (60-65d) of declining weight, further suggesting that weight loss is caused by increasing intestinal inflammation (**Fig. 1I**). Interestingly, $Il10^{-/-}$ mice raised with a specific pathogen free (SPF) microbiota and fed the FF diet did not lose weight (**Fig. 1G**), showed lower inflammation, measured by Lcn2, at 100d (**Fig. 1J**), and less histological damage (**Fig. S1P**), revealing that a more complex, murine microbiota does not promote the same level of disease in this model, a point that is addressed in more detail below. Interestingly, SPF mice fed the FF diet *did* exhibit reduced mucus thickness (**Fig. 1K**), implying that it contains mucin-degrading bacteria capable of eroding this layer in a diet-dependent fashion but other factors may offset inflammation development.

The FR and FF diets differ substantially in several aspects of their macronutrient composition beyond fiber (**Supplemental Table 1**). To more precisely test the direct impact of fiber, we created modified versions of the FF diet in which 7.5% of the sugar it contains (glucose) was removed and replaced—as close to stoichiometrically as possible—with an equivalent amount of different, food grade purified fibers from oat, wheat or apple. A high sugar diet has been shown to promote inflammation, including in $Il10^{-/-}$ mice (Khan et al., 2020). As a control for reducing the sugar concentration, we created a diet that contained the same amount of highly digestible starch, effectively exchanging 7.5% of free glucose for a polymeric form of the same sugar that should still be available to the host via upper GI digestion. Our data reveal that the presence of 7.5% fiber from either of the three sources, but not digestible starch, reduces

inflammation measured by Lcn2 (**Fig. 1L**) as well as weight loss and histopathology (**Fig. S2A,B**). Even when all of the glucose (44%) was replaced with digestible starch, adult mice colonized with the SM14 developed disease, suggesting that the absence of fiber in this diet is a more prominent contributor to inflammation compared to the high amount of sugar. *B. ovatus*, a proficient degrader of both the pectic and hemicellulosic polysaccharides expected to be present in the supplemental fibers used (Martens et al., 2011), was one of the major responders to the fibers used in these experiments, increasing between 2–3 fold in relative abundance in the community and this increased proliferation occurred at the expense of the mucin degrader *A. muciniphila* (**Fig. S2C–G**).

To determine if restoring dietary fiber to mice that had already been fed the disease-promoting FF diet is capable of blocking inflammation, we returned colonized adult mice, which ordinarily experience ~75% lethality by 60d, to the FR diet at either 30d or 40d (16 or 26 days after being switched to FF). Both groups of mice that were returned to a high fiber diet exhibited no lethal weight loss and Lcn2 levels and histology at 60d were significantly lower than mice maintained on the FF diet (**Fig. 1M,N**). Interestingly, fecal Lcn2 measurements over time showed that both groups of mice experienced a peak of inflammation after fiber had been restored, which then began declining, indicating that low fiber induces disruption to the host-microbe homeostasis in which inflammation is a lagging effect that can eventually be reset (**Fig. 1M**).

The status of the mucus layer is a critical determinant of inflammation development

To more directly evaluate the disease-promoting role of mucin-degrading bacteria, we colonized adult *Il10*$^{-/-}$ mice with a simpler synthetic microbiota containing only the 10 species (SM10) that have previously been shown not to grow on mucin oligosaccharides (Desai et al., 2016). Mice colonized with a microbiota that lacked the four mucin degraders exhibited 100% survival on the FF diet until 60d post colonization (n=7), lower cecal Lcn2 at 60d (**Fig. 2A**) and reduced histological damage (**Fig. 2B**). Removal of the 4 known mucin-degrading bacteria also corresponded with decreased mucus erosion (**Fig. 2C, S3A**), suggesting that the damage they inflict on mucus integrity is causal to the increased disease activity when they are present. Interestingly, adding back single mucin-degrading bacteria to the SM10 community did not yield the same level of inflammation observed with the full 14-member community, indicating that

multiple species may act synergistically to promote more severe disease (**Fig. 2A**). Consistent with the idea that low dietary fiber intake in general promotes the proliferation of mucin-degrading bacteria, the mice colonized with SM10 plus a single mucin degrader all exhibited expansion of that mucin-degrading bacterium either before or after the diet switch compared to SM14 (**Fig. S3B–G**). This is in contrast to mice colonized with the full SM14, which typically show the largest expansion of *A. muciniphila* and *B. caccae* in response to low fiber (**Fig. S1E,F**). Despite promoting significantly less Lcn2 production, the presence of either *Bacteroides thetaiotaomicron* or *Akkermansia muciniphila* as the sole mucin-degrader produced histological inflammation that was statistically identical to the full SM14 (**Fig. 2B**) and this appeared qualitatively worse with only *A. muciniphila* (**Fig. 2D**) despite the lack of weight loss and lower Lcn2.

As a separate test of the protective role for mucus in this colitis model, which could potentially be influenced by the presence of dietary fiber in other ways, we bred *Il10*$^{-/-}$*Muc2*$^{-/-}$ double knockout (DKO) germfree mice, colonized them with the SM14 and fed either the FR or FF diets. As expected, these mice lost weight quickly (100% needed to be sacrificed before 30d on FF and before 34d on FR; n=5 and 7, respectively) and showed severe inflammation and mortality regardless of diet (**Fig. 2E-I**). Along with the experiments to replace some or all dietary glucose with highly digestible starch, these results suggest that the high sugar in the FF diet is not the main driver of disease since the low sugar FR diet also promotes inflammation when the mucus layer is genetically eliminated. Interestingly, inflammation in DKO mice developed throughout the lower intestine and was more severe in the colon than in the cecum (**Fig. 2H,I**). This is likely due to the mucus system being thinner and more patchy in the cecum than in the colon (Furter et al., 2019). Thus, when *Il10*$^{-/-}$ mice experience low fiber-induced mucus erosion, the barrier function is likely to fail first in the cecum. In contrast, in DKO mice the uniform elimination of Muc2 appears to promote more widespread inflammation that is worse in the colon.

Mucin-degrading bacteria influence the inflammatory immune pathways in a genetically susceptible host

Development of spontaneous intestinal inflammation is a complex process involving innate and adaptive immune responses, and the role of Th1/Th17 cells has been characterized in the *Il10*$^-$

/- colitis model in conventional and SPF settings (Keubler, 2015 #23R). Nevertheless, how specific microbial triggers influence the underlying immune pathways and how these immune responses develop temporally remain unknown. Given our contrasting colitis phenotypes in FF-fed SM14- and SM10-colonized *Il10*-/- mice, our SM model provides important opportunities to tease apart not only the microbial triggers but the regionality, timing and severity of underlying inflammatory immune pathways associated with increased microbial mucin foraging driven by fiber deficiency. We repeated the same experiments described above with a different line of *Il10*-/- mice in the C57BL/6J background (mouse facility: University of Luxembourg (UoL), Luxembourg) and observed a similar weight loss in FF-fed mice colonized with SM14 (**Fig. S3H,I)**, validating our results in a different laboratory setting.

Cytokine measurements in cecal tissues revealed expected increases of IBD-associated markers IL-1β, IL-6, IL-17, IL-22, IL-23, TNF-α and IFN-γ in fiber-deprived *Il10*-/- mice that were either colonized with SM14 as adults or colonized at birth from maternal exposure (**Fig. S3J-X**). In addition, we observed that *Il10*-/- mice colonized maternally from birth with the SM10 lacking mucin degraders recapitulated the reduced disease phenotype observed in adults (**Fig. S3H,I**). In these SM10-colonized mice, fiber deprivation only slightly induced the expression of IL-17, IL-22 and TNF-α that were elevated in SM14-colonized mice (**Fig. S3T-W**). Combined with the region-specific inflammation effects (*i.e.*, cecal vs. colonic inflammation in *Il10*-/- and DKO mice), this observation provided an opportunity to examine the sequential and regional involvement of host immune responses in the development of spontaneous colitis.

In SM14-colonized mice that were weaned to the FF diet, inflammation could be detected in the cecum via increased Lcn2 as early as 35 days post weaning (dpw) and this effect was absent in mice colonized from birth with SM10 (**Fig. 3A**). SM14 mice weaned onto the FF diet also exhibited low fecal Lcn2 at 35 dpw, consistent with data shown above and supporting the conclusion that disease develops earlier in the cecum in mice with intact mucus production (**Fig. 3A**). An expansion of natural killer (NK) cells was detectable in the cecum and colon of FF-fed mice as soon as 35 dpw (**Fig. 3B, left panel**). Interestingly, this expansion was similar in SM10- and SM14-colonized ceca, but NK cells were lower in the colons of SM10-colonized mice compared to those with SM14 (**Fig. 3B**). This latter observation suggests that the presence of mucin-degrading bacteria is more important to elicit this effect in the colon where the mucus system is thicker and mucus erosion is required to increase contact with bacterial antigens. Interestingly, SM14-colonized wild-type (WT) mice also showed increased NK cells in the colon

at 79 dpw compared to FR-fed controls, implying that IL-10 dysfunction is not required to elicit increased NK cell infiltration (**Fig. S4A,B**).

While NK cells were more abundant at 35 days and later decreased, T cell recruitment (especially CD4$^+$ T cells) increased over time in both the cecum and colon of colonized *Il10*$^{-/-}$ mice **(Fig. 3C and S5A,B)**. In the ceca of colonized *Il10*$^{-/-}$ mice, fiber deprivation increased both CD4$^+$ and CD8$^+$ T cell populations by 35 dpw, with CD4$^+$ T cells increasing further by 79 dpw independently of the diet **(Fig. 3D,E)**. In the ceca of germfree *Il10*$^{-/-}$ mice and SM14-colonized WT mice, CD8$^+$ T cells and CD4$^+$ T cells were also more abundant in FF-fed than in FR-fed mice, suggesting that fiber deprivation induces T cell recruitment through multiple paths and not all of these are regulated by the microbiota and IL-10 **(Fig. 3D,E and Fig. S4B)**.

Consistent with previous descriptions of *Il10*$^{-/-}$ colitis, both SM10- and SM14-colonized mice generally exhibited infiltration of Th1 and Th17 cells over time. Especially for Th17 cells, this infiltration was higher in FF-fed mice in both the cecum **(Fig. 3E)** and the colon **(Fig. 3F)**. While Th17 cells reached nearly equivalent levels at 79 dpw in SM10 and SM14-colonized ceca **(Fig. 3E)**, overall levels were lower in the SM10-colonized colons compared to SM14. Furthermore, fiber deprivation increased Th1 levels in the SM14-colonized colons, but not in the SM10-colonized ones (**Fig. 3F**), which supports the weight loss observed in FF-fed SM14 colonized animals. In line with the readouts mentioned above, this observation supports the idea that the role of mucin-degrading bacteria is far more important in the colon where erosion of mucus facilitates the induction of the anti-microbial Th1 responses. To provide functional support to these immune cell profiles, we compared levels of Th1- and Th17-type cytokine transcripts in ceca and mesenteric lymph nodes using qPCR between 35 and 79 dpw. Fiber deprivation led to increased expression of Th1 (IFN-γ, TNF-α, IL-6, IL-12) and Th17 cytokines (IL-17F, IL-22, IL-23 and TGF-β), as well as the mucin-inducing cytokine IL-13 in SM14-colonized *Il10*$^{-/-}$ mice **(Fig. S3T-W and S5C)**. These cytokine responses tended to develop more slowly in SM10-colonized mice compared to those with SM14 (**Fig. S3T-W**). In the colon-draining MLNs where naïve T cells get activated and polarized, the Th17-related cytokines, IL-17F and IL-22, were increased by fiber deprivation in both SM10- and SM14-colonized mice, while the Th1-polarizing cytokines IFN-γ, IL-6 and IL-12 were only increased in SM14-colonized mice, consistent with a regional dependence on mucin-degrading bacteria to develop Th1 responses (**Fig. 3G**).

Despite the IL-10 deficiency, Foxp3$^+$ regulatory T cell (Treg) recruitment was also detectable and higher during FF-feeding of SM14 *Il10*$^{-/-}$ mice **(Fig. 3H, S5D)**. This expansion

being independent of IL-10 suggests a mechanism driven by other regulatory mediators such as TGF-β, whose transcript levels increased in SM14-colonized cecal tissues as soon as 35 dpw (**Fig. S3Y**). Regulatory T cells expressing Tbet or RORγt have been proposed as counter-regulators of inflammatory Th1 and Th17 cells, respectively (Barros et al., 2022; Yang et al., 2016). Consistent with this, the abundance of Tbet$^+$ Treg cells follow the same trends as inflammatory Th1 cells with higher levels in FF-fed, SM14-colonized mice **(Fig 3H and S5E)**. By contrast, the highly suppressive RORγt$^+$ Treg population was reduced at 35 dpw in the colon **(Fig. 3H)** and at 79 dpw in the cecum of FF-fed, SM14-colonized *Il10*$^{-/-}$ mice **(Fig. S5E)**, thus favoring the inflammatory responses. In addition, Gata3$^+$ Tregs were increased in fiber-deprived GF ceca **(Fig. S4B)** and colonized colons **(Fig. 3H)**. While their role in the specific regulation of type 2 inflammatory cells is still unclear, they may constitute a reservoir of Tregs required for tissue repair by 79 dpw in colonized colons (Wang et al., 2011; Wohlfert et al., 2011).. Finally, despite the general expansion of Treg, early (35 dpw) loss of the highly suppressive RORγt$^+$ subset and the IL-10 deficiency are likely to allow the Th1/Th17 responses to flourish in FF-fed, SM14 mice. Together, these results reveal strong Th1/Th17 immune pathways induced by fiber deprivation, differentially regulated by microbial community members and host genetics, in a time- and intestinal site-specific manner.

Alterations to IgA–microbiota interactions precede inflammation

The identities of SM14 bacteria that serve as potent immune stimulators might be different from those involved in degrading mucus. Since coating with immunoglobulin A (IgA) has been proposed to identify bacteria that are potentially more colitogenic (Palm et al., 2014), we next focused on how low fiber-induced inflammation development alters bacterial IgA coating in our *Il10*$^{-/-}$ model. The IgA response is a common anti-microbial response in the gut and is usually upregulated in colitis in human and mouse models (Gomes-Santos et al., 2012). Mirroring the trend observed for early inflammation (**Fig. 3A**), soluble IgA titers were increased in the cecum but not feces of FF-fed SM14-colonized *Il10*$^{-/-}$ mice at 35 dpw compared to FR **(Fig. 4A)**. However, FF-feeding induced a depletion of IgA-producing plasma cells in both the cecum and colon (**Fig. 4B**). This loss was also observed in FF-fed WT mice, suggesting a diet-driven effect on IgA-producing cell loss rather than a depletion caused by the absence of IL-10. This is in line with a published report showing reduced titers of serum IgA and less IgA$^+$ B cells in the small intestine of WT mice fed a zero-fiber diet compared with a high-fiber diet (Tan et al., 2016). In parallel with reduced IgA-producing cells after FF-feeding, the proportion of IgG-producing cells was increased at 35

and 79 dpw in both cecum and colon of SM14-colonized *Il10$^{-/-}$* mice **(Fig. S6A and S6B)**. Consistent with the high production of Th1 cytokines in the presence of mucolytic bacteria, FF-feeding increased the proportion of IgG-producing cells only in SM14- but not in SM10-colonized colons **(Fig. S6**B**)** (Castro-Dopico et al., 2019).

We next sought to determine how changes in IgA producing cells are reflected in bacterial IgA coating. Intriguingly, analysis of IgA-coated bacteria revealed the presence of 2 differentially coated populations in FR-fed mice: a large population with low-coating and a smaller population with high coating **(Fig. 4C)**. Consistent with previous studies (Gomes-Santos et al., 2012), the amount of total IgA-coated bacteria (both populations combined) was higher in FF-fed mice than in FR-fed mice by 79 dpw **(Fig. 4D, left)**. However, only the proportion of low-coated bacteria increased in FF-fed mice **(Fig. 4D, right)**, while the highly-coated bacteria were almost absent in fiber-deprived mice, as soon as 21 days of feeding **(Fig. 4D, middle)**. Interestingly, the FF diet-induced increase in total IgA-coating by 79 dpw was not observed in SM10-colonized mice, but was confirmed in SPF *Il10$^{-/-}$* mice and SM14-colonized WT mice, supporting a mechanism driven by the microbiota rather than the IL-10 deficiency (**Fig. 4E, left**). However, highly-coated bacteria disappeared in SM10-colonized mice as in SM14-colonized mice as soon as 21 dpw (**Fig. 4E, middle and S6C**) and low-coated bacteria slightly increased by 79 dpw (**Fig 4E, right**), suggesting a mechanism only partly driven by mucolytic bacteria.

Given the altered pattern of IgA production and the fact that IgA coating has been proposed as a marker of bacteria with more colitogenic potential (Palm et al., 2014), we examined the IgA coating of individual SM14 bacterial members. Consistent with an early loss of highly-coated bacteria, changes in IgA-coating indexes in the SM14 community appeared as soon as 21 days of feeding **(Fig. 4F)**. Among the SM14 members, *A. muciniphila*, *D. piger*, *E. coli* and *C. aerofaciens* showed reduced IgA coating index (ICI) values at one or both timepoints in FF-fed *Il10$^{-/-}$* mice. In wild-type mice, this FF diet-induced reduction in IgA coating was less severe for *A. muciniphila,* but more pronounced for *D. piger*, revealing that IL-10 deficiency affects the IgA-coating profile of commensals in a strain-dependent manner. In contrast, *E. rectale* showed a low ICI in FR-fed mice and this increased with FF-feeding, a condition that corresponds to it being present at low levels, likely due to its inability to compete for mucin-derived nutrients. The causes and effects of variations in IgA coating are still being determined. However, our results clearly demonstrate that different combinations of microbial colonization and diet can alter both the amount and affinity of intestinal IgA, as well as the bacteria that it targets. Along with the data shown above, our results

suggest the possibility that the fiber deprivation initiates early disruptions in IgA–microbiota interactions along with a loss of IgA-producing plasma cells allowing *A. muciniphila* and *E. coli* to expand in the absence of high-affinity IgA and contribute to colitis.

Different microbiota alter the outcome of diet-induced colitis in *Il10^{-/-}* mice

Because we observed that SPF mice fed the FF diet did not develop inflammation with the same severity as those colonized with SM14 (**Fig. 1G,H**), we performed co-housing experiments in which pups born to SPF- and SM14-colonized mothers were mixed at weaning and exposed to each other's microbiomes. Co-housing SM14-colonized *Il10^{-/-}* pups with SPF mice normalized the weight loss phenotype observed in response to feeding the FF diet (**Fig. S4A**). It did not, however, reduce cecal inflammation as measured by both cecal Lcn2 (**Fig. 5A**) or histology (**Fig. 5B**), indicating that weight loss and inflammatory phenotypes can be uncoupled in the presence of different microbes. Mice that were born to SPF mothers showed a more variable response to co-housing with SM14-colonized pups, with only some of these mice developing disease that was often similar in severity to FF-fed, SM14-colonized mice (**Fig. 5A,B**). Time course analysis of fecal Lcn2 revealed that increased inflammation in co-housed SPF mice occurred after 65 days, a trend that was nearly identical to SM14 mice regardless of their co-housing status (**Fig. 5C**). Although inflammation was variable in co-housed SPF mice there was a positive correlation in the two inflammatory measurements for this group (**Fig. 5D**).

The SPF pups are naturally colonized with a natively complex microbiota beginning at birth, whereas the SM14 pups receive a simpler microbiota of known composition. The fact that co-housed SPF pups develop worse inflammation compared to their littermates that are not co-housed suggested that some of the SM14 bacteria are capable of invading the murine SPF microbiota and worsening disease, perhaps synergizing with native murine microbes that perform some of the same metabolic or immunostimulatory functions of other SM14 members. To determine which SM14 species invaded the SPF microbiota and when, we performed 16S rRNA gene sequencing on fecal samples from co-housed mice from both groups over the 100d time course. Our analysis revealed that few of the SM14 bacteria are transferred to SPF mice, a finding that might be expected with human gut bacteria invading a more complex, mouse-adapted microbiota. However, at least 6 members of the SM14 could be detected in co-housed SPF mice, either transiently or at the very end of the time course when inflammation had begun

to develop (**Fig. 5E-G, S7B-J**). The most prominent of these invading bacteria was the human commensal *E. coli* strain HS, which appeared in co-housed SPF mice around 22 dpw, prior to the onset of inflammation, and gradually increased, eventually reaching levels >10% in most mice (**Fig. 5E**). Two of the mucin degrading SM14 bacteria (*A. muciniphila* and *Ba. intestinihominis*) showed a similar trend, albeit reaching lower levels and with variability among individual mice (**Fig. 4F,G**). Four other SM14 bacteria (*C. aerofaciens*, *B. uniformis, B. thetaiotaomicron* and *B. caccae*) showed transient, small increases around the time (~65d) that inflammation was increasing and these organisms decreased thereafter (**Fig. S7**).

Multiple nutrients including protein modify disease development in IBD susceptible mice

A notable characteristic of the FF diet that we used is that its macronutrient composition (**Supplemental Table 1**) resembles some exclusive enteral nutrition (EEN) diets that are used clinically to treat some IBD presentations. EEN diets often contain low or no fiber (Logan et al., 2020) and have proven to be effective at inducing remission of IBD in humans, although the precise mechanism(s) of action is still unknown (Day and Lopez, 2015). Since dysfunction in IL-10 signaling is just one of several host pathways implicated in IBD, it is possible that this particular immune signaling axis is sensitive to lack of fiber, whereas others are not and those are the ones that benefit from EEN. To determine if an EEN diet that lacks fiber promotes inflammation in our gnotobiotic *Il10*$^{-/-}$ model, we weaned SM14 colonized pups onto a commercial EEN diet, which is normally taken as a liquid but in this case was dried, pelleted and sterilized by gamma irradiation (water was provided *ad libitum*). The average weight trajectories of 15 mice (3 separate experiments) supported the conclusion that the low fiber EEN diet promotes some disease development, although not as severe as the FF diet (**Fig. 6A**). Lcn2 measurements and histology further revealed a wide amount of variation in the amount of disease present in individual animals, with some mice resembling healthy FR-fed mice, some resembling diseased FF-fed mice and several in between (**Fig. 6B,C**). Despite experiencing less inflammation, the EEN mice still exhibited a reduction in mucus thickness, which we expected given the lack of fiber in the formula used (**Fig. 6D**). Measurements of short- and branched chain fatty acids revealed that mice fed the EEN diet had elevated amounts of the branch-chained fatty acid isobutyrate (**Fig. 6E**) and high isobutyrate in individual animals correlated with those experiencing decreased inflammation (**Fig. 6F**). Isobutyrate is an isomer of the more widely

studied, anti-inflammatory short-chain fatty acid butyrate (which was not observed above the limit of detection with the method used) and is derived from L-valine fermentation by certain gut bacteria (Guo et al., 2019). Providing either isobutyrate or butyrate (35 mM) in the drinking water of pups weaned onto the disease-promoting FF diet decreased weight loss (**Fig. 6G**) as well as the amount of inflammation observed (**Fig. 6H,I**), revealing that either of these molecules can offset the diet- and microbiome-induced damage observed in this model.

Feeding the EEN diet promoted changes in the composition of the SM14, which most notably included a ~250-fold increase in the levels of *E. rectale* (**Fig. 6J**). While this Firmicute is known to produce butyrate, measurements of culture supernatants from 13 of the SM species in medium supplemented with L-valine plus other peptides did not reveal that *E. rectale* produces isobutyurate under the medium conditions tested. Rather, this metabolite was produced by all of the *Bacteroides, plus M. formtaexigens* (**Fig. 6K**). Because isobutyrate is thought to derived from protein (L-valine) fermentation in the colon, we examined the protein sources in our disease promoting FF diet and the partially protective EEN diet, noting that the former contains exclusively casein and the latter contains a mixture of soy protein and casein (**Table S1**), with soy protein listed first in the ingredients and therefore more abundant. To test the hypothesis that soy protein directly or indirectly fuels microbial production of isobutyrate that, in turn, protects against inflammation, we produced a version of the FF diet (FF-soy) in which casein was replaced with soy protein and all other components remained nearly identical (**Table S1**, notably the soy protein isolate that we used was determined to contain contaminating fiber (7% w/w), which ultimately contributed 1.6% fiber to the FF-soy diet). Interestingly, the modified FF-soy diet resulted in a similarly variable phenotype as the EEN diet, characterized by several animals being protected from disease as determined by weight loss, Lcn2 and histological measurements (**Fig. 6H,I**). FF-soy fed mice contained more cecal isobutyrate than FF-fed mice consuming only casein protein (**Fig. 6L**). As with EEN feeding, the amount of isobutyrate was inversely correlated with inflammation severity, although not as strongly in the FF-soy fed mice as in EEN (**Fig. 6M**). Interestingly, several of the FF-soy fed mice exhibited Lcn2 levels that were as much as 10-fold lower than the healthy FR fed mice (**Fig. 6H**). This latter observation could be due to the residual fiber (1.6%) in the FF-soy diet synergizing with the protective effects of isobutyrate, even though less isobutyrate is produced in from feeding the FF-soy diet compared to EEN. If this hypothesis can be supported with future work, it raises interesting possibilities to leverage multiple beneficial pathways (fiber fermentation to offset mucus erosion, isobutyrate production

through select bacteria and soy protein feeding) to improve, optimize and perhaps eventually
personalize dietary treatments like EEN.

Discussion

The pathophysiology of IBD is complex and variable, in part because of the large number
of different genetic contributions that combine with diverse environmental, microbial and dietary
triggers that are known or hypothesized to influence its development. The diet-driven
inflammation model that was developed and investigated in this study provides both a case
study, in which potential contributing factors to IBD can be explored at mechanistic levels, and
represents a more general experimental paradigm in which host genetic, immunological,
microbiota and dietary factors can be systematically manipulated to examine their effects on
disease progression. As examples of spontaneous, genetically-driven intestinal inflammation
models continue to be identified and developed (Caruso et al., 2019; Pizarro et al., 2011; Taurog
et al., 1999), the ability to work with these murine models in gnotobiotic conditions and with
defined diets holds the potential to uncover foundational principles about this complex disease.

The first principle that emerges from the studies reported here is that dietary fiber
consumption has the capacity to influence inflammation development. It has been well
appreciated that depolymerization of dietary fibers by gut bacteria and fermentation of the
resulting sugars leads to beneficial end-products like SCFAs. Metabolism of SCFAs by epithelial
and local immune cells strengthens the gut epithelial barrier and promotes immune regulation,
both contributing to increased barriers in the lower GI (Smith et al., 2013). Secreted mucus is
another important component of the intestinal barrier in the lower GI, in this case being subject
to erosion by mucus-degrading bacteria that exhibit increased activity in the absence of dietary
fiber (Desai et al., 2016; Earle et al., 2015; Sonnenburg et al., 2005). Defects in mucus
glycosylation and status have been associated with IBD in both animals and humans; however,
causal connections to increased microbial access through the mucus barrier have been slower to
emerge. Perhaps the strongest evidence for causal relationship comes from studying the
responses of mice lacking normal mucus glycosylation. As an example, mice lacking core 1
galactosyltranferase, which is required to build core 1 and core 2 O-glycan structures, develop
spontaneous inflammation (Fu et al., 2011) and this mutation mimics loss of the core 1 synthase
molecular chaperone (*cosmc*) an x-linked gene associated with human IBD (Kudelka et al.,

2016). Loss of core 3 synthase or double mutants lacking core 1/core 3 are also more susceptible to induced or spontaneous inflammation, suggesting that genetic reductions in mucus glycosylation may increase the rate at which bacteria can erode this barrier through nutrient foraging (An et al., 2007; Bergstrom et al., 2017). Colonic crypts are also protected by mucus-secreted sentinel goblet cells (senGCs), which can be triggered to secrete mucus in response to high levels of bacterial Toll-like receptor ligands in the crypt region (Birchenough et al., 2016). This phenomenon presumably exists to defend the local crypt environment from close microbial encroachment and the observation that samples from IBD patients with active inflammation have reduced numbers of crypts with senGCs suggest that this "tunable" aspect of the mucus barrier can eventually be overwhelmed by frequent bacterial contact (van der Post et al., 2019). Finally, secretion of mucus is tied to sensing of bacterial products like SCFAs (Shimotoyodome et al., 2000), suggesting that there is a complex interplay between the bacteria present to forage on mucus and multiple aspects of dietary fiber (SCFA production from fiber and mucus erosion in its absence). In the future, it will be important to determine how individual bacteria, and individual bacterial communities, vary in their aggressiveness towards degrading mucin, which may be important for the severity of disease that occurs when fiber is absent or diminished from the diet for prolonged periods.

Characterization of the immune pathways in SM14-colonized $Il10^{-/-}$ mice confirmed the Th1/Th17 mixed profile as previously described in SPF mice (Boyapati et al., 2015), and both pathways worsened under fiber deprivation. The Th1 response is the classical pro-inflammatory pathway leading to tissue damage due to cytotoxicity and oxidative stress, and thus severe pathology in chronic inflammatory settings. By contrast, the pathogenic activity of Th17 cells in colitis is more controversial, as they produce both IL-17A and IL-22, which have showed opposite properties in the $Il10^{-/-}$ mouse model (Gunasekera et al., 2020; Tachibana et al., 2020). Interestingly, in our model, we were able to show that removing the mucin-degrading bacteria prevented completely and partially the FF-diet-increased Th1 and Th17 responses, respectively, suggesting limited Th1-mediated tissue damage but conserved Th17-driven anti-microbial and tissue repair responses. In addition, we report the recruitment of NK cells early in the pathogenesis (35dpw), before the acute infiltration of T cells, and this recruitment is worsened under fiber deprivation. Despite their cytotoxic properties and potent pro-inflammatory abilities, NK cells have been poorly described in the context of colitis. Unexpectedly, they were reported to reduce disease in the T cell transfer model of colitis by preventing T cell effector functions

(Fort et al., 1998). However, we cannot exclude that perforin and other cytotoxic molecules have
direct tissue damage effects when NK cells are overrepresented as under fiber deprivation.

IgA–gut microbiota interactions are known to change based on the microbial composition
or diet (Huus et al., 2020; Huus et al., 2021; Kau et al., 2015; Nakajima et al., 2018), and have
been implicated in the development of IBD (Palm et al., 2014). Our data suggest that the host
immune responses directly affect the IgA-coating of bacteria. The SM14-colonized $Il10^{-/-}$ mice
have more cecal and fecal IgA, more IgA-coating; and, both are increased under fiber
deprivation and are regulated by the presence of mucin-degrading bacteria. Similarly, the high-
coated fraction present under the FR diet is lost under fiber deprivation, which is in line with the
loss of IgA-producing plasma cells in the colonic lamina propria. Our study suggests a possible
association of this high coated fraction to plasma cell-derived high-affinity and specific IgA,
although further work is needed to confirm that the loss of this fraction is due to the loss of
specific IgA production. In line with our data, previous studies have reported altered interactions
between bacteria and IgA, due to direct dietary selective pressure on bacterial strains with altered
glycan profiles, thus altering non-specific glycan interactions between the two parts (Huus et al.,
2020). Interestingly, fiber deprivation increases the relative abundance of $A.$ $muciniphila$ and
decreases its IgA-coating, suggesting that the diet selects for $A.$ $muciniphila$ cells (or possibly
substrains) that are able to escape the Ig trapping and further induce immune responses. In
support of this hypothesis, $A.$ $muciniphila$ monocolonization was reported to induce
inflammation in $Il10^{-/-}$ mice, and more particularly the expression of Th1-associated cytokines
(IFNg, IL-12, IL-1b, TNFa, IL-6) but not Th17-associated cytokines (IL-22 and TGFb),
compared to $Bacteroides$ $acidifaciens$-monocolonized mice (Seregin et al., 2017).

The discovery that the EEN diet tested here exerts partial protection against inflammation
was fortuitous. Our hypothesis that any diet lacking microbiota accessible fiber would exert
detrimental effects by increasing the activity of mucus-degrading bacteria was not fully
supported when we fed mice the EEN diet. However, this result may be unsurprising given the
complexity of diet-microbiome-host interactions that occur in the gut. The EEN diet used clearly
holds the potential to elicit mucus layer erosion, as well as inflammation in some animals, which
we attribute to its lack of fiber along with other potential contributing factors. However, the
finding that the protein source deployed in a therapeutic diet has the capacity to modify its effect
through supplementation of an orthogonal microbial metabolic pathway provides new insight.

The mechanism by which soy protein provides increased resources, presumably via L-valine or peptides containing this amino acid, to isobutyrate-producing bacteria remains to be resolved. Soy protein isolate is known to harbor protease inhibitors that are not fully denatured by heating or extraction (Kakade et al., 1976). Protease inhibitors could retard digestion in the upper GI, yielding increased protein for colonic bacteria to ferment. If this is true, the bacteria that participate in this response would presumably need to possess mechanisms to overcome protease inhibitors. While a shift towards high protein fermentation is often regarded as deleterious due to increased production of metabolites like hydrogen sulfide, it is possible that gaining a deeper understanding of the microbial mechanism(s) at play in our model will illuminate a path to leverage cheap and abundant soy protein to treat inflammation while minimizing deleterious effects. Such a path might include treating or digesting crude soy protein isolate to enrich for the components that promote isobutyrate, while minimizing bulk protein fermentation in the colon. It remains possible—perhaps likely—that isobutyrate production from soy protein is not the major mechanism of action of EEN treatment in humans. Still, the discovery of a new dietary route to influence the production of anti-inflammatory metabolites through the gut microbiota presents an additional path to help improve gut health and could be optimized in future EEN formulations or other supplements. Towards this points, identifying the critical bacteria in our SM14 and their corresponding pathways for soy protein assimilation and isobutyrate production will be essential and could illuminate why ~15% of patients given EEN do not respond (Adamji and Day, 2019), perhaps because they are missing these bacteria/pathways.

Many questions remain regarding the development of the multifactorial diseases encompassed under IBD. While host genetic susceptibility is a mostly permanent trait that it difficult to repair, an exception being stem cell transplant in children lacking IL-10 signaling (Kakade et al., 1976), the microbiome and especially diet are factors that can potentially be manipulated to delay or reverse disease. Comparison of SPF and SM14-colonized $Il10^{-/-}$ mice, with and without co-housing, highlights that the particular microbiota present have the capacity to modify disease, possibly through variations in microbial diversity or contributions of multiple counter balancing pathways (*e.g.*, mucin degradation, isobutyrate production, other metabolites like SCFA). Our co-housing results suggest that more complex relationships are also possible, such as effects of sequential or co-colonization by different bacteria. Ever since the discovery that rearing $Il10^{-/-}$ mice under germfree conditions abrogates inflammation (Sellon et al., 1998), there has been great interest in finding specific bacteria or bacterial combinations that elicit

inflammation when added back to these animals. This search has yielded significant insight into

the contributions of bacteria with known pathogenic qualities, such as *Helicobacter* spp.,

Enterococcus faecalis and adherent invasive *E. coli* (Keubler et al., 2015). However, roles for

specific commensal bacteria have also been established using gnotobiotic mice (Packey and

Sartor, 2009), albeit without a clear understanding of the mechanism(s) involved. Based on the

data presented here, we propose a model that is focused more on the influence of positive and

negative bacterial metabolic pathways and not on specific bacterial taxa. The rationale for this

view is that metabolic pathways like mucin degradation can be present in diverse bacteria and

these organisms may fulfill similar roles in eroding mucus. In contrast, strains of the same

species can vary in key metabolic capabilities, including mucus degradation, which is known to

vary substantially among strains some of *Bacteroides* (Pudlo et al., 2022) and likely other

groups. If one considers the effects of the microbiome on IBD development to be an cumulative

series of positive and negative stimuli caused by the particular behaviors and metabolites

exhibited by the microbes present, it should be possible to optimize beneficial processes (*e.g.*,

butyrate, isobutyrate) while reducing detrimental events like mucus erosion. While some of these

levers can be manipulated through diet, a promising path for intervention may eventually include

adding or replacing specific bacterial taxa within a person's individual microbiota with more

optimal strains or perhaps even those that are engineered to increase beneficial metabolites.

Materials and Methods

Animal models, colonization and sample processing

Animal experiments at the University of Michigan followed protocols approved by the

University of Michigan and the University Committee for the Use and Care of Animals. Germ-

free B6.129P2-Il10tm1Cgn/JZtm mice (Institut für Versuchstierkunde und Zentrales

Tierlaboratorium, Hannover, Germany) and wild-type C57BL/6J (University of Bern,

Switzerland) were bred at the animal facility of the University of Luxembourg and underwent

protocols approved by the Animal Experimentation Ethics Committee of the University of

Luxembourg and the Ministre de l'Agriculture, de la Viticulture et du Developpement rural du

Grand-Duché du Luxembourg (LUPA 2020/20). Germfree males and females were colonized at

7-9 weeks of age and none of these mice was involved in any previous experiments/treatments.

Mice were either housed alone or in groups of appropriate gender, litter, and dietary experiments.

Food and autoclaved distilled water were provided ad libitum. The Muc2$^{-/-}$ were also crossed to C57BL/6J background were obtained from Leonard Augenlicht (Einstein University). For the generation of IL-10$^{-/-}$ Muc2$^{-/-}$ double knockout (DKO), the single KO mice were crossed to obtain double heterozygous mice until generation of IL-10$^{-/-}$ Muc2$^{+/-}$. Full double KO mice developed spontaneous prolapse in germ-free condition during prolonged breeding periods, thus, the IL-10$^{-/-}$ Muc2$^{+/-}$ mice were used to generate the double KO mice used for all experiments. Genotyping was performed by extracting DNA from ear punches (Transnetyx). Mice were gavaged with the synthetic microbiota at 6-8 weeks and proceeded to diet change as previously described. The synthetic microbiota bacteria were grown in their respective medium or a modified YCFA medium (Steimle et al., 2021) prior to community assembly for gavages. The bacteria were cultivated under anaerobic atmosphere maintained with a gas mixture (85% N_2, 10% H_2, 5% CO_2) to an optical density (absorbance 600nm) ranging from 0.5 to 1.0. The communities were assembled by mixing equal volumes of each specific bacterium and aliquoted into sealed screw cap tubes with its own headspace. Each mouse was gavaged with 0.2 mL of its specific community, depending on the experiment, with freshly prepared inocula for two-three consecutive days. Animals were euthanized using CO_2 asphyxiation for 5 minutes followed by cervical dislocation. The gastrointestinal tracts were retrieved quickly, to prevent autolysis, and the sections separated. Cecal and colon contents of each animal were flash frozen in liquid nitrogen and kept at -80°C until further use.

The colons were sectioned from the colon-cecum junction to the anus, and immediately fixed in freshly made Carnoy's fixative (methanol:chloroform:glacial acetic acid, 60:30:10 v/v). The distal part of the small intestine was fixed in freshly made Carnoy's fixative together with the half blunt end of the cecum. Fixed tissues were kept in Carnoy's fixative for three hours and exchanged for fresh fixative for another 24 hours. The tissues were then washed in 100% methanol and kept until placed in cassettes for histology preparation. Cecal contents of each animal were flash frozen in liquid nitrogen and kept at -80°C until further use. The remaining empty half of the cecum were flash frozen in liquid nitrogen and kept at -80°C until further use.

DNA extraction

DNA from fecal and cecal samples were isolated using a bead-beating phenol:chloroform extraction method followed by DNeasy Blood & Tissue Kit (QIAGEN, USA). In short, samples

were weighed between 10-50mg and combined with acid-washed glass beads (212-300mm; Sigma-Aldrich, USA), 500uL Buffer A (200 mM NaCl, 200 mM Tris, 20 mM EDTA, 210 uL SDS (20% w/v, filter-sterelized), and 500 uL phenol:chloroform (Thermo Fisher Scientific, USA). The samples were disrupted using a Mini-Beadbeater-16 (Biospec Products, USA) for 3 minutes at room temperature and centrifuged (10,000 rpm, 4°C, 3 minutes). The aqueous phase was recovered and mixed with an equal volume of phenol:chloroform by gentle inversion and centrifuged (10,000 rpm, 4°C, 3 minutes). The remaining aqueous phase was recovered and mixed with 500 µL of chloroform, mixed by gentle inversion, and centrifuged (10,000 rpm, 4°C, 3 minutes). Recovered aqueous phase was mixed with 1 volume of isopropanol and 1/10 volume of 3M sodium acetate, and stored at -80°C for 20 minutes for DNA precipitation. Samples were centrifuged (15000 rpm, 4°C, 20 minutes), supernatant discarded, washed with 70% ethanol, air-dried, and resuspended in nuclease-free water. The sample DNA extracts were further purified with DNeasy Blood & Tissue kit, following manufacturer protocol (QIAGEN).

RNA extraction, reverse transcription and qPCR

Freshly retrieved ileal, cecal and distal colon tissues were transferred into RNAlater^{TM} (QIAGEN) and kept at 4°C up to a week. Then, RNAlater^{TM} was removed and tissues were stored at -80°C until further use. Frozen tissues were transferred into 1 mL of TRIzol reagent (Invitrogen^{TM}), homogeneized with a 5 mm metal bead on a bead beater for 8 min at 30Hz and centrifuged for 3 min at 13000 rpm, 4°C. The supernatant was recovered, mixed thoroughly with 200 µl of chloroform and incubated at room temperature for 2-3 min before a centrifigation for 15 min at 13000 rpm, 4°C. The aqueous phase was recovered, mixed again with an equal amount of chloroform and centrifuged for 15 min at 13000 rpm, 4°C. The aqueous phase was recovered, mixed by inversion with 500 µl of isopropanol, incubated for 10 min at room temperature, and centrifuged for 10 min at 13000 rpm, 4°C. The pellet was washed with 1 ml Ethanol 70% and centrifuged for 5 min at 10000 rpm. The supernatant was discarded and the pellet dried for 5-10 min at 37°C, resuspended with 50 µl nuclease-free water and incubated for 15 min at 56°C. Finally, samples were treated with DNase following the Thermo Scientific DNase1, RNase-free Protocol, and RNA were purified with the RNeasy Mini kit (QIAGEN) according to manufacturer instructions. Final RNA concentrations were quantified by Nanodrop.

Lipocalin 2 (Lcn2) measurements in cecal and fecal contents

Frozen cecal and fecal samples were used to quantify the presence of lipocalin-2 protein (LCN2) by enzyme linked immunosorbent assay (ELISA). Samples previously frozen (cecal, -80°C, and fecal, -20°C) were weighed in new tubes between 5-5 mg. Samples were kept over dry ice during the weighing. Samples were resuspended in 1 mL PBS (pH 7.4), vortexed for 30s, and kept at 4°C overnight to homogenize. Samples were then extensively vortexed to a homogeneous solution. To measure the LCN-2 levels, a DuoSet mouse lipocalin-2/NGAL ELISA kit (R&D Biosystems, USA) was employed using several dilutions of sample homogeneous solution. Quantification was done following manufacturer protocol.

Soluble IgA measurements in cecal and fecal contents

To measure soluble IgA levels, Nunc® MaxiSorp™ 384 well plates (Sigma-Aldrich) were coated overnight with 10 ng/well rabbit anti-mouse IgA (Novus Biologicals, Bio-Techne NB7506) in 20 µl/well of carbonate-bicarbonate buffer (Sigma, Ref.: C3041). After four washes with Washing Buffer (1% Tween-20, 154mM Sodium Chloride and 10mM Trisma-base), 75µl of Blocking Buffer (15 mM Trizma-Acetate, 136 mM Sodium Chloride, 2 mM Potassium Chloride and 1% (w/v) BSA (Bovine Serum Albumin)). After 2h at room temperature, wells were washed again. Sample homogeneous solution and standards (mouse IgA Isotype Control UNLB, Southern Biotech, Imtec Diagnostics, Ref: 0106-01) were diluted in Dilution Buffer (15 mM Trizma-Acetate, 136 mM Sodium Chloride, 2 mM Potassium Chloride, 0.1% (w/v) Tween-20, and 1% BSA) and incubated into the plate at 20 µl/well, room temperature for 90 min. After washing, 20 µl/well of a Phosphatase Alkaline-conjugated goat anti-mouse IgA (Southern Biotech, Imtec diagnostics, Ref: 1040-04), diluted 1/1000 in Dilution Buffer, was added and incubated at room temperature for 90 min. After a final wash, 40 µl/well of substrate (1 phosphate tablet (Sigma, ref S0642-200 TAB) dissolved in 10 mL Substrate Buffer (1 mM 2-Amino-2-methyle-1-propanole, 0.1 mM $MgCl_2.6H_2O$)) was added. The plate was incubated at 37°C for 60 min before the absorbance was measured at 405 nm using an ELISA plate reader (SpectraMax Plus 384 Microplate Reader from Molecular Devices; Software: SoftMax Pro 7 Software, Molecular Devices). The IgA concentration was determined for each sample using the formulated standard curve.

Short- and branched-chain fatty acid quantification

Flash frozen cecal content samples stored at -80°C were used to quantify short-chain fatty acids (SCFAs) and branched-chain fatty acids (BCFAs). Firstly, the samples were thawed in ice and weighed (50-100 mg). Samples were resuspended in 500 µL of Milli-Q water, thoroughly vortexed to homogeneity and centrifuged (15000 rpm, 4°C, 20 minutes). The supernatant was then filtered through a 0.22 µm (Millex-gv 4mmSLGV004SL) and pipetted into HPLC vials. Samples were run on a Shimadzu HPLC with an Agilent HP-87X column, to separate the compounds, with a 0.01N H_2SO_4, flow rate of 0.6mL/min, and column temperature of 50°C. A UV detector set to a wavelength of 214 nm and a RID were used to detect compounds. A standard curve of known concentrations was used to quantify the different compounds (lactate, acetate, succinate, propionate, isobutyrate, butyrate, and isovalerate).

Lamina propria cell extraction and flow cytometry analysis

Cecal and colonic lamina propria cells were extracted using the Lamina Propria Dissociation Kit and gentleMACS Dissociators (Miltenyi Biotec, Germany) according to the manufacturers instruction. After digestion, cells were resuspended in PB buffer (PBS, pH 7.2, 0.5 % BSA) and counted. For analysis of T cells and ILCs with the expression of transcription factors, the FOXP3/Transcription Factor Staining Buffer kit (eBioscences – 00-5523-00) was used along with the following anti-mouse antibodies: BV605-conjugated anti-CD4 (Biolegend, RM4-5; 1/700), BV650-conjugated anti-B220 (BD Biosciences, RA3-6B2; 1/88), BV711-conjugated anti-CD3 (Biolegend, 17A2; 1/88), BV780-conjugated anti-CD45 (BD Biosciences, 30-F11; 1/88), FITC-conjugated anti-CD335/NKp46 (Biolegend, 29A1.4; 1/100), PE-Cy5-conjugated anti-CD8 (Biolegend, 53-6.7; 1/700), eF450-conjugated anti-FoxP3 (eBiosciences, FJK-16s; 1/200), PE-conjugated anti-GATA3 (Biolegend, 16E10A23; 1/44), PE-eF610-conjugated anti-EOMES (eBiosciences, Dan11mag; 1/100), PE-Cy7 -conjugated anti-Tbet (Biolegend, 4B10; 1/44), APC-conjugated anti-RORgt (eBiosciences, AFKJS-9; 1/22). For B cells analysis and immunoglobulin expression, the BD Cytofix/Cytoperm™ Fixation/Permeabilization Solution Kit (BD Biosciences – 554714) was used along with the following anti-mouse antibodies: eF450-conjugated anti-B220/CD45R (eBiosciences, RA3-6B2; 1/700), eF506-conjugated anti-CD19 (eBiosciences, 1D3; 1/88), BV711-conjugated anti-CD3 (Biolegend, 17A2; 1/88), BV780-conjugated anti-CD45 (BD Biosciences, 30-F11; 1/88), APC-conjugated anti-CD138 (Biolegend, 281-2; 1/100), FITC-

conjugated anti-IgA (eBiosciences, mA-6E1; 1/700), PerCP-Cy5.5-conjugated anti-IgD (Biolegend, 11-26c.2a; 1/200), PE-conjugated anti-IgE (Biolegend, RME-1; 1/44), PE-Cy5-conjugated anti-IgM (BD Biosciences, R6-60.2; 1/100), PE-Cy7 -conjugated anti-IgG (Biolegend, Poly4053; 1/44). Breifly, 1.5 million cells were washed twice with PBS prior to 15 min of staining with the Zombie NIR^{TM} Fixable Viability dye (BioLegend – 423105), followed by 2 washes with FACS Buffer (PBS, 5% fetal bovine serum) and fixation according to manufacturer instructions. Cells were then incubated at 4°C for 15 min with Fc Block (Rat anti-mouse CD16 and CD32; BD Pharmingen – Cat.553141) and 30 min with the antibody mixes. Both Fc Block and antibodies were diluted in the permeabilization buffer provided with the fixation kits. Finally, cells were washed twice in their respective permeabilization buffer and resuspended in FACS Buffer for acquisition on a NovoCyte Quanteon Flow Cytometer System (Agilent). The data were then analyzed on FlowJo.

Analysis of IgA-coating of bacteria and sorting

Frozen fecal samples were homogenized in 1 ml ice-cold PBS and centrifuged for 3 min at 100g, 4°C. Supernatant was filtered through a 70 μm straining sieve and centrifuged for 5 min at 10,000g, 4 °C. The pellet was resupended in 1 ml ice-cold PBS, the OD$_{600}$ detected on a Nanodrop and the amount of bacteria computed as follow: 2 OD$_{600}$ = 10^9 bacteria. Bacteria were pelleted again for 5 min at 10,000g, 4 °C, and resuspended in 500 µl of staining buffer (PBS, 5% goat serum). After 20 min of incubation on ice, 1×10^9 bacteria were washed with 1 ml ice-cold PBS and stained for 30 min at 4°C with 4 µg of FITC-conjugated anti-mouse IgA antibody (Southern Biotech) in 100 µl of staining buffer. Cells were then washed once and resupended in 1 ml PBS, and 100 µl of bacteria was pelleted and frozen until further analysis. Remaining bacteria where centrifuged and resuspended in 90 µl of staining buffer and 10 µL of anti-FITC MicroBeads. After 15 minutes of incubation at 4°C, bacteria were washed, resuspended in 500 µl of staining buffer and applied onto a LS column for sorting of IgA$^+$ and IgA$^-$ fractions with a QuadroMACS™ Separator (Miltenyi Biotec). IgA-coated and IgA-uncoated fractions were centrifuged and dry pellets were stored at -80°C until further analysis. For analysis of IgA coating of bacteria, frozen pellets were defrost on ice and washed with 1 ml of staining buffer. Since all samples were not sorted at the same time, bacteria were stained again for 30 min with 0.5 µg of FITC-conjugated anti-mouse IgA antibody (Southern Biotech) in 100 µl of staining buffer to refresh and harmonize

the staining between batches. After a washing step, DNA was stained for 20 minutes with diluted 1:4000 in 200 µl of DNA staining solution (0.1 M HEPES, 0.9 % NaCl, pH 7.2). Finally, bacteria were washed twice with PBS, fixed for 20 min in 4% PFA, washed again and analyzed on a NovoCyte Quanteon Flow Cytometer System (Agilent). Data were then analyzed on FlowJo. For analysis of IgA affinity, bacteria were treated with 200 µl of PBS containing 3M NaSCN for 15 min at 4°C, 800rpm, prior to blocking and staining with FITC-conjugated anti-mouse IgA antibody as mentioned above.

Mucus measurements

Slides were deparaffinized by submerging in xylene (Sigma-Aldrich, USA) for five minutes, followed by another xylene incubation for five minutes. Afterward, the slides were dehydrated twice in 100% ethanol for 5 minutes. The slides were then quickly washed in Milli-Q water and antigens were retrieved by submerging in antigen retrieving solution (10 mM sodium citrate, pH 6.0). The submerged sections were heated to 90°C for 10 minutes and cooldown in room temperature for 20 minutes. Slides were quickly dipped three times in Milli-Q water and blotted to remove excess liquid. To better hold liquid, a PAP pen was used to draw around the tissue area for the subsequent steps. The sections were blocked by covering the tissue in blocking buffer (1:10 goat serum (Sigma, USA) in Tris-buffered Saline (TBS; 500 mM NaCl, 50 mM Tris, pH 7.4)) and incubated for an hour at room temperature. For the primary antibody staining, the tissue was covered with a 1:200 dilution of Mucin 2 antibody (H-300) (Santa Cruz Biotechnology, USA) in blocking buffer and incubated for two hours at room temperature. Following the incubation, the slides were rinsed three times in TBS, for five minutes each. The secondary antibody staining was performed by covering the tissue with a 1:200 dilution of Alexa Fluor 488 conjugated goat anti-rabbit IgG antibody (Thermo Fisher Scientific, USA) in blocking buffer for one hour at room temperature in dark. The tissue sections were washed twice in TBS for 5 minutes, gently blotted, and covered with ProLong Gold Antifade reagent with DAPI (Invitrogen, USA), covered with cover slips and sealed with nail polish. The slides were kept at room temperature for 24 hours in dark, then kept in 4°C until imaging. The mucus layer in the sections were visualized using a Zeiss Apotome by taking pictures across fecal pellets and stitching the images together to compose a single image. Mucus layer measurements were performed by using BacSpace as described by Earle et al.

Mucus penetrability assay

Penetrability of the colonic mucus was assessed as described by Gustafsson et al (Gustafsson et al., 2012). Briefly, colons were flushed with ice-cold oxygenated KREBS Buffer (116 mM NaCl, 1.3 mM $CaCl_2$, 3.6 mM KCl, 1.4 mM KH_2PO_4, 23 mM $NaHCO_3$, and 1.2 $MgSO_4$ – Carl Roth) and opened along the mesenteric axis. The longitudinal muscle layer was removed by blunt dissection and the distal mucosa was inserted in a perfusion chamber. The basolateral chamber was filled with 0.6 µg/ml SYTO9 (Fisher Scientific - 10237582) in oxygenated KREBS Glucose Buffer (KREBS Buffer containing 10mM Glucose, 5.7 mM sodium pyruvate and 5.1 mM sodium-l-glutamate), and the apical chamber was filled with oxygenated KREBS Mannitol Buffer (KREBS Buffer, containing 10mM Mannitol, 5.7 mM sodium pyruvate and 5.1 mM sodium-l-glutamate). After 10 min incubation in the dark at room temperature, FluoSphere™ carboxylate beads (1µm, red 580/605 – Invitrogen – F882) were applied on top and let to sediment on the tissue for 5 min in the dark at room temperature. The apical chamber was then gently washed several times to remove excess of beads. The chamber was incubated for 10 min in the dark before being visualized with a microscope. For each tissue, 4-7 confocal images were taken in XY stacks from the epithelium at the bottom to the beads on top, with 5 µm-intervals between sections. Images were then analyzed with Imaris software, and the penetrability was computed by comparing the distance between the outer border of the beads and the epithelium with the distance between the most inner beads and the epithelium.

16s rDNA community analysis

PCR and library preparation were performed by the University of Michigan Microbiome Core lab as described by Kozich et al. (Kozich et al., 2013). The V4 region of the 16s rRNA gene was amplified using the dual-index primers described by Kozich et al, 2013. The normalized and amplicon size evaluated samples were sequenced using an Illumina MiSeq. The raw sequences were analyzed using mothur v1.42.3 (Schloss et al., 2009) with the included controls: PBS control during the sequencing and ZymoBIOMICS Microbial Community DNA Standard (cat# D6306) for error analysis. Sequences were aligned to the reference Silva database version 132 for contamination analysis and SPF experiments. Moreover, gnotobiotic mice sequences were also aligned to a custom reference database containing the 16s v4 region from

each of the 14 bacteria members. The R package "vegan" was used to calculate the principal
component analysis from the Bray-Curtis dissimilarity index.

Acknowledgements
We thank the University of Michigan Germfree Core and Microbiome Core for expert
technical assistance. We are extremely grateful for support from the Kenneth Rainin Foundation
(Innovator Award to ECM) and the US National Institutes of Health (DK118024, DK125445 to
ECM). We thank the Luxembourg National Research Fund (FNR) for CORE grants to M.S.D.
(C15/BM/10318186 and C18/BM/12585940); E.T.G. was supported by FNR PRIDE
(17/11823097) and the Fondation du Pélican de Mie et Pierre Hippert-Faber, under the aegis of
the Fondation de Luxembourg; M.B. was supported by a European Commission Horizon 2020
Marie Skłodowska-Curie Actions individual fellowship (897408). M.W. was supported by a
Fulbright grant for Visiting Scholars from the Commission for Educational Exchange between the
United States of America, Belgium and Luxembourg. We thank André Bleich, Hannover Medical
School, Germany for providing $Il10^{-/-}$ mice germ-free mice used in the germ-free facility in
Luxembourg. We thank Leonard Augenlicht at Albert Einstein University for sharing conventional
$Muc2^{+/-}$ mice.

Competing interest statement
M.S.D. works as a consultant and an advisory board member at Theralution GmbH, Germany.

Figure Legends
Figure 1. Low fiber and microbiome driven disease development in $Il10^{-/-}$ mice. A. Weight
trajectories of adult C57BL/6J $Il10^{-/-}$ mice colonized with the human synthetic microbiota
containing 14 species (SM14) and maintained on a fiber rich (FR) diet or switched to a fiber free
(FF) diet after 14 d of colonization. Curves represent polynomial (quadratic) equations fit to all
of the weight gathered at various days for the two treatments. Weights were measured more
frequently after day 40 due to the declining health of the FF group and animals that were
euthanized were excluded from the curve at later points. Two FF-fed animals from an early
experiment were found dead on arrival and could not be included in subsequent analyses. All
others were euthanized if they reached less than 80% starting weight and counted as lethality.

The right axis shows survival in each group over time. The number of mice in each group, along with sexes are indicated in the figure legend. **B.** Representative cecal histology of FF (top) and FR (bottom) fed colonized *Il10*$^{-/-}$ mice. In the top panel, block arrow points to a particularly large ulcer and the line arrow to an area of edema. **C.** Quantitative, blinded histological scoring of cecal tissue taken from colonized *Il10*$^{-/-}$ mice fed the FR and FF diets, along with additional treatments discussed in the text to manipulate individual diet (FR/FF), colonization (SM14 or germfree, latter indicated by dashed lines) and host genotype (wild-type or *Il10*$^{-/-}$) variables. Here and in subsequent panels, the red box highlights the condition with most severe inflammation. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **D.** Cecal lipocalin (Lcn2) measurements in the ceca of animal treatments shown in C. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **E.** Mucus penetrability by 1 um-sized beads in the distal colon of *Il10*$^{-/-}$ and wt mice fed the FR and FF diets. **F.** Distance of 1 um-sized beads from the epithelium. **G.** Weight trajectories of *Il10*$^{-/-}$ mice born to either SM14 or specific pathogen free (SPF) parents and weaned to FR or FF. By 79d post weaning (100d after birth), only the SM14, FF group displays weight loss. Curves represent polynomial (quadratic) equations fit to all of the weight gathered at various days for the two treatments. **H.** Survival curves for 4 separate groups of wild-type (wt) C57bl/6 or *Il10*$^{-/-}$ mice colonized by parental transfer of SM14 bacteria at birth. All groups show 100% survival until 29d post weaning (150d total), except for FF fed mice which experience 100% lethality by 105d. **I.** Fecal Lcn2 measurements over time in SM14 colonized *Il10*$^{-/-}$ pups weaned to FR and FF. FF-fed mice experience progressively increasing levels that are reciprocal with the weight trajectory shown in E. Middle horizontal bars represent the mean and flanking error bars the S.E.M. **J.** Endpoint cecal Lcn2 levels in SM14 and SPF colonized mice. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **K.** Mucus thickness measurements in SM14 and SPF colonized mice. Bars represent the mean and error bars the S.E.M. Sample size is indicated below each treatment group. **L.** Cecal Lcn2 measurements in mice fed versions of the FF diet with glucose replaced by dietary fiber from apple, wheat, oat or soluble starch. Concentrations of each addition are provided below the ingredient. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **M.** Fecal Lcn2 measurements over time in SM14 colonized adult mice, which were shifted to FF at 14d post colonization and then shifted back to FR at either 30d or 40d. For each time point and treatment the mean is shown along with individual points and error bars represent S.E.M. **N.** Endpoint histological evaluation of the cecal tissue from mice shown in

L. compared to mice maintained on FR or FF. Bold horizontal bar represents the mean and lighter error bars the S.E.M. P values: * $\leq$ 0.05; ** $\leq$ 0.01; ** $\leq$ 0.001; *** $\leq$ 0.001; **** $\leq$ 0.0001; ns = not significant.

Figure 2. Mucus integrity is central to diet-induced inflammation development. A. Cecal lipocalin (Lcn2) measurements in *Il10*$^{-/-}$ mice with full or reduced complexity synthetic microbiota as indicated in the "Colonized" line below each graph: Full 14 species SM ("14"), just the 10 species that do not degrade mucin O-glycans *in vitro* ("10"), or 10 non mucin-degrading species plus individual mucin degraders, *B. thetaiotaomicron* (*Bt*), *B. caccae* (*Bc*), *B. intestinhominis* (*Bi*) or *A. muciniphila* (*Am*). Bold horizontal bar represents the mean and lighter error bars the S.E.M. **B.** Cecal histology scores of the same treatment group shown in A. **C.** Mucus thickness measurements of SM10 colonized mice fed the FF diet (gray) compared SM14 colonized mice fed wither diet. **D.** Representative histology images of SM10, SM10+*Bt* and SM10+*Am*. **E.** Survival curves of *Il10*$^{-/-}$ and DKO adult mice colonized with the SM14. **F.-I.** Individual endpoint weight loss (F.), Cecal Lcn2 (G.), colon histology (H.) and cecal histology (I.) for SM14-colonized *Il10*$^{-/-}$*Muc2*$^{-/-}$ double knockout (DKO) mice fed the FR or FF diets. In all three panels the mean is shown and error bars represent the S.E.M. H. and I. Show comparison of cecal vs. colon histology scores in *Il10*$^{-/-}$ and DKO mice showing worse disease in the colons of DKO mice.

Figure 3. Mucolytic bacteria influence the inflammatory pathways of colitis. A. Lipocalin-2 levels in the cecal contents and feces of GF and colonized *Il10*$^{-/-}$ mice (n=4-7, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **B.** Proportion of NK cells among CD3$^-$CD45$^+$ cells in the cecum and colon lamina propria of SM10- and SM14-colonized *Il10*$^{-/-}$ mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **C.** Proportion of CD3$^+$CD4$^+$ cells among CD45$^+$ cells in the cecum and colon of SM10- and SM14-colonized *Il10*$^{-/-}$ mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **D.** Proportion of CD3$^+$CD8$^+$ cells among CD45$^+$ cells in the cecum and colon of SM10- and SM14-colonized *Il10*$^{-/-}$ mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **E.-F.** Proportion of helper T (Th) cell subsets among CD45$^+$ cells in the (E) cecum and (F) colon of SM10- and SM14-colonized *Il10*$^{-/-}$ mice (n=4-11, two-way ANOVA and post hoc test with

Original FDR method of Benjamini and Hochberg). **G.** Cytokine mRNA levels in the Mesenteric Lymph Nodes (MLN) of *Il10*$^{-/-}$ mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **H.** Proportion of regulatory T cell subsets among CD45$^+$ cells in the colon of SM10- and SM14-colonized *Il10*$^{-/-}$ mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). Data are represented as mean ± SD. *p < 0.05; **p < 0.01; ***p < 0.001; ****p < 0.0001.

Figure 4. Fiber deprivation alters IgA–bacteria interactions in a microbial species-specific manner. A. Concentration of free IgA in the cecal content and feces of GF and colonized *Il10*$^{-/-}$ mice (n=4-9, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **B.** Proportion of IgA-producing cells among CD3$^-$CD45$^+$ cells in the cecum (left) and colon (right) of GF SM10- and SM14-colonized *Il10*$^{-/-}$ and WT mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **C.** IgA-coating profiles of fecal bacteria from SM14-colonized mice fed a FR (top) or a FF (bottom) diet for 56 days showing the gating strategy of population being low-coted (IgA^{low}) and high-coated (IgA^{high}). Total IgA coating showed in panels **D.-E.** consist of the addition of IgA^{high} and IgA^{low} coating. (D) Percentages of total (left), IgA^{high} (middle) and IgA^{low} (right) -coated bacteria as shown in (C) in the feces of FR- and FF-fed, SM14-colonized mice at 21, 56 and 79dpw (n=5-13, two-way ANOVA and post hoc test with the two-stage linear step-up procedure of Benjamini, Krieger and Yekutieli). (E) Percentages of total (left), IgA^{high} (middle) and IgA^{low} (right) -coated bacteria as shown in (C) in the feces of SM10-, SM14- or SPF-colonized *Il10*$^{-/-}$ mice and SM14-colonized WT mice fed the FR or the FF diet for 79 days (n=5-8, two-way ANOVA and post hoc test with the two-stage linear step-up procedure of Benjamini, Krieger and Yekutieli). **F.** IgA-coating index (Kau index) of fecal bacteria from SM14-colonized *Il10*$^{-/-}$ and WT mice (n=2-5, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). Data are represented as mean ± SD. *p < 0.05; **p < 0.01; ***p < 0.001; ****p < 0.0001.

Figure 5. Co-housing SPF mice with SM14 colonized mice after weaning worsens disease in SPF mice. A. Cecal lipocalin (Lcn2) levels in co-housed or non-co-housed SPF and SM14 mice (co-housing status is indicated at the bottom of this and subsequent panels as appropriate). **B.** Cecal histology of the same treatments shown in A. **C.** Cecal Lcn2 over time in co-housed and non-co-housed SPF and SM14 mice demonstrating inflammatory response starting between 60-

80d. Note the difference in the group born SPF when co-housed or not and shown in solid or dashed purple lines. **D.** Correlation of cecal Lcn2 and cecum histology scores of co-housed SM14/SPF fed FF diet showing similarity between these two measurements in individuals. **E.-G.** Relative abundance of SM14 species invading SPF co-housed mice, *E. coli*, *A. muciniphila*, *B. intestinihominis*, respectively.

Figure 6. A fiber free exclusive enteral nutrition (EEN) diet improves inflammation in part through isobutyrate production. A. Weight trajectories of mice fed low FR, FF, EEN and FF-soy diets. **B.** Cecal lipocalin levels of mice weaned onto FF, FR, and EEN diets. **C.** Cecal histology scores of the same mice shown in B. **D.** Mucus thickness measurements in mice shown in B. and C. revealing that the EEN diet does promote mucus thinning despite dampening disease. **E.** Short-chain fatty acid and isobutyrate measuements in mice fed FF, FR, or EEN diets, inset shows isobutyrate produced levels on a smaller scale. **F.** Inversse correlation between isobutyrate production and Lcn2 levels. **G.** Weight trajectories of mice fed the FF diet and water supplemented with either 35mM isobutyrate (orange) or butyrate (purple), or the FF-soy diet (dark yellow). **H.** Cecal Lcn2 levels in the mice from panel G. **I.** Cecal histology scores of the mice shown in G. **J.** SM14 community composition in mice fed the FR, FF and EEN diets. Note the similarity of preweaned mice to adults fed FF and the 250-fold increase in E. rectale after feeding the EEN diet. **K.** Branched chain fatty acid measurements (isoabutyrate, isovalerate and -methyl butyrate) using LC-MS in culture supernatants of indvidual SM14 bacteria. **L.** Cecal isobutyrate measurements in FF-soy fed mice comparing to measurements from FR, FF and EEn mice shown in panel E. **M.** Correlation plot of Lcn2 and isobutyrate measurements in FF-soy fed mice.

Supplemental Figure Legends

Supplemental Figure 1. Low fiber and microbiome driven disease development in *Il10*^{-/-} mice. A.-C. Representative histology from wild-type SM14-colonized mice fed FR (A.), wild-type SM14-colonized mice fed FF (B.) or Wild-type germfree mice fed FF (C.). All pictures are shown at 4x magnification. **D.** Endpoint weights of the mice shown in Fig. 1A. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **E.-F.** Relative abundance streamplots of SM14 bacteria in *Il10*^{-/-} (E.) or wild-type (F.) mice shifted to the FF diet at 14d after colonization. Dots below the graph indicate the time points at which feces was sampled and the

black bar on the x axis represents the period of FR feeding. **G.** Comparison of cecal *E. coli* and *B. thetaiotaomicron* populations in *Il10*$^{-/-}$ vs wild-type mice after 60d of colonization. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **H.-I.** Representative staining and imaging for Muc2 (green) in colonic sections from FR (H.) or FF (I.) and counter-stained with DAPI (blue). These images were used for automated mucus measurement using BacSpace software as described in methods. **J.** Automated mucus thickness measurements generated from colonic section images like those shown in H.-I. Five mice were measured per treatment, with a total of 1-2 fecal mass sections imaged per mouse. **K.** Averaged Muc2 staining intensity measurements for the mice represented in H.-J. as a function of distance from the epithelium. **L.-M.** Representative visualization of 1um-sized beads (in red) layered on the distal colon epithelium (in green) after feeding FR (L.) or FF (M.). The space between the beads represents the mucus layer. **N.** Representative SM14 composition in adult mice fed FR at 13d post gavage (p.g.) compared to still suckling pups at 14d post birth (p.b.) and 100d old SM14 colonized pups that were weaned onto either FR or FF diets. **O.** Survival plot of SM14 or SPF colonized pups weaned onto FR or FF diets and maintained for a total of 100d, the typical experimental duration. **P.** Cecal histology scores for SM14 or SPF colonized pups weaned onto FR or FF diets and maintained for a total of 100d. P. Cecal histology scores for SM14 or SPF colonized pups weaned onto FR or FF diets. Bold horizontal bar represents the mean and lighter error bars the S.E.M. Related to main text Figure 1.

Supplemental Figure 2. Fiber supplementation reduces inflammation severity. A. Endpoint weights of mice fed variations of the FF diet with glucose replaced by fiber from apple, oat or wheat, or soluble starch at 7.5% and 44%. Fiber or starch were added at the concentrations listed below each treatment and an equal amount of glucose was omitted. Bold horizontal bar represents the mean and lighter error bars the S.E.M. **B.** Cecal histology scores of the treatment groups shown in A. **C.-F.** Relative abundance streamplots of the SM14 bacteria in *Il10*$^{-/-}$ mice fed fiber-enriched versions of the FF diet and containing either no added fiber (C.) or purified fiber from apple (D.), oat (E.) or wheat (F.). **G.** Relative abundance comparison of all 4 mucus degaders compared to the fiber-degrader *B. ovatus* in adult mice colonized with SM14 and fed FF or the fiber supplemented diets. Note that the apple diet which had the lowest inflammation had the largest increase in *B. ovatus* and the largest decrease in mucin degrading bacteria. Related to main text Figure 1.

Supplemental Figure 3. Elimination of fiber degrading bacteria reduces inflammation development. A. Representative mucus staining for SM10 colonized mice used to measure thickness with Bacspace software. α-Muc2: green, DAPI: blue, prediction of epithelium/mucus interface: teal. **B.-G.** Relative abundance streamplots of the SM14 IL-10$^{-/-}$ mice all bacteria present (A.), SM10 (C.), SM10 + *A. muciniphila* (D.), SM10 + *B. caccae* (E.), SM10 + *B. thetaiotaomicron* (F.), SM10 + *B. intestinihominis* (G.). **H.** Weight trajectories of SM14 and SM10 colonized *Il-10$^{-/-}$* mice reproduced in a seprate laboratory (LoH). **I.** Endpoint weight of individual animals shown in H. **J.-O.** Cytokine measurements by Luminex bead assay for wild-type and *Il-10$^{-/-}$* mice with various colonization and diet treatment shown in main text Figure 1. **P-Y.** Cytokine mRNA expression in the cecum of *Il10$^{-/-}$* pups fed FF or FR diets. (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). Data are represented as mean ± SD. *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$; ****$p < 0.0001$.

Supplemental Figure 4. Fiber deprivation does not cause colitis in the absence of genetic predisposition and the microbiota. (A.-B.) Proportion of immune cell populations in the cecum and colon of (A.) SM14-colonized WT mice and (B.) GF *Il10$^{-/-}$* mice (n=5-9, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). Data are represented as mean ± SD and. For each cell population, data were analyzed along with data from Fig. 3 and S5. *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$; ****$p < 0.0001$.

Supplemental Figure 5. Mucolytic bacteria influence the inflammatory pathways of colitis in an organ-specific manner. A. Gating Strategy for the analysis of T cells and NK cells in the cecal and colonic lamina propria. **B.** Proportion of CD3^{+} cells among CD45^{+} cells in the cecum and colon of SM10- and SM14-colonized *Il10$^{-/-}$* mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **C.** Cytokine mRNA levels in the Mesenteric Lymph Nodes (MLN) of *Il10$^{-/-}$* mice (n=2-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **D.-E.** Proportion of cecal and colonic regulatory T cells and (D.) and cecal regulatory T cell subsets (E.) among CD45^{+} cells in SM10- and SM14-colonized *Il10$^{-/-}$* mice (n=4-11, two-way ANOVA and post hoc test with original FDR method of Benjamini and Hochberg). Data are represented as mean ± SD. *$p < 0.05$; **$p < 0.01$; ***$p < 0.001$; ****$p < 0.0001$.

Supplemental Figure 6. Fiber deprivation alters IgA–bacteria interactions. A.-B. Proportion of B cells (B220$^+$), plasma cells (CD138$^+$), IgD- and IgG-producing cells among CD3$^-$CD45$^+$ cells in the (A.) cecum and (B.) colon of GF, SM10- and SM14-colonized *Il10$^{-/-}$* and WT mice (n=4-11, two-way ANOVA and post hoc test with Original FDR method of Benjamini and Hochberg). **C.** Percentages of total (top), IgA^{high} (middle) and IgA^{low} (bottom) -coated bacteria as shown in (C) in the feces of SM10-, SM14- or SPF-colonized *Il10$^{-/-}$* mice and SM14-colonized WT mice fed the FR or the FF diet for 79 days (n=5-8, two-way ANOVA and post hoc test with the two-stage linear step-up procedure of Benjamini, Krieger and Yekutieli). Data are represented as mean ± SD. *p < 0.05; **p < 0.01; ***p < 0.001; ****p < 0.0001.

References

Adamji, M., and Day, A.S. (2019). An overview of the role of exclusive enteral nutrition for complicated Crohn's disease. Intest Res *17*, 171-176.

Agrawal, M., Burisch, J., Colombel, J.F., and S, C.S. (2020). Viewpoint: Inflammatory Bowel Diseases Among Immigrants From Low- to High-Incidence Countries: Opportunities and Considerations. Journal of Crohn's & colitis *14*, 267-273.

An, G., Wei, B., Xia, B., McDaniel, J.M., Ju, T., Cummings, R.D., Braun, J., and Xia, L. (2007). Increased susceptibility to colitis and colorectal tumors in mice lacking core 3-derived O-glycans. The Journal of experimental medicine *204*, 1417-1429.

Barros, L., Ferreira, C., and Veldhoen, M. (2022). The fellowship of regulatory and tissue-resident memory cells. Mucosal immunology *15*, 64-73.

Bergstrom, K., Fu, J., Johansson, M.E., Liu, X., Gao, N., Wu, Q., Song, J., McDaniel, J.M., McGee, S., Chen, W.*, et al.* (2017). Core 1- and 3-derived O-glycans collectively maintain the colonic mucus barrier and protect against spontaneous colitis in mice. Mucosal immunology *10*, 91-103.

Birchenough, G.M., Nystrom, E.E., Johansson, M.E., and Hansson, G.C. (2016). A sentinel goblet cell guards the colonic crypt by triggering Nlrp6-dependent Muc2 secretion. Science *352*, 1535-1542.

Boyapati, R., Satsangi, J., and Ho, G.T. (2015). Pathogenesis of Crohn's disease. F1000Prime Rep *7*, 44.

Caruso, R., Mathes, T., Martens, E.C., Kamada, N., Nusrat, A., Inohara, N., and Nunez, G. (2019). A specific gene-microbe interaction drives the development of Crohn's disease-like colitis in mice. Sci Immunol *4*, eaaw4341.

Castro-Dopico, T., Dennison, T.W., Ferdinand, J.R., Mathews, R.J., Fleming, A., Clift, D., Stewart, B.J., Jing, C., Strongili, K., Labzin, L.I.*, et al.* (2019). Anti-commensal IgG Drives Intestinal Inflammation and Type 17 Immunity in Ulcerative Colitis. Immunity *50*, 1099-1114 e1010.

David, L.A., Maurice, C.F., Carmody, R.N., Gootenberg, D.B., Button, J.E., Wolfe, B.E., Ling, A.V., Devlin, A.S., Varma, Y., Fischbach, M.A.*, et al.* (2014). Diet rapidly and reproducibly alters the human gut microbiome. Nature *505*, 559-563.

Day, A.S., and Lopez, R.N. (2015). Exclusive enteral nutrition in children with Crohn's disease. World J Gastroenterol *21*, 6809-6816.

Desai, M.S., Seekatz, A.M., Koropatkin, N.M., Kamada, N., Hickey, C.A., Wolter, M., Pudlo, N.A., Kitamoto, S., Terrapon, N., Muller, A.*, et al.* (2016). A Dietary Fiber-Deprived Gut Microbiota Degrades the Colonic Mucus Barrier and Enhances Pathogen Susceptibility. Cell *167*, 1339-1353 e1321.

Earle, K.A., Billings, G., Sigal, M., Lichtman, J.S., Hansson, G.C., Elias, J.E., Amieva, M.R., Huang, K.C., and Sonnenburg, J.L. (2015). Quantitative Imaging of Gut Microbiota Spatial Organization. Cell Host Microbe *18*, 478-488.

Fort, M.M., Leach, M.W., and Rennick, D.M. (1998). A role for NK cells as regulators of CD4+ T cells in a transfer model of colitis. J Immunol *161*, 3256-3261.

Fu, J., Wei, B., Wen, T., Johansson, M.E., Liu, X., Bradford, E., Thomsson, K.A., McGee, S., Mansour, L., Tong, M*., et al.* (2011). Loss of intestinal core 1-derived O-glycans causes spontaneous colitis in mice. J Clin Invest *121*, 1657-1666.

Furter, M., Sellin, M.E., Hansson, G.C., and Hardt, W.D. (2019). Mucus Architecture and Near-Surface Swimming Affect Distinct Salmonella Typhimurium Infection Patterns along the Murine Intestinal Tract. Cell reports *27*, 2665-2678 e2663.

Gomes-Santos, A.C., Moreira, T.G., Castro-Junior, A.B., Horta, B.C., Lemos, L., Cruz, D.N., Guimaraes, M.A., Cara, D.C., McCafferty, D.M., and Faria, A.M. (2012). New insights into the immunological changes in IL-10-deficient mice during the course of spontaneous inflammation in the gut mucosa. Clin Dev Immunol *2012*, 560817.

Gunasekera, D.C., Ma, J., Vacharathit, V., Shah, P., Ramakrishnan, A., Uprety, P., Shen, Z., Sheh, A., Brayton, C.F., Whary, M.T*., et al.* (2020). The development of colitis in Il10(-/-) mice is dependent on IL-22. Mucosal immunology *13*, 493-506.

Guo, C.J., Allen, B.M., Hiam, K.J., Dodd, D., Van Treuren, W., Higginbottom, S., Nagashima, K., Fischer, C.R., Sonnenburg, J.L., Spitzer, M.H*., et al.* (2019). Depletion of microbiome-derived molecules in the host using Clostridium genetics. Science *366*, eaav1282.

Gustafsson, J.K., Ermund, A., Johansson, M.E., Schutte, A., Hansson, G.C., and Sjovall, H. (2012). An ex vivo method for studying mucus formation, properties, and thickness in human colonic biopsies and mouse small and large intestinal explants. American journal of physiology Gastrointestinal and liver physiology *302*, G430-438.

Hooper, L.V., and Macpherson, A.J. (2010). Immune adaptations that maintain homeostasis with the intestinal microbiota. Nat Rev Immunol *10*, 159-169.

Huus, K.E., Bauer, K.C., Brown, E.M., Bozorgmehr, T., Woodward, S.E., Serapio-Palacios, A., Boutin, R.C.T., Petersen, C., and Finlay, B.B. (2020). Commensal Bacteria Modulate Immunoglobulin A Binding in Response to Host Nutrition. Cell Host Microbe *27*, 909-921 e905.

Huus, K.E., Petersen, C., and Finlay, B.B. (2021). Diversity and dynamism of IgA-microbiota interactions. Nat Rev Immunol *21*, 514-525.

Kakade, M.L., Thompson, R.D., Engelstad, W.E., Behrens, G.C., Yoder, R.D., and Crane, F.M. (1976). Failure of soybean trypsin inhibitor to exert deleterious effects in calves. Journal of dairy science *59*, 1484-1489.

Kau, A.L., Planer, J.D., Liu, J., Rao, S., Yatsunenko, T., Trehan, I., Manary, M.J., Liu, T.C.,
Stappenbeck, T.S., Maleta, K.M.*, et al.* (2015). Functional characterization of IgA-targeted
bacterial taxa from undernourished Malawian children that produce diet-dependent enteropathy.
Science translational medicine *7*, 276ra224.

Keubler, L.M., Buettner, M., Hager, C., and Bleich, A. (2015). A Multihit Model: Colitis
Lessons from the Interleukin-10-deficient Mouse. Inflamm Bowel Dis *21*, 1967-1975.

Khan, S., Waliullah, S., Godfrey, V., Khan, M.A.W., Ramachandran, R.A., Cantarel, B.L.,
Behrendt, C., Peng, L., Hooper, L.V., and Zaki, H. (2020). Dietary simple sugars alter microbial
ecology in the gut and promote colitis in mice. Science translational medicine *12*, eaay6218.

Kitamoto, S., Alteri, C.J., Rodrigues, M., Nagao-Kitamoto, H., Sugihara, K., Himpsl, S.D.,
Bazzi, M., Miyoshi, M., Nishioka, T., Hayashi, A.*, et al.* (2020). Dietary L-serine confers a
competitive fitness advantage to Enterobacteriaceae in the inflamed gut. Nat Microbiol *5*, 116-
125.

Kozich, J.J., Westcott, S.L., Baxter, N.T., Highlander, S.K., and Schloss, P.D. (2013).
Development of a dual-index sequencing strategy and curation pipeline for analyzing amplicon
sequence data on the MiSeq Illumina sequencing platform. Appl Environ Microbiol *79*, 5112-
5120.

Kudelka, M.R., Hinrichs, B.H., Darby, T., Moreno, C.S., Nishio, H., Cutler, C.E., Wang, J., Wu,
H., Zeng, J., Wang, Y.*, et al.* (2016). Cosmc is an X-linked inflammatory bowel disease risk
gene that spatially regulates gut microbiota and contributes to sex-specific risk. Proceedings of
the National Academy of Sciences of the United States of America *113*, 14787-14792.

Logan, M., Gkikas, K., Svolos, V., Nichols, B., Milling, S., Gaya, D.R., Seenan, J.P.,
Macdonald, J., Hansen, R., Ijaz, U.Z.*, et al.* (2020). Analysis of 61 exclusive enteral nutrition
formulas used in the management of active Crohn's disease-new insights into dietary disease
triggers. Aliment Pharmacol Ther *51*, 935-947.

Maloy, K.J., and Powrie, F. (2011). Intestinal homeostasis and its breakdown in inflammatory
bowel disease. Nature *474*, 298-306.

Marcobal, A., Barboza, M., Sonnenburg, E.D., Pudlo, N., Martens, E.C., Desai, P., Lebrilla,
C.B., Weimer, B.C., Mills, D.A., German, J.B.*, et al.* (2011). Bacteroides in the Infant Gut
Consume Milk Oligosaccharides via Mucus-Utilization Pathways. Cell Host Microbe 10, 507-
14.

Martens, E.C., Lowe, E.C., Chiang, H., Pudlo, N.A., Wu, M., McNulty, N.P., Abbott, D.W.,
Henrissat, B., Gilbert, H.J., Bolam, D.N.*, et al.* (2011). Recognition and Degradation of Plant
Cell Wall Polysaccharides by Two Human Gut Symbionts. Plos Biol *9*, e1001221.

Mirkov, M.U., Verstockt, B., and Cleynen, I. (2017). Genetics of inflammatory bowel disease:
beyond NOD2. Lancet Gastroenterol Hepatol *2*, 224-234.

Morgan, X.C., Tickle, T.L., Sokol, H., Gevers, D., Devaney, K.L., Ward, D.V., Reyes, J.A., Shah, S.A., LeLeiko, N., Snapper, S.B.*, et al.* (2012). Dysfunction of the intestinal microbiome in inflammatory bowel disease and treatment. Genome biology *13*, R79.

Nakajima, A., Vogelzang, A., Maruya, M., Miyajima, M., Murata, M., Son, A., Kuwahara, T., Tsuruyama, T., Yamada, S., Matsuura, M.*, et al.* (2018). IgA regulates the composition and metabolic function of gut microbiota by promoting symbiosis between bacteria. The Journal of experimental medicine *215*, 2019-2034.

Ng, S.C., Shi, H.Y., Hamidi, N., Underwood, F.E., Tang, W., Benchimol, E.I., Panaccione, R., Ghosh, S., Wu, J.C.Y., Chan, F.K.L.*, et al.* (2017). Worldwide incidence and prevalence of inflammatory bowel disease in the 21st century: a systematic review of population-based studies. Lancet *390*, 2769-2778.

Packey, C.D., and Sartor, R.B. (2009). Commensal bacteria, traditional and opportunistic pathogens, dysbiosis and bacterial killing in inflammatory bowel diseases. Current opinion in infectious diseases *22*, 292-301.

Palm, N.W., de Zoete, M.R., Cullen, T.W., Barry, N.A., Stefanowski, J., Hao, L., Degnan, P.H., Hu, J., Peter, I., Zhang, W.*, et al.* (2014). Immunoglobulin A coating identifies colitogenic bacteria in inflammatory bowel disease. Cell *158*, 1000-1010.

Pizarro, T.T., Pastorelli, L., Bamias, G., Garg, R.R., Reuter, B.K., Mercado, J.R., Chieppa, M., Arseneau, K.O., Ley, K., and Cominelli, F. (2011). SAMP1/YitFc mouse strain: a spontaneous model of Crohn's disease-like ileitis. Inflamm Bowel Dis *17*, 2566-2584.

Porter, N.T., and Martens, E.C. (2017). The Critical Roles of Polysaccharides in Gut Microbial Ecology and Physiology. Annual review of microbiology *71*, 349-369.

Pudlo, N.A., Urs, K., Crawford, R., Pirani, A., Atherly, T., Jimenez, R., Terrapon, N., Henrissat, B., Peterson, D., Ziemer, C.*, et al.* (2022). Phenotypic and Genomic Diversification in Complex Carbohydrate-Degrading Human Gut Bacteria. mSystems *7*, e0094721.

Schloss, P.D., Westcott, S.L., Ryabin, T., Hall, J.R., Hartmann, M., Hollister, E.B., Lesniewski, R.A., Oakley, B.B., Parks, D.H., Robinson, C.J.*, et al.* (2009). Introducing mothur: open-source, platform-independent, community-supported software for describing and comparing microbial communities. Appl Environ Microbiol *75*, 7537-7541.

Schroeder, B.O., Birchenough, G.M.H., Stahlman, M., Arike, L., Johansson, M.E.V., Hansson, G.C., and Backhed, F. (2018). Bifidobacteria or Fiber Protects against Diet-Induced Microbiota-Mediated Colonic Mucus Deterioration. Cell Host Microbe *23*, 27-40 e27.

Sellon, R.K., Tonkonogy, S., Schultz, M., Dieleman, L.A., Grenther, W., Balish, E., Rennick, D.M., and Sartor, R.B. (1998). Resident enteric bacteria are necessary for development of spontaneous colitis and immune system activation in interleukin-10-deficient mice. Infect Immun *66*, 5224-5231.

Seregin, S.S., Golovchenko, N., Schaf, B., Chen, J., Pudlo, N.A., Mitchell, J., Baxter, N.T., Zhao, L., Schloss, P.D., Martens, E.C.*, et al.* (2017). NLRP6 Protects Il10-/- Mice from Colitis by Limiting Colonization of Akkermansia muciniphila. Cell reports *19*, 733-745.

Shan, Y., Lee, M., and Chang, E.B. (2021). The Gut Microbiome and Inflammatory Bowel Diseases. Annu Rev Med. 73, 455-468.

Shimotoyodome, A., Meguro, S., Hase, T., Tokimitsu, I., and Sakata, T. (2000). Short chain fatty acids but not lactate or succinate stimulate mucus release in the rat colon. Comp Biochem Physiol A Mol Integr Physiol *125*, 525-531.

Smith, P.M., Howitt, M.R., Panikov, N., Michaud, M., Gallini, C.A., Bohlooly, Y.M., Glickman, J.N., and Garrett, W.S. (2013). The microbial metabolites, short-chain fatty acids, regulate colonic Treg cell homeostasis. Science *341*, 569-573.

Sonnenburg, J.L., Xu, J., Leip, D.D., Chen, C.H., Westover, B.P., Weatherford, J., Buhler, J.D., and Gordon, J.I. (2005). Glycan foraging in vivo by an intestine-adapted bacterial symbiont. Science *307*, 1955-1959.

Steimle, A., De Sciscio, A., Neumann, M., Grant, E.T., Pereira, G.V., Ohno, H., Martens, E.C., and Desai, M.S. (2021). Constructing a gnotobiotic mouse model with a synthetic human gut microbiome to study host-microbe cross talk. STAR Protoc *2*, 100607.

Tachibana, M., Watanabe, N., Koda, Y., Oya, Y., Kaminuma, O., Katayama, K., Fan, Z., Sakurai, F., Kawabata, K., Hiroi, T.*, et al.* (2020). Ablation of IL-17A leads to severe colitis in IL-10-deficient mice: implications of myeloid-derived suppressor cells and NO production. Int Immunol *32*, 187-201.

Tan, J., McKenzie, C., Vuillermin, P.J., Goverse, G., Vinuesa, C.G., Mebius, R.E., Macia, L., and Mackay, C.R. (2016). Dietary Fiber and Bacterial SCFA Enhance Oral Tolerance and Protect against Food Allergy through Diverse Cellular Pathways. Cell reports *15*, 2809-2824.

Taurog, J.D., Maika, S.D., Satumtira, N., Dorris, M.L., McLean, I.L., Yanagisawa, H., Sayad, A., Stagg, A.J., Fox, G.M., Le O'Brien, A.*, et al.* (1999). Inflammatory disease in HLA-B27 transgenic rats. Immunol Rev *169*, 209-223.

Van der Post, S., Jabbar, K.S., Birchenough, G., Arike, L., Akhtar, N., Sjovall, H., Johansson, M.E.V., and Hansson, G.C. (2019). Structural weakening of the colonic mucus barrier is an early event in ulcerative colitis pathogenesis. Gut *68*, 2142-2151.

Wang, Y., Su, M.A., and Wan, Y.Y. (2011). An essential role of the transcription factor GATA-3 for the function of regulatory T cells. Immunity *35*, 337-348.

Wohlfert, E.A., Grainger, J.R., Bouladoux, N., Konkel, J.E., Oldenhove, G., Ribeiro, C.H., Hall, J.A., Yagi, R., Naik, S., Bhairavabhotla, R.*, et al.* (2011). GATA3 controls Foxp3(+) regulatory T cell fate during inflammation in mice. J Clin Invest *121*, 4503-4515.

1303 Yang, B.H., Hagemann, S., Mamareli, P., Lauer, U., Hoffmann, U., Beckstette, M., Fohse, L.,
1304 Prinz, I., Pezoldt, J., Suerbaum, S*., et al.* (2016). Foxp3(+) T cells expressing RORgammat
1305 represent a stable regulatory T-cell effector lineage with enhanced suppressive capacity during
1306 intestinal inflammation. Mucosal immunology *9*, 444-457.
1307
1308 Zhu, L., Shi, T., Zhong, C., Wang, Y., Chang, M., and Liu, X. (2017). IL-10 and IL-10 Receptor
1309 Mutations in Very Early Onset Inflammatory Bowel Disease. Gastroenterology research *10*, 65-
1310 69.
1311
1312 Zhu, W., Winter, M.G., Spiga, L., Hughes, E.R., Chanin, R., Mulgaonkar, A., Pennington, J.,
1313 Maas, M., Behrendt, C.L., Kim, J*., et al.* (2020). Xenosiderophore Utilization Promotes
1314 Bacteroides thetaiotaomicron Resilience during Colitis. Cell Host Microbe *27*, 376-388 e378.
1315

Figure 1.

Figure 2.

Figure 3

Figure 4

Figure 5.

Figure 6.

Figure S1.

A. WT + SM14 fiber rich (4x)

B. WT + SM14 fiber free (4x)

C. WT GF fiber free (4x)

D.

% starting weight

Host	WT	WT	IL-10	IL-10	IL-10	IL-10
Colonized	14	14	-	-	14	14
Diet	FR	FF	FR	FF	FR	FF

E. *IL10*⁻/⁻ mice — Relative abundance (%) — Days

F. WT mice — Relative abundance (%) — Days

Synthetic microbiota (SM)

A. muciniphila   *C. aerofaciens*   *D. piger*   *E. coli HS*   *F. prausnitzii*   *R. intestinalis*   *M. formatexigens*
C. symbiosum   *E. rectale*   *B. intestinihominis*   *B. caccae*   *B. uniformis*   *B. ovatus*   *B. thetaiotaomicron*

G. Relative abundance (%) — B6 wt, B6 IL10⁻/⁻ — *E.coli*, *B.thetaiotaomicron*

H. Fiber rich

I. Fiber free

J. Mucus width (µM) — FR, FF — n= 5, 5

K. Normalized mucus density — FR, FF — Distance from epithelium (µM)

L. FR — 70 µM

M. FF — 100 µM

N. Parents, Pups — relative abundance (%) — 13 d p.g., 14 d p.b., 100 d p.b. FR, 100 d p.b. FF

O. Survival (%) — Days
Fiber rich SM14 (n=8)   Fiber rich SPF (n=5)
Fiber free SM14 (n=11)   Fiber free SPF (n=5)

P. Cecal Histology score

Diet	FF	FR	FF	FR
Colonized	SPF	SPF	SM14	SM14
Host	IL10	IL10	IL10	IL10

Figure S2.

Figure S3

Figure S4

Figure S5

Figure S6

Figure S7.

Table S1. Nutritional and ingredient comparison between fiber free (FF) diet, its soy protein variant, and Exclusive Enteral Nutrition diet Nestle Nutren 1.5

	Fiber free (FF) diet (% kcal from)	Nestle Nutren 1.5 (% kcal from)	Fiber free soy (FF-soy) (% kcal from)
Protein	23.6	18	23.6
Fat	34	35	34
Carbohydrate (total)	42.4	47	42.4
Total:	**100**	**100**	**100**
*Fiber %	8	0	9.6
Accessible fiber%	0	0	1.6
Main ingredients: (Descending order)	glucose (44.4%) casein (26.9%) fat from corn oil (7.5%), lard (7.5%) cellulose (8%)	corn syrup (glucose/fructose) maltodextrin canola oil soy protein isolate sodium caseinate medium chain triglycerides (<2%) calcium caseinate	glucose (44.4%) soy protein isolate (26.9%) fat from corn oil (7.5%), lard (7.5%) cellulose (8%)
	(vitamin, minerals, antioxidants, and stabilizers not shown)	(vitamin, minerals, antioxidants, and stabilizers not shown)	(vitamin, minerals, antioxidants, and stabilizers not shown)

*Note the only fiber added to the FF diet is crystalline cellulose as a bulking agent and is not known be accessible by any SM14 bacteria.