The gut microbiome-linked long chain fatty acid stearate suppresses colorectal cancer

Mina Tsenkova[1], Madita Brauer[1,2], Vitaly Pozdeev[1], Marat Kasakin[3], Susheel Bhanu Busi[3,4], Maryse Schmoetten[1], Dean Cheung[1], Marianne Meyers[1], Fabien Rodriguez[1], Anthoula Gaigneaux[5], Eric Koncina[1], Cedric Gilson[1], Lisa Schlicker[3], Diran Herebian[6], Martine Schmitz[1], Laura de Nies[3], Ertan Mayatepek[6], Serge Haan[1], Carine de Beaufort[7], Thorsten Cramer[8], Johannes Meiser[9], Carole L. Linster[3], Paul Wilmes[3,5], Elisabeth Letellier[1]

[1] Molecular Disease Mechanisms Group, Department of Life Sciences and Medicine, Faculty of Science, Technology and Medicine, University of Luxembourg, Esch-sur-Alzette, Luxembourg

[2] Institute for Advanced Studies, University of Luxembourg, Esch-sur-Alzette, Luxembourg

[3] Luxembourg Centre for Systems Biomedicine, University of Luxembourg, Esch-sur-Alzette, Luxembourg

[4] UK Centre for Ecology and Hydrology, Wallingford, United Kingdom

[5] Department of Life Sciences and Medicine, Faculty of Science, Technology and Medicine, University of Luxembourg, Esch-sur-Alzette, Luxembourg

[6] Department of General Pediatrics, Neonatology and Pediatric Cardiology, Medical Faculty and University Hospital Düsseldorf, Heinrich Heine University, Düsseldorf, Germany

[7] Pediatric Clinic, Centre Hospitalier de Luxembourg, Luxembourg, Luxembourg

[8] Molecular Tumor Biology, Department of General, Visceral and Transplantation Surgery, RWTH University Hospital Aachen, Germany

[9] Department of Cancer Research (DOCR), Luxembourg Institute of Health, Luxembourg, Luxembourg

Abstract

Colorectal cancer (CRC) patients have been shown to possess an altered gut microbiome. Diet is

a well-established modulator of the microbiome, and thus, dietary interventions might have a beneficial

effect on CRC. An attenuating effect of the ketogenic diet (KD) on CRC cell growth has been previously

observed, however the role of the gut microbiome in driving this effect remains unknown. Here, we

describe a reduced colonic tumor burden upon KD consumption in a CRC mouse model with a humanized

microbiome. Importantly, we demonstrate a causal relationship through microbiome transplantation into

germ-free mice, whereby alterations in the gut microbiota were maintained in the absence of continued

selective pressure from the KD. Specifically, we identify a shift toward bacterial species that produce

stearic acid in ketogenic conditions, whereas consumers were depleted, resulting in elevated levels of free

stearate in the gut lumen. This microbial product demonstrated tumor-suppressing properties by inducing

apoptosis in cancer cells and decreasing colonic Th17 immune cell populations. Taken together, the

beneficial effects of the KD are mediated through alterations in the gut microbiome, including, among

others, increased stearic acid production, which in turn significantly reduces intestinal tumor growth.

Introduction

Worldwide, colorectal cancer (CRC) is the third most prevalent cancer, with over 1.9 million new

cases recorded in 2020[1]. CRC incidence and mortality rates have been associated with various lifestyle-

related risk factors, in particular dietary habits. Recent years have seen a rise in CRC incidence in persons

aged 50 years and under, further underlining the importance of studying these factors[2]. The ketogenic

diet (KD) has been shown to possess anti-cancer properties in the context of CRC, and many studies have

focused on the importance of the restriction of energy intake to slow the growth of rapidly proliferating

cells and anti-cancer signaling through ketone bodies[3]. One recently published study investigated the

effects of the KD on CRC development and described a new mechanism through which KD exerts its anti-

cancer effects, namely through the ketone body β-hydroxybutyrate acting on the surface receptor Hcar2,

inducing the transcriptional regulator *Hopx*, thus altering gene expression and inhibiting cell proliferation[4].

These studies often focus on the effects of KD on the cancer cells themselves, and rarely on other cells of

the tumor microenvironment (TME), such as immune cells[5,6] and cancer-associated fibroblasts (CAFs)[7], or

on external factors, such as the gut microbiome. Specifically in CRC, cancer progression is accompanied

by a state of dysbiosis of the gut microbiome[8–10]. The study of the role of the different bacteria in CRC is

of particular interest, considering the affected tissue type is in contact with the gut microbiome. Until

recently, few studies had investigated the effects of the KD on the gut microbiome in health and disease[11],

but this has now changed, with a number of new studies published over the last three years[6,8]. These

studies remain largely descriptive regarding dietary-induced gut microbiome changes and the role of the

gut microbiome in maintaining the reported anti-cancer effects of the KD in the context of CRC has not

yet been investigated. Therefore, we set out to investigate the importance of the gut microbiome in the

context of KD consumption in CRC. We first generated a humanized gut microbiome mouse model of CRC,

through the transplantation of stool samples from five healthy human donors. We then combined this

model with a therapeutically administered KD and were able to confirm the cancer-suppressing properties

of the KD. Most importantly, we could demonstrate, for the very first time, the causal role of the gut

microbiome in maintaining this effect, through transplantation of the microbial community. We report

long-lasting alterations in gut microbiome function in the absence of maintained selective pressure by the

KD. In our experiments, fecal free stearic acid levels were increased not only upon KD consumption, but

also upon cecal transplantation, suggesting that the shift in the microbial community contributes to the

changes in the fatty acid pool. Importantly, stearate-producing members were enriched in ketogenic

conditions, whereas consumers were depleted and supplementation of stearic acid reduced tumor

burden *in vivo*.

Results

KD leads to reduced colonic tumor burden and inflammatory response in CRC

To study the relevance of the gut microbiome in CRC development in a model relevant to human

disease, we first established a representative healthy human microbiome by mixing fecal samples from

five healthy donors (5HD; Extended Data Fig. 1a for patient metadata). The achieved 5HD mix

recapitulated the compositions of the individual donor samples, as evidenced by family, genus and species

level analysis of whole genome shotgun sequencing (WGS, Extended Data Fig. 1b-d, respectively), while

fecal metabolite levels varied across samples (Extended Data Fig. 1e). We performed fecal microbial

transplantation (FMT) of the 5HD mix into germ-free (GF) and antibiotic-treated specific-pathogen-free

(SPF) mice in an AOM/DSS CRC model (Fig. 1a and 1b, details can be found in the methods section)

followed by a switch from standard to ketogenic diet after the last cycle of DSS. We utilized both GF and

SPF mice to leverage the fully functional immune system of SPF mice to study immune responses in CRC

and the unique advantage of GF mice allowing engraftment of a human microbiome into mice in the

absence of competition with a resident mouse microbiome. Antibiotic-treated SPF mice were subjected

to bi-weekly FMT during the induction of CRC to maintain enrichment of the donor fecal microbiome in

relation to the residual host mouse microbiome. FMT was ceased at diet change to allow for a natural

evolution of the gut microbiome in response to the diet and CRC progression. No significant difference in

body weight between the standard diet (SD) and ketogenic diet (KD) groups was observed throughout the

experiments, although dips in mouse body weight were observed following the antibiotic treatment and

following each cycle of DSS (Extended Data Fig. 2a (GF) and 2b (SPF)). There was no difference in colon

length between groups (Extended Data Fig. 2c, GF). KD-fed mice exhibited a lower colonic tumor burden

(Fig. 1c (GF) and Fig. 1d (SPF)) and a smaller tumor size (Fig. 1e, 1f and 1g (SPF)) than SD-fed mice.

Characterization of full-length lamina propria (LP), mesenteric lymph node (MLN) and spleen

immune cell profiles (Extended Data Fig. 2d (GF) and 2e (SPF)) showed a reduction in LP CD4$^+$ T cell

populations in KD-fed mice. We particularly observed a decrease in Th17 cells (Extended Data Fig. 2f), a

pathogenic subpopulation of CD4$^+$ T cells known to play a critical role in CRC development as evidenced

by reduced expression of IL-6, STAT3, IFNγ, and TNFα, leading to fewer and smaller tumors in IL-17A-

deficient mice[12]. Only LP natural killer T cells and type 3 innate lymphoid cells (GF LP) were increased –

both have been associated to gut homeostasis and health[13]. The expression of colonic S100A8, a subunit

of calprotectin (a biomarker of inflammation used in inflammatory bowel disease[14]), as well as fecal

lipocalin-2 were however unchanged in KD-fed mice, suggesting an overall similar inflammatory milieu

(Extended Data Fig. 2g (GF), h and i (SPF)). Thus, it remains unclear whether the observed reduction in

immune cell populations is a result mediated by the KD or if it is a direct consequence of decreased tumor

development. Conducting time-course analyses at various stages of the AOM/DSS-induced carcinogenic

process would be essential to elucidate the temporal sequence of events leading to the observed

reduction in colonic tumor burden.

To further assess the importance of KD in modulating inflammation in CRC, we employed a low-grade

inflammatory model, in which mice received four doses of AOM and were randomized into two subgroups

- GF and 5HD mix FMT, each with a KD and SD branch (Extended Data Fig. 3a-b). We did not observe any

significant differences in colonic tumor burden between groups (Extended Data Fig. 3c), nor in immune

cell profiles (Extended Data Fig. 3d), suggesting that the KD specifically exerted its anti-cancer effect in an

inflammatory setting. The differences in immune populations between the KD and SD in the AOM/DSS

model, which are absent in this low-grade inflammatory model, may be due to the lack of damage-

associated molecular patterns (DAMPs) from DSS-induced epithelial damage. This suggests that the KD

attenuates chronic inflammation activated by such damage, potentially leading to a reduced tumor

burden in this inflammation-driven CRC model. Of note, long-term KD feeding induced fatty liver and

fibrosis in all sub-groups (Extended Data Fig. 3e), and as previously reported for long-term KD

consumption[15].

KD induces a distinct host metabolic profile

Ordination analyses based on the underlying β-diversity among host plasma samples collected

from animals undergoing ketogenic dietary intervention in the AOM/DSS inflammatory model of CRC,

revealed clustering based on dietary condition (Extended Data Fig. 4a (GF) and Extended Data Fig. 4b

(SPF)). β-HB plasma levels were elevated in KD-fed mice (Extended Data Fig. 4c (GF) and 4d (SPF)),

confirming ketosis. KD-fed mice presented altered amino acid, fatty acid, sugar, carbohydrate, vitamin,

and bile acid metabolism (Supp. Table 1 and Extended Data Fig. 4e (GF), Supp. Table 2 and Supp Fig. 4f

(SPF). Furthermore, mannose was increased in KD-fed mice (Supp. Tables 1 (GF) and 2(SPF)). Interestingly,

mannose has been reported to possess antitumor properties[16], impairing tumor cell growth *in vitro* and

in vivo[17], and targeting tumor-associated macrophages[18]. While treatment with β-hydroxybutyrate

showed no effect, treatment with the ketone bodies acetone and sodium acetoacetate tended to reduce

the differentiation of naive T cells into Th17 cells (Extended Data Fig. 4g and 4h), which play an important

role in the modulation of colorectal tumorigenesis[19] and are affected by KD in a dose-dependent manner[5].

Treatment with a commercially available lipid mixture mimicking KD (containing arachidonic, linoleic,

linolenic, myristic, oleic, palmitic and stearic acid) led to a dose-dependent reduction in Th17

differentiation (Extended Data Fig. 4i), suggesting that Th17 cells are susceptible to fatty acid modulation.

Collectively, these data indicate that KD induces systemic functional metabolic changes in the host, which

are not limited to the induction of ketosis.

The anti-cancer effects of the KD are mediated by the gut microbiome

The gut microbiome may affect CRC development either by directly interacting with host cells

(attachment, invasion and translocation), or indirectly, through bacterial metabolism (genotoxins, SCFAs

and others)[20]. We first excluded bacterial translocation as a primary factor in the KD-mediated phenotype,

as mucus layer thickness (Extended Data Fig. 5a and 5b (GF)), LPS levels in plasma (Extended Data Fig. 5c

(GF) and 5d (SPF)), and occludin expression (Extended Data Fig. 5e and 5f (SPF)) remained unaltered upon

KD consumption, in line with Ang et al.[5] We next performed cecal microbial transplantation (CMT) of

samples collected from the SPF diet mice (Fig. 1d) into a next generation of SD-fed GF mice undergoing

the same cancer model (Fig. 2a, Extended Data Fig. 6a). We did not observe a statistically significant

difference in colonic occludin expression in ketogenic cecal recipient mice (KC, Extended Data Fig. 6b and

6c) when compared to standard cecal recipients (SC), however we did detect a decrease in S1008A levels

(Extended Data Fig. 6d). Strikingly, KC mice exhibited a lower colonic tumor burden than SC mice (Fig. 2b).

Average colonic tumor size per mouse did not differ between groups (Fig. 2c), however, KC mice exhibited

a smaller proportion of large tumors (Fig. 2d and e). Altogether, our results demonstrate the causal role

of the gut microbiome in mediating the previously observed KD-driven anticancer effect.

KD induces a distinct fecal microbial profile

Ordination analyses based on the underlying β-diversity among fecal samples collected from KD-

and SD-fed AOM/DSS mice revealed clustering of 5HD mix used for FMT with the individual healthy donor

stool samples and with the murine stool samples collected three days after FMT (TG, Fig. 3a (GF) and 3b

(SPF)), confirming the validity of the 5HD mix used for transplant and its engraftment. Furthermore, we

observed increasing differences between KD and SD samples over time (Fig. 3c (GF) and 3d (SPF)). Early

time points cluster together (T0, collected at diet change), while later time points diverge (T1-T4).

Differential analysis revealed *Phocea* spp., *Faecalitalea* spp. (Fig. 3e (GF), Supp. Tables 3 (GF) and 4 (SPF))

and *Akkermansia* spp., *Intestimonas* spp*., Lachnoclostridium* spp*., Bilophila* spp. and others (Fig. 3f (SPF)),

to be more abundant in KD, while *Barnesiella* spp*., Eisenbergiella* spp*., Ruminococcus 1* and *2* spp. (GF),

and *Bifidobacterium* spp*., Turicibacter* spp. (SPF)*,* and others were depleted. Furthermore, the differential

abundance of various members of *Barnesiellaceae* spp*., Erysipelotrichaceae* spp*., Lachnospiraceae* spp.

and *Ruminococcaceae* spp. suggested that dietary composition affects bacterial members of the same

families in different manners.

Investigation of the engrafted gut microbial communities at experimental endpoint revealed

distinct KD- and SD-associated microbiomes (Fig. 3g and 3h), as well as KC- and SC-associated microbiomes

(Fig. 3g and 3h). Although a selective pressure of the KD was observed, gut microbial composition differed

between cecal donor and recipient mice, likely due to the absence of continued selective pressure from

the KD, or loss of more sensitive and hard-to-engraft bacteria (Fig. 3g). Metagenome-assembled genomes

(MAGs), representing abundant members of the microbial community, allowed us to achieve species-level

resolution. Noteworthy, some MAGs annotated as CRC-associated bacteria, such as *Rikenellaceae* spp.

(light blue) and *Muribaculaceae* spp. (dark blue, Fig. 3i), were detected in standard but not in ketogenic

conditions. Interestingly, various *Alistipes* spp. were differentially abundant in all experiments. However,

the genus Alistipes was only recently described, and although the genus has since then been linked to

various diseases, including colitis and CRC, the role of Alistipes in disease is still unclear[21]. Two MAGs

(*Alistipes* and *COE* species) were only identified in KC, while 12 MAGs were only identified in SC, among

which *CAG-873*, *CAG-48* and *Parabacteroides distasonis* (Fig. 3i), also identified in the donor SPF dietary

experiment.

Distinct fecal microbial functional profiles are maintained upon FMT

As microbiome-mediated effects are based on the functional and metabolic capacities of different

microbes, we investigated the fecal metabolic profiles of KD- versus SD-fed and KC- versus SC mice,

considering these profiles as a direct indicator of changes in the functional capacity of the different

microbial communities. Analysis of fecal metabolites revealed distinct clustering of samples by condition

in both the SPF dietary and CMT experiments (Fig. 4a and 4b, respectively). Mice in the ketogenic

conditions presented altered amino acid, fatty acid, carbohydrate and SCFA profiles (Supp. Tables 5 and

6), albeit to a lesser extent in the CMT experiment. A single detected long-chain fatty acid (LCFA), namely

free stearic acid (C18:0, also known as octadecanoic acid or stearate), was elevated in KD (Fig. 4c,

Extended Data Fig. 7a) and KC (Fig. 4d) mice. Strikingly, free stearic acid levels correlated with colonic

tumor burden in the SPF dietary experiment (Fig. 4e), with a similar trend observed in the CMT experiment

(Fig. 4e), suggesting a functional relevance of LCFA metabolism in CRC.

KD induces a shift toward stearic acid production, which is maintained upon FMT

To assess whether and how the microbiome contributes to shaping the LCFA pool, specifically

stearic acid, we focused on microbial LCFA metabolism. Most bacteria can produce LCFAs, which are

essential bacterial membrane components and signaling molecules. LCAFs are produced in a multistep

process by enzymes that are highly conserved among bacteria (Fig. 5a). Nevertheless, membrane LCFA

profiles differ between microbial taxa, varying for instance in chain length and degree of saturation[22]. To

investigate how the shift in the microbial communities reported in Fig. 3 affected the intestinal LCFA pool

in KD-fed and KC mice, we first mapped our metagenomic sequences against the Kyoto Encyclopedia of

Genes and Genomes (KEGG) database to obtain a list of contigs carrying LCFA metabolism-associated

KEGG orthologs. These contigs were further annotated at the taxonomic level using Kraken2 to estimate

the contribution of different microbial classes to LCFA metabolism in the different dietary conditions.

Consistent with the taxonomic shift reported in Fig. 3i, the relative contribution of bacteria from the class

Clostridia was higher in the KD groups, while members of the Bacteroides were diminished resulting in

less LCFA metabolism-associated contigs assigned to this class (Extended Data Fig. 7b). Specifically, contigs

carrying the microbial acyl-CoA thioesterases TesA and FatA (Fig. 5b) — enzymes required for the release

of free LCFAs, such as stearic acid, from the acyl-carrier[23] — were more frequently assigned to species

from the class Clostridia in the KD groups compared to the SD groups. This suggests that in the KD groups,

members of the class Clostridia may have contributed more significantly to the intestinal free LCFA pool

(Extended Data Fig. 7b). To investigate whether stearic acid is produced by Clostridia, we analyzed a

dataset published by Han et al.[24], who recently profiled the metabolome of bacterial culture supernatants.

Visualization of log2 fold changes in stearic acid levels in these supernatants revealed that *Bacteroidaceae*

and *Tannerellaceae* — two families within the class Bacteroidia — predominantly consume stearic acid *in*

vitro. In contrast, families form the class Clostridia, such as *Lachnospiraceae* and *Ruminococcaceae*,

release stearic acid into the culture supernatants (Fig. 5c). Notably, these families, although not

necessarily predominant in the communities, were consistently enriched or depleted across experiments

in KD and KC mice, respectively (Fig. 5d). Furthermore, the analysis of two other abundant LCFAs, palmitic

and oleic acid, showed that palmitic acid was consumed by most bacteria, with the exception of some

Clostridaceae, while oleic acid was released by all bacteria. This finding suggest that stearic acid is a family-

specific LCFA among the three analyzed LCFAs (Extended Data Fig. 7c). To further confirm that the source

of elevated free stearic acid in the mouse fecal samples was not coming from pre-existing differences in

stearic acid levels in the diets themselves, we profiled LCFA content in the SD and KD and confirmed similar

levels of free stearic acid (Extended Data Fig. 7d).

Stearic acid reduces colonic tumor burden by inducing apoptosis in cancer cells

To further investigate the role of stearic acid in CRC development, we supplemented stearic acid through the dietary regimen to mice undergoing the same AOM/DSS CRC model described above (Fig. 6a, 6b and Extended Data Fig. 8a) and confirmed increased free stearic acid levels in the stearate-supplemented diet compared to the control diet (Extended Data Fig. 8b). Mice on stearate-supplemented diet (SSD) also exhibited elevated stearic acid serum and fecal levels (Fig. 6c and d, Supp. Tables 7 and 8). We observed a reduction in colonic tumor burden (Fig. 6e and 6f), indicating that stearic acid exerts an anti-tumorigenic effect in the development of CRC. We did not observe any difference in fecal lipocalin-2 levels between groups (Extended Data Fig. 8c), however, we further linked the reduced tumor burden to decreased Th17 cells in vivo (Extended Data Fig. 8d). Furthermore, subsequent T cell differentiation assays demonstrated that stearic acid supplementation specifically inhibited differentiation of CD4$^+$ T cells into Th17 cells, a response not observed with other lipids (Extended Data Fig. 8e and 8f).

Treatment of various CRC cell lines with increasing concentrations of stearic acid led to a dose-dependent reduction in cell growth (Fig. 6g and 6h, Extended Data Fig. 8g, 8h, 8i, 8j), highlighting stearic acid as an anti-cancer metabolite which exerts direct effects on tumor cells. Furthermore, this observation was specific to stearic acid, as treatment with other LCFAs did not exhibit anti-cancer properties (Fig. 6i). We then performed RNA sequencing on HT-29 CRC cells treated with stearic, oleic and dodecanoic acids to investigate the molecular mechanisms underlying the observed anti-cancer effect. Gene set enrichment analysis (GSEA) suggested an arrest of cell proliferation and the induction of apoptosis upon stearic acid treatment (Fig. 6k and 6l). Furthermore, stearic acid treatment was able to revert cell cycle and apoptosis related gene expressions observed in control (vector-treated) cancer cells, which are in line with those observed in patient tumor samples compared to matching normal tissue samples in the TCGA dataset (Fig. 6l, Extended Data Fig. 8k). The use of a broad caspase inhibitor was able to abrogate the

effects of stearic acid treatment, confirming the underlying mechanism of stearic acid-induced cancer cell

death (Fig. 6m and n).

Discussion

The importance of the composition and function of the intestinal microbiome can be observed in

different disease contexts. Interestingly, recent studies have emphasized that the therapeutic response

in cancer is linked to specific bacterial functions, rather than individual bacterial species, suggesting that

microbial-derived metabolites play a critical role in driving the effectiveness of therapy[25–27]. In this study

we first identified the gut microbiome as a driving factor in the anti-cancer effect of KD in CRC. We next

demonstrated that KD alters gut microbial composition and metabolism. Upon KD consumption and

following microbial transplantation, we observed an increase in fecal free stearic acid, a LCFA, which

showed direct cancer-suppressing effects through the induction of apoptosis in cancer cells, as well as

indirect cancer-suppressing effects through suppression of pathogenic colonic Th17 cells.

The gut microbiome plays a key role in mediating the anti-cancer effects of the KD in the context

of a murine model of inflammation-driven CRC. However, the variability in the response observed (Figure

2b) suggests that the initial microbiome profile may determine whether an individual is a "responder" or

"non-responder" to KD. This concept, explored in epilepsy patients undergoing KD therapy for the

reduction of seizures[28] and in cancer treatments like immune checkpoint inhibition, highlights the

importance of the gut microbiome. Future studies should focus on identifying biomarkers to predict

response and strategies to convert "non-responders" into "responders," paving the way for personalized

treatments.

The depletion of dietary carbohydrates is known to provide a growth advantage for certain

bacteria, such as *Alistipes* spp., *Bilophila* spp. and mucin-degraders like *Akkermanisa* spp., whereas

Bifidobacterium spp. and some *Bacteroides* spp. are typically depleted[5,29], most likely due to their

preference for dietary carbohydrates over host glycans[30–32]. However, differences observed in

experiments investigating carbohydrate restriction and KD as intervention strategy suggest that limiting

carbohydrates is not the sole factor responsible for the beneficial effects of the KD. In our study, the

analysis of the fecal metabolomes in the KD dietary intervention and CMT experiments identified

differences in the LCFA pool, which are directly linked to different microbiome composition and metabolic

activity. In addition to their essential role in membrane biogenesis, LCFAs produced by bacteria have

signaling functions and play an essential role in host-microbe interactions[33]. The LCFA profile is highly

species-, or even strain-, and substrate-dependent and various microbial-derived LCFAs have different

effects linking bacterial LCFA metabolism to host health and disease[22,33]. Amongst others, microbiome-

derived LCFAs have an immunomodulatory potential[33,34]. We specifically identified stearic acid, a LCFA, in

KD and KC mice, which can originate from the diet, the host[35] and the gut microbiome[36]. We observed the

stearic acid to be specifically increased in the fecal samples of the KD-fed mice and not in the circulatory

system, suggesting that it is not a systemic effect of the KD but rather that it is the KD-driven changes in

the gut microbiome that led to differences in stearic acid.

Stearic acid is normally desaturated by the host enzyme SDC1[37], which is downregulated upon

reduced glucose intake and has been linked to inflammation[38–40]. Recently, Kindt et al. showed that

microbiome-derived acetate activated SDC1 and promoted LCFA desaturation[41]. Furthermore, certain

members of the gut microbiome can directly affect stearic acid levels by producing it *de novo* or

transforming it from other LCFAs, such as oleic acid[36], or by acquiring it as an exogenous LCFA for

downstream use in membrane lipid synthesis, or LCFA degradation[42,43]. In our experiments, as free fecal

stearic acid levels were increased not only upon KD consumption, but also in KC, it is likely that the shift

in the microbial community is contributing to the changes in the LCFA pool. Importantly, potential

stearate-producing members were enriched by the KD, whereas consumers were depleted (Fig. 5b-d),

leading to increased free stearic acid levels in the gut lumen.

Finally, we investigated the effects of stearic acid in our humanized CRC mouse model. Through a

stearic acid-enriched dietary intervention, we demonstrated that stearic acid effectively inhibits tumor

growth both directly, by inducing apoptosis in cancer cells, and indirectly, by reducing the recruitment of

pro-tumorigenic Th17 cells. In previous studies, stearic acid inhibited colony formation in different human

cancer cell lines[44], reduced tumor burden in a rat model of mammary carcinoma[45], possibly by inducing

apoptosis via signaling through protein kinase C[46], and suppressed CRC in synergy with 5-FU treatment[47].

Taken together, our study highlights the significant role of the gut microbiome and its derived

metabolites, in particular stearic acid, in mediating the KD's anti-tumorigenic effects. Most importantly,

our findings suggest that oral supplementation with a single metabolite could enhance existing treatment

strategies for CRC.

Methods

Human sample collection

Human samples were obtained and handled in accordance with institutional guidelines. All human

samples used in this project were donated freely, upon informed consent. Ethical approval was given by

the Comité National d'Ethique de Recherche of Luxembourg (MuSt authorization number 201110/05) and

the National Commission for Data Protection in Luxembourg. Samples were collected at the donors'

homes in accordance with the standard practices established by the Integrated Biobank of Luxembourg

(IBBL), in feces collection tubes, then aliquoted and stored at -80°C until further use.

In vivo mouse experiments

Animal experiments were performed according to all applicable laws and regulations, with

approval from the Animal Experimentation Ethics Committee (AEEC) and the veterinary service of the

Ministry of Agriculture, Viticulture and Rural Development of Luxembourg (LUPA2019-13). They ensure

that the care and the use of the animals for research purposes is conducted according to the European

Union (EU) Directive 2010/63/EU and to the Grand-Ducal Regulation of the 11th of January 2013,

regarding the protection of animals used for experimentation. This includes justification for the use of the

animals, guidelines for their care and welfare, and the incorporation of the 3Rs (replacement, reduction

and refinement). All mouse experiments were carried out at the animal facility of the Luxembourg Centre

for Systems Biology (LCSB).

C57BL/6J mice were purchased from Charles River France. C57BL/6NTac mice were bred in house.

C57BL/6J mice were housed in AllenTown NexGen Mouse 500 (19.4 cm x 13.0 cm x 38.1 cm) cages with

JRS Rehofix Corncob bedding, while C57BL/6NTac mice were housed in AllenTown Sentry Sealed Positive

Pressure Individually Ventilated (SPP IVC) cages (13.3 cm x 12.8 cm x 32.5 cm). Food and water were

provided *ad libitum*. Animals were maintained on standard rodent chow (A04, SAFE Lab, irradiated at

40kGy) and ketogenic diet (S0382-E210, ssniff Spezialdiäten, irradiated at 25kGy) or on control diet

(MD.230304, Envigo, irradiated at 25kGy) and stearate-supplemented diet (MD.230306, Envigo, irradiated

at 25kGy). The animals were maintained under standard habitat conditions (humidity: 40–70%,

temperature: 22°C) with a 12:12 light cycle.

Stool preparation for fecal/cecal microbial transplant

Single human stool samples and single mouse cecal contents were suspended in a 20% glycerol

PBS solution at 10mg of stool per mL. For the mix of five healthy donor stools (5HD), equal volumes of

each single suspension were mixed.

Inflammatory mouse model of CRC

GF and SPF mice were administered a single intraperitoneal injection of sterile-filtered AOM

(Sigma-Aldrich, 10mg/kg mouse body weight). SPF mice were administered a sterile-filtered antibiotic mix

(vancomycin hydrochloride (Sigma-Aldrich, 500mg/L), ampicillin (Sigma-Aldrich, 1g/L), neomycin (Sigma-

Aldrich, 1g/L) and metronidazole (Sigma-Aldrich, 1g/L)) via their drinking water for one week prior to AOM

injection. Microbiomes were replaced with donor microbiomes via oral gavage. Mice were administered

a total of three cycles of DSS, with a two-week-long recovery period between each cycle. DSS was

refreshed mid-cycle. Half of the mice were randomly allocated to each dietary condition at the end of the

last cycle of DSS. Further details regarding the experimental setups can be found in Supplementary Table

9.

Long-term lowly-inflammatory mouse model of CRC

GF mice were administered four intraperitoneal injections of sterile-filtered AOM (Sigma-Aldrich,

15mg/kg mouse body weight), once per week for four weeks and received donor microbiomes via oral

gavage. Half of the mice were randomly allocated to the ketogenic diet one week after the first injection

of AOM. Further details regarding this experimental setup can be found in Supplementary Table 9.

Mouse euthanasia

All mice were injected intraperitoneally with ketamine (150mg/kg, Nimatek®, Medikamio) and

medetomidine (1mg/kg, Dorbene®, Zoetis) at endpoint and blood was collected from the portal vein

followed by cervical dislocation.

Colonic tumor burden and tumor size assessment

Colons were resected at endpoint and small portions of the proximal colon were snap-frozen for

further downstream analyses. The remaining distal portion of the colon was used for the assessment of

tumor burden. Colonic tumors were counted under a Leica Wild M10 microscope and photographed using

a Leica MC170HD camera. Colonic tumor surface size was assessed from the photographs using FIJI Image

J.

Lamina propria immune cell isolation

Colons (opened longitudinally) were cut into 2 cm-long pieces and pre-digested in strip medium

(RPMI GlutaMAX® (Gibco), 3%FBS (Lonza), 1%P/S (Gibco), 5mM EDTA (Sigma-Aldrich), 0.154mg/mL DTT

(Merck)) in a bacterial shaker at 800rpm, 37°C for 20 minutes. After incubation, the strip medium was

collected, filtered through a 70µM and retained to further immunophenotyping, constituting the intra-

epithelial lymphocyte (IEL) fraction. The remaining intestinal pieces were digested (RPMI GlutaMAX®

1%P/S, 5mg/mL Liberase (Merck Life Sciences), 25mg/mL DNase (Sigma-Aldrich)) for 30 minutes at 800

rpm, 37°C in a bacterial shaker. The digest was pressed though a 70µM cell strainer, washed with FCS-

containing RPMI medium and retained for further immunophenotyping. Alternatively, colons were

processed according to the Mouse Lamina Propria Dissociation Kit (Miltenyii) instructions, with the

following modifications: 1) a bacterial shaker was used (800rpm, 37°C) instead of a MACSmix tube rotator.

2) 70µM cell strainers were used instead of 100µm cell strainers.

Spleen and mesenteric lymph node immune cell isolation

Spleens were injected with 1mL of RPMI GlutaMAX® 1%P/S, 5mg/mL Liberase (Merck Life

Sciences), 25mg/mL DNase (Sigma-Aldrich), cut up into small pieces (<1mm^2) and incubated at 37°C for

30 minutes. After incubation, spleens were pressed though a 70µM cell strainer, washed with FCS-

containing RPMI medium and retained for further immunophenotyping. MLNs were pressed through a

70µM cell strainer without prior enzymatic digestion.

Cell counting

The cellular concentration of all cell suspensions was quantified using the Cedex XS Analyzer

(Roche), by mixing 10µL of cells with 10µL of Trypan Blue solution (Roche) and loading 10µL into the Cedex

Smart Slide (ibidi) channel; or using the CASY Cell Counter and Analyzer (OMNI Life Sciences), by diluting

10µL of cell suspension in 10mL of CASYton (OMNI Life Sciences) solution.

Immune cell restimulation

Cell suspensions obtained from colons, spleens and MLNs were distributed in a 96-well plate and

either directly stained or restimulated prior to intracellular cytokine staining using 50ng/mL PMA (Sigma-

Aldrich) and 1.5µg/mL ionomycin (Alfa Aesar) in RPMI GlutaMAX® 10% FBS 1% P/S for four hours at 37°C.

Brefeldin A (eBioscience (Invitrogen)) was added after the first hour.

Immune cell staining and acquisition (FACS)

Cells were stained with fluorescent extracellular antibody mixes (LIVE/DEAD Fixable Near-Infrared

Dead Cell Stain Kit (ThermoFisher Scientific) 1:1000, antibodies 1:100 in FACS buffer) and incubated for

30 minutes at 4°C or overnight at 4°C. For the staining of macrophages and dendritic cells, an anti-CD16/32

(1:50) antibody was used to block unspecific binding prior to staining with fluorescent antibodies. After

incubation, cells were washed, then fixed and permeabilized using the Cytofix/Cytoperm Kit (BD

Biosciences), according to the kit manual. After permeabilization, cells were stained with fluorescent

intracellular antibody mixes (antibodies 1:100 in Perm Buffer (from Cytofix/Cytoperm Kit)) and incubated

for 30 minutes at 4°C. After incubation, cells were washed and analyzed in a FACS Canto II or on a FACS

LSRFortessa Cell Analyzer. All antibodies are listed in Supplementary Table 10. Data analysis was

performed using FlowJo and R was used for graphical representation. All gating strategies for immune cell

profiling presented in this article can be found in Supp. Fig. 9 and 10.

Tissue staining

Liver lobes and portions of colons were included in Tissue Freezing Medium (Leica) and snap-

frozen in liquid nitrogen immediately upon collection. Slides were thawed and air dried for 30 minutes a

room temperature prior to staining. For Alcian blue staining, 7μm-thick colon cryosections were fixed with

10% buffered formalin for 30 minutes. After fixation, slides were washed, incubated in 3% acetic acid (Carl

ROTH) for three minutes, then stained with Alcian Blue (Merck) for 30 minutes, then washed and

counterstained with Nuclear Fast Red (Merck) for five minutes. For H&E staining, 7μm-thick liver

cryosections were fixed in methanol for 10 minutes. Slides were left to dry for two minutes, then stained

for one minute in hematoxylin, then washed and stained for three minutes in eosin. Both liver and colon

slides were dehydrated in ethanol (80%, 95%, 100%), then stained for five minutes in Neo-Clear® (xylene

substitute). For immunofluorescent staining, slides were fixed for 10 minutes in acetone, which was left

to evaporate, then blocked with 10% FBS (in PBS) for one hour. Slides were stained overnight with the

primary antibody (1:200) at 4°C. Slides were washed with 0.01% Tween-20 (in PBS) the following morning

and stained with a secondary antibody (1:220) and DAPI (1:1000) in 1% FBS (in PBS) for an hour at room

temperature. Slides were then washed with 0.01% Tween-20 (in PBS). For mounting of slides, 5-6μL of

Tissue-tek coverslipping resin were dripped onto each sample and a coverslip was placed on top.

ELISA

LPS ELISAs were performed on mouse plasma samples using the ENDONEXT[TM] EndoELISA®

Endotoxin Detection Assay (BioVendor) according to the manufacturers' instructions. Lipocalin-2 was

detected in mouse fecal samples using the Mouse Lipocalin-2/NGAL DuoSet ELISA Kit (DY1857-05, R&D

Systems) according to the manufacturers' instructions.

Sodium acetoacetate synthesis and long-chain fatty acid – albumin complexation

Sodium acetoacetate (NaAcAc) was produced in-house by hydrolysis of an equimolar solution of

NaOH (Sigma-Aldrich) with ethyl acetoacetate (Sigma-Aldrich). The mixture was heated to 37°C in a water

bath overnight to produce sodium acetoacetate, water, and ethanol. A rotary evaporator with vacuum

was used to evaporate out the ethanol and the water and the remaining precipitate was stored at -20°C

until use.

Stearic acid, oleic acid and lauric acid (Sigma) were solubilized at 80mM in isopropanol (Sigma),

by heating to 37°C for ten minutes. Bovine serum albumin (BSA, Carl Roth) was solubilized in cell culture

medium at 2%. Pre-warmed dissolved long-chain fatty acids and pre-warmed BSA were mixed at a 1:1

ratio and complexed in a water bath at 37°C for an hour. The BSA-long-chain fatty acids and control

solutions were filtered through a 0.45µm sterile filter before use.

NB: When these products were used for experiments, the indicated concentrations were

calculated based on the assumption that all obtained products were pure and all available long-chain fatty

acid molecules were complexed to BSA. Thus, the true bio-available concentration of these products

remains undetermined, and lower than indicated.

Cell culture maintenance

HCT116, HT-29 and Caco-2 CRC cell lines were obtained from ATCC and maintained in DMEM-F12

with 10% [v/v] foetal bovine serum (FBS) and 1% [v/v] penicillin/streptomycin. Cell lines were

mycoplasma-free and authenticated before their use in this study (STR analysis, DSMZ).

T cell differentiation assay

Spleens and lymph nodes from young (<8-week-old) male and female C57BL/6J mice were

isolated using the CD4^{+} T Cell Isolation Kit (Miltenyii Biotec) according to the manufacturer's instructions.

Single cell suspensions were counted using a Neubauer improved counting chamber (VWR). 200 000 cells

per well were dropped onto a 96-well plate pre-coated with anti-CD3 at 5ug/mL per well (incubated for

at least three hours at 37°C) and preloaded with a Th17 cell differentiation cytokine mix (final

concentrations: 2ng/mL TGF-β (R&D systems), 30ng/mL IL-6 (Miltenyii Biotec), 5μg/mL anti-IFNγ and

1μg/mL anti-CD28) and with the treatments of interest at the concentrations indicated in each figure.

Three days later, cells were restimulated, stained and analyzed as described above.

Proliferation assays

For the evaluation of dose-dependent responses to stearic acid, 3000 HCT116, HT-29 and Caco-2

cells were seeded per well in a 96-well plate and were treated with the indicated concentrations of BSA-

stearate or a matching control containing cell culture medium, BSA and isopropanol. Confluence was

monitored with the IncuCyte imaging system (Sartorius). The IncuCyte ZOOM software (2018B, Sartorius)

was used to create a mask for confluence detection.

For the evaluation of the effect of different long-chain fatty acids on tumor cell growth, 6500 HT-

29 cells were seeded per well in a 96-well plate. 24 hours after seeding, cells were treated with BSA-

stearate, BSA-oleate and BSA-laurate at the indicated concentrations or an equal volume of DMSO as

control for 48 hours, in the presence or absence of the caspase inhibitor zVAD (Z-VAD-FMK, InVivoGen).

Staurosporine (81590-10, SanBio), a protein kinase C inhibitor, was used as a positive control. Wells were

imaged using Cytation10 every 24h and cell viability was assessed using CellTiterGlo (G9241, Promega)

72h after treatment according to the user manual.

RNA isolation from murine tissues and Quantitative Polymerase Chain Reaction (qPCR)

RNA was isolated from mouse tissue samples using the Machery-Nagel Nucleospin RNA Isolation

Kit (ThermoFischer Scientific), following the kit manual, after tissue homogenization by bead-beating in

the TissueLyzerII (Qiagen) for five minutes, at 40Hz. The concentrations and purities of the extracted RNA

samples were measured using a Nanodrop 2000 spectrophotometer.

cDNA was obtained by reverse transcription using the High-Capacity cDNA Reverse Transcription

Kit (Applied Biosystems, Thermofisher Scientific). The Absolute Blue qPCR SYBR Green Low ROX Kit

(ThermoFisher Scientific) was used for the amplification. 125nM of each primer (primer sequences can be

found in Supplementary Table 11) and 50 ng of cDNA was used per reaction and run on a 7500 FAST Real

time PCR Detection System cycler (Applied Biosciences) set to 95°C for 15 minutes, followed by 40 cycles

of 95°C for 30 seconds, 60°C for 30 seconds and 72°C for 30 seconds. Expression levels of the genes of

interest were normalized against the reference genes β-actin and GAPDH using the qbase+ software, in

accordance with the MIQE guidelines[48].

RNA extraction from cell pellets and sequencing

RNA was extracted from treated cell pellets using the miRNeasy Mini Kit (#74106, Qiagen). DNA

was digested using RNase-free DNase (RNase-free DNase Set, #79256, Qiagen). For library preparation,

1 μg of RNA was poly(A) selected, fragmented and reverse transcribed by using the Elute, Prime, Fragment

Mix (Illumina). 1 μg of RNA was poly(A) selected and fragmented by using the Elute, Prime, Fragment Mix

(Illumina). Reverse transcription, End repair and adaptor ligation and library enrichment were performed

as described in the Low Throughput protocol of the TruSeq RNA Sample Prep Guide. RNA library quantity

and quality were assessed with the Fragment Analyzer (Agilent). RNA libraries were sequenced as 50 bp

paired-end on Illumina NextSeq2000 sequencer at the LCSB genomics platform (RRID: SCR_021931).

RNA data processing and analysis

FastQ files were processed using a snakemake workflow which can be found here:

https://gitlab.lcsb.uni.lu/aurelien.ginolhac/snakemake-rna-seq. Tag version: 0.5.4. Container software

set: https://hub.docker.com/r/ginolhac/snake-rna-seq tag 0.8. Briefly, reads were trimmed with

AdaptorRemoval with a minimum length of the remaining reads set to 35 bp (version 2.3.3[49,50]). Trimmed

reads were mapped to human reference genome GRCh38 (from Ensembl release 102) using STAR

v2.7.11a[51]. Quality control was performed using fastqc (version 0.12.1) and fastq Screen (version 0.15.3[52])

and summarized using multiqc (version 1.17). Read counts were extracted using Rsubread::featureCounts

v2.16.0[53] and reads with counts below 10 were removed prior to differential expression analysis using

DESeq2 version 1.42.0 with apeglm to preserve large log2-fold changes v1.24.0[54]. The identified batch

effect (biological replicate) was removed using ComBat-Seq implemented in the R package sva[55] and

differential gene expression analysis performed using DESEq2[56]. Log 2 fold change values were shrunken

using ashr[57]. Genes were pre-ranked by the log 2 fold-change values and geneset enrichment analyses

performed using the GSEA() function implemented in the clusterProfiler R package. Hallmark genesets

were retrieved using the msigdbr R package and the Chen et al. genesets[58]. Heatmaps were rendered

using the ComplexHeatmap R package. TCGA COAD and READ data (data release v36) were retrieved from

the GDC portal and the expression data from patients providing paired distant normal and primary tumor

samples filtered out (n = 50 patients). Geneset expression scores for TCGA and our in-house RNA-Seq

dataset were calculated using the R package singscore[59,60] and TPM expression values. Scripts can be

found: https://gitlab.com/uniluxembourg/fstm/dlsm/mdm.

DNA isolation from fecal samples (mouse, human)

Fecal DNA was isolated using the DNeasy PowerSoil DNA Isolation Kit (Qiagen), according to the

kit manual, but with the following modification - the sample was homogenized using the TissueLyzerII for

five minutes at 40Hz instead of by vortexing. DNA extracted from human fecal samples was additionally

subjected to processing through the DNA Clean and Concentrator Kit (Zymo Research). The concentrations

and purities of the extracted DNA samples were measured using a Nanodrop 2000 spectrophotometer.

16S rRNA amplicon sequencing and WGS

For 16S rRNA sequencing, 5 ng of DNA extracted from human or mouse fecal samples was subjected to amplicon sequencing of the V4 region of 16S rRNA genes using primers 515F and 805R (primer sequences can be found in Supplementary Table 11). Samples with low microbial biomass were excluded. Sequencing was performed on a MiSeq instrument (Illumina) using 2×300 base pair read lengths.

For WGS, 200 ng of DNA extracted from human fecal samples was used for metagenomic library preparation using the Next Generation Sequencing DNA Library Prep Kit (Westburg), according to the user manual. 100 ng of DNA extracted from mouse fecal samples was used for metagenomic library preparation using the FX DNA Library Kit (Qiagen), according to the user manual. The average insert size of libraries was 450 base pairs for human fecal samples and 530 base pairs for mouse fecal samples. Sequencing was performed on a NextSeq500 (Illumina, for human fecal samples) or on a NextSeq2000 (Illumina, for mouse fecal samples) instrument using 2×150 base pair read lengths.

All prepared libraries were quantified using the Qubit® dsDNA BR Assay Kit (Thermofisher Scientific) and Qubit® 3 Fluorometer (ThermoFisher Scientific) and sample quality was assessed using the Bioanalyzer High Sensitivity DNA Analysis Kit (Agilent Technologies).

16S data analysis

Raw 16S rRNA gene sequences (FASTAQ files) were cleaned, processed and merged up to an amplicon sequence variant (ASV) count table using the DADA2 pipeline[61]. SILVA train sets (versions 132 (engraftment of 5HD mix in mice) to 138 (community changes over time)) were used for taxonomy inference. Samples with no reads, ASVs with no identified phylum or class and taxa present in less than 5% of samples were excluded where necessary. Data was aggregated to genus level and relative

abundances were computed, or centered log-ratio (CLR) transformation[62] was performed. Differential

analysis and graphical representation were performed in R, using the packages from Bioconductor

(DESeq2[63,64], phyloseq[65]) and tidyverse (ggplot). Details on the workflows and scripts can be found on

https://gitlab.com/uniluxembourg/fstm/dlsm/mdm.

WGS data analysis for human fecal samples

Raw genome sequences (FASTQ files) were cleaned using the Sunbeam pipeline[66]. Function

profiling was performed with HUMAnN Version 3.0[67] using the quality-controlled and host-

decontaminated FASTQ files obtained from Sunbeam. Graphical representation was performed in R, using

the packages from tidyverse, broom and RColorBrewer.

WGS data analysis for mouse fecal samples

The Integrated Meta-omic Pipeline (IMP; v3 - commitID #6f1badf7)[68] was used to process paired

forward and reverse reads using the built-in metagenomic workflow. The workflow includes pre-

processing, assembly, genome reconstruction and functional annotation of genes based on custom

databases in a reproducible manner. *De novo* assembly was performed using the MEGAHIT (version 2.0)

assembler. Default IMP parameters were retained for all samples. MetaBAT2 and MaxBin2 in addition to

binny[69] were used for binning and genome reconstructions, i.e. MAGs. Subsequently, a non-redundant

set of MAGs was obtained using DASTool v1.1.461 with a score threshold of 0.7 for downstream analyses,

and those with a minimum completion of 90% and less than 5% contamination as assessed by CheckM

v1.1.3. Taxonomy was assigned to the MAGs using the extensive database packaged with gtdbtk v2.0.1.

In addition, Kraken2 implemented in IMP was used for taxonomic assignment of reads. For the analyses

of functional potential from the assembled contigs, open-reading frames were predicted from contigs

using a modified version of Prokka that includes Prodigal gene predictions for complete and incomplete

open-reading frames. The identified genes were annotated with a hidden Markov models (HMM)

approach, trained using an in-house database including KOs derived from the Kyoto Encyclopedia of Genes

and Genomes (KEGG) database[70–72].

Differential analysis was performed using the package DESeq2[56] and using Wilcoxon rank sum test

performed on CLR-transformed Kraken2 reads counts. Non-metric dimensional scaling (NMDS) analyses

were performed on robust Aitchison distances calculated from Kraken2 read counts using the R package

vegan (version 2.6-6.1). For further analysis as well as graphical representation R packages *ggplot2*,

ggpubr (version 0.6.0), *tidyverse, gghx4* and *RColorBrewer* (version 1.1-3) were used. Details on the

workflows and scripts can be found on https://gitlab.com/uniluxembourg/fstm/dlsm/mdm.

Human fecal sample and mouse fecal pellet homogenization for metabolite extraction

Circa 1g of frozen human fecal material was milled in a cryogenic grinder (6875D Freezer/Mill®,

SPEX® SamplePrep, Instrument Solutions) reducing the samples to a fine powder. Homogenized fecal

powders were resuspended in 500µL of MilliQ® water, then centrifuged at maximum speed.

MilliQ® water was added to mouse fecal pellets at a 1:16 dry weight to water ratio, in tubes

containing ceramic homogenization beads. Samples were homogenized at 6000rpm, for two 30-second-

long cycles at 4°C, in a Precellys®24 Homogenizer (Bertin Corp.), incubated at 4°C for ten minutes, then

centrifuged at maximum speed.

Supernatants were collected for further downstream processing.

Metabolite extraction

An internal standard mix (ISM) was added to the samples (human fecal samples, murine fecal

samples and murine plasma samples) and proteins were precipitated. Proteins were pelleted,

supernatants were collected and phospholipids were removed (for HILIC LC-MS). Phase separation was

achieved by addition of chloroform, aliquots of the polar and non-polar phase were transferred into GC-

MS vials and solvents were evaporated in a rotary vacuum evaporator at 4°C overnight. Dried samples

were then reconstituted for analysis.

Hydrophilic interaction chromatography (HILIC) was done on a Thermo Q Exactive HF mass

spectrometer (ThermoFisher Scientific) equipped with SeQuant ZIC-pHILIC 20x2.1mm columns (Merck

Millipore) using 20mM AmAc in water as mobile phase A and 20mM AmAc in 90% ACN + 0.1% formic acid

as mobile phase B.

For untargeted GC-MS of murine plasma samples, metabolite derivatization was performed using

a multi-purpose sampler (Gerstel) and data were acquired on 7890B GC (Agilent Technologies) coupled to

a 5977A mass selective detector (MSD, Agilent Technologies) or Vanquish UHPLC (ThermoFisher

Scientific), coupled to a Q Exactive HF mass spectrometer (ThermoFisher Scientific).

Details regarding sample processing and acquisition are provided in Supplementary File 1.

Metabolite extraction from murine fecal samples for short-chain fatty acid (SCFA) quantification

For targeted and absolute quantitative SCFA detection in mouse fecal samples, derivatization was

performed in the organic phase using diethyl ether (VWR). A dilution series of a volatile free acid mix

(VFAM, Supelco®, Sigma-Aldrich) and separate quality control samples were prepared. Internal standard

(IS) of 10mM 2-ethylbutyric acid (Sigma-Aldrich) in methanol, MilliQ® water and 18.5% hydrochloric acid

(Sigma-Aldrich) were added to all samples. After 15 minutes of agitation at 15°C in the Thermomixer

(Eppendorf), two subsequent 99% diethyl ether extractions were performed. The decanted supernatants

were pooled, then aliquoted in triplicates and N-Methyl-N-(tert-butyldimethylsilyltrifluoro acetamide)

w/1% tert butyldimethylchlorosilane (MTBSTFA, Interscience) was added for analysis. The samples were

analyzed on an 8890 GC (Agilent Technologies), coupled to an 5977B MSD (Agilent Technologies).

Details regarding sample processing and acquisition are provided in Supplementary File 1.

Murine plasma bile acid (BA) quantification by ultra-high performance liquid chromatography – tandem

mass spectrometry (UHPLC-MS/MS)

10 μL of plasma were used for bile acid (BA) quantification. BAs were analysed using UHPLC-MS/MS, consisting of an ExionLC (Sciex) coupled to a QTrap 5500 mass spectrometer (Sciex). Electrospray ionization was performed in the negative ionization mode. Chromatographic separation was run on an ethylene bridged hybrid (BEH) C18 column (2.1x100 mm, 1.7μm, ThermoFisher Scientific). The mobile phase consisted of water, containing 0.1% formic acid and 5mM ammonium acetate or acetonitrile (ACN, Carl ROTH). The analytes were separated by a gradient elution. BA detection was performed in the multiple reaction monitoring (MRM) mode. Standards for all shown BAs, as well as the deuterated BA internal standard (IS) substances d4-CA, d4-GCA and d4-TCA were purchased from Sigma-Aldrich Chemie GmbH (Taufkirchen, Germany), Avanti Polar Lipid (Alabaster, USA) and Steraloids (Newport, USA). Further details can be found in García-Cañaveras et al., 2012[73] and in Supplementary File 1.

Metabolomic profiling data pre-processing of untargeted LC-MS datasets

Raw data files obtained through LC-MS of human stool and murine plasma and stool samples were processed in TraceFinder (version 5.1.203.0) for peak identification and annotation. Three different in-house libraries, generated with reference standards, as well as one commercially available library, mzCloud Offline for mzVault 2.3_Omics_2020A.db, in the Advanced Mass Spectral Database (AMSD) (HighChem, from ThermoFischer Scientific), were used for peak annotation, with the adduct formulas [M+H]$^+$ and [M-H]$^-$. Annotated features and integration tables were exported for post-processing.

Metabolomic profiling data pre-processing of untargeted GC-MS datasets

663   Raw data files obtained through GC-MS murine plasma and stool samples were processed in

MetaboliteDetector[74] (version 3. 220190704) for peak identification and annotation. An in-house library,

generated with reference standards was used for peak annotation. Deconvolution settings were applied

as follows: peak threshold = 5, minimum peak height = 5, bins per scan = 10, deconvolution width = 5

scans, no baseline adjustment, minimum 15 peaks per spectrum and no minimum required base peak

intensity. The data was normalized using the response ratio of the integrated peak area of each metabolite

and the integrated peak area of the IS, as described in[75]. Annotated features and integration tables were

exported for post-processing.

Metabolomic profiling post-processing data analysis

673   For murine plasma metabolites identified in the SPF experiment, data was manually curated

based on the pooled sample, spiked with the ISM. Features, which could not be confirmed through MS2

data (from the commercially available database[76]) or through the ISM were filtered out. Metabolites with

missing (N/A) values were also filtered out. Single metabolite intensities were normalized to the total

metabolite area and corrected using the mean value of total metabolite values from all samples. LC-MS

and GC-MS data were unified, and duplicate metabolites were filtered out, based on reliability and

consistency of the peak areas.

680   Human stool sample data was similarly processed (but without the element of data unification

681   between methods).

682   For murine plasma metabolites identified in the GF experiment (GC-MS), metabolites with missing

683   (N/A) values were filtered out.

684   Murine stool SCFA content was quantified based on an IS and using the MassHunter Quantitative

Analysis Software (version 10.2.733.8). In the LC-MS and GC-MS datasets, metabolites with over 20%

missing (N/A) values were filtered out. Data from murine stool untargeted LC-MS, GC-MS and SCFA

quantification was unified and duplicate metabolites were filtered out, based on reliability and

consistency of the peak areas.

Univariate statistical analysis with Benjamini-Hochberg false discovery rate (BH FDR, performed

for all datasets), principal component analysis (PCA), scaling, centering and graphical representation in

the form of a heatmap (ComplexHeatmap R package[77]) or log2foldchanges were performed in R version

4.2.1 and Rstudio version 1.4.1717. For data scaling and centering, the standard deviation was set to a

value of 1 and the mean value was set to 0.

Total and free fatty acid extraction

Powders of mouse diet samples were prepared by placing samples in 7 mL Precellys® tubes (VWR)

containing 10 steel beads and homogenization at 9000 rpm for 3 cycles of 30 seconds at 4°C to. For

extraction of total and free fatty acids mouse diet powders and mouse fecal samples were homogenized

in Precellys® tubes (VWR) containing 600 mg ceramic beads and MeOH + ISM (final concentration 2 µg/ml)

in a sample to weight ration of 1:30. Non-polar fatty acids were extracted using methyl-tert-butyl ether

(MTBE) and H_2O to induce phase separation. For quantification of free fatty acids, aliquots of the non-

polar phase were transferred into glass vials, solvents were evaporated, and samples were kept until data

acquisition. For quantification of total fatty acids, dried non-polar extracts were dissolved in isopropanol

and 0.4 M NaOH was added to perform alkaline hydrolysis. After incubation for 30 min at 37°C, samples

were acidified with 2 M HCl and fatty acids were extracted using hexane.

Plasma fatty acids were extracted from 8 µl mouse plasma mixed with ACN/H_2O (4+1) + ISM (final

concentration 2 µg/ml) using the same workflow with the exception that an acidic hydrolysis was

performed prior phase separation using 5 M HCl.

Dried total fatty acid extracts were reconstituted, filtered using Phenex-PTFE syringe filters and

analyzed on an Agilent 1290 LC coupled to an Agilent 6560 Q-TOF MS system equipped with a Dual Agilent

Jet Stream ESI source using Agilent Mass Hunter LC/MS Data Acquisition (version B.09.00, Build

9.0.9044.0) for data acquisition.

Details regarding sample processing and acquisition are provided in Supplementary File 1.

Pre-processing of total and free fatty acid datasets

Raw data obtained through fatty acid LC-MS profiling were processed in Agilent Mass Hunter

Profinder (ver 10.0 SP1, Build 10.0.10142.1). Target compounds were identified by exact mass (mass error

±5 ppm), isotopic pattern and retention time (±0.15 min) matching (Batch Targeted Feature Extraction).

Semi-quantification was based on integrated peak area of the deprotonated target compound and

normalization to internal standards.

Other data analyses

All other data analysis, statistical analysis, and graphical representation, which is not described in

the above sections, was performed using Graphpad Prism version 9.4.1.

Data availability

Raw sequencing data files for 16S gene sequencing from murine fecal samples are available at the

ENA's sequence archive under the accession PRJEB70917 (GF) and PRJEB70920 (SPF). Raw sequencing

data files for 16S gene sequencing from human stool samples are available at the ENA's sequence archive

under the accession PRJEB70932. Raw sequencing data samples for mouse stool samples are available at

the ENA's sequence archive under the accession PRJEB66281. Raw sequencing data files for WGS from

human stool samples are available at the ENA's sequence archive under the accession PRJEB70909. Raw

sequencing data files for RNAseq from LCFA-treated HT29 cells can be accessed under ArrayExpress

accession number E-MTAB-14429.

Data used to generate the figures are also provided as a 'Source Data' file. Source data are

provided with this paper.

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Figure legends

Figure 1. Ketogenic diet leads to lower colonic tumor incidence and smaller tumor size in an

inflammatory model of CRC. | a. Schematic representation of the dietary AOM/DSS experimental setup

in the GF (top) and SPF (bottom) facilities (created with BioRender.com). **b.** Compositions of the KD and

SD, with % of calories from the indicated source. **c.** Colonic tumor burden in GF KD- and SD-fed mice. **d-f.**

Colonic tumor burden (**d**), normalized average colonic tumor surface area per mouse (**e**) and tumor

surface area distribution (small= first tertile, medium=second tertile, big=third tertile; Chi-squared test χ2

(2, N = 87) = 3.4, p = 0.184; **f**) in SPF KD- and SD-fed mice. **g.** Representative images of colons from one

KD- and one SD-fed mouse in the SPF facility. Scale bar = 1mm. Data is shown as mean±SD in (**c**), (**d**) and

(**e**). Data in (**c**) shows n=6 mice per condition from one experiment. Data in (**d**), (**e**) and (**f**) shows n=8 and

9 mice in the KD-fed condition and the SD-fed conditions respectively, pooled from two independent

experiments in the SPF facility. Analysis of deviance of a negative-binomial generalized linear model

regressing the number of tumors against treatment in (**c**), (**d**). Two-tailed Mann-Whitney U test in (**e**).

Figure 2. The tumor-inhibitory effect of ketogenic diet is mediated by the gut microbiome. | a.

Schematic representation of the cecal microbial transfer experimental setup in the GF facility (created

with BioRender.com). **b-e.** Colonic tumor burden (**b**), average colonic tumor surface area per mouse (in

pixels) (**c**), and tumor surface area distribution (small= first tertile, medium=second tertile, big=third

tertile; Chi-squared test χ2 (2, N = 384) = 10.3, p = 0.00586; **d**), in KC and SC recipient mice. n=16 KC

recipient mice and n=13 SC recipient mice. Cecal matter from n=8 different donor mice per condition was

used for CMT. Data shown as mean±SD in (**b**) and (**c**). Analysis of deviance of a negative-binomial

generalized linear model regressing the number of tumors against treatment in (**b**). Two-tailed Mann

Whitney U test in (**c**). **e.** Representative images of the distal portion of the colon from one KC and SC

recipient mouse. Scale bar = 1mm.

Figure 3. Ketogenic diet alters gut microbiome composition. | a-f. β-diversity as assessed by PCoA (95%

confidence interval) of Bray-Curtis distance in five individual healthy donor stool samples, in a mix of the

five healthy donor stool samples (5HD mix) and in murine fecal samples three days after gavage (TG, **a**

and **b**); β-diversity as assessed by PCoA (95% confidence interval) of Bray-Curtis distance in murine fecal

samples collected over time after diet change (**c** and **d**); Abundance of selected genera which are

differentially abundant at at least one time point (using a generalized linear model on CLR, **e** and **f**) in fecal

samples collected over time after diet change from SD- and KD-fed mice in the GF (**a**, **c** and **e**) and SPF (**b**,

d, and **f**) dietary experiments (T0 at diet change, T1-T4 weeks after diet change), as analyzed by 16s rRNA

sequencing. **g-i.** β-diversity as assessed by NMDS (95% confidence interval) based on an Aitchison distance

matrix (**g**), relative abundance of bacterial families based on Kraken2 IMP output (**h**), and highly

characteristic bacterial MAGs (detected in at least six mice in one condition but not more than three mice

in the other (diet experiment); detected in at least four mice in one condition but not more than three

mice in the other (CMT experiment), **i**) detected in KD, SD, KC and SC murine fecal samples at endpoint,

as analyzed by WGS. In (**i**), *Rikenellaceae* are highlighted in light blue and *Muribaculaceae* in dark blue.

Data shows n=3 GF SD and n=6 GF KD mice from one experiment in (**a**), (**c**), (**e**), (**g**), (**h**) and (**i**), n=8 SPF KD-

fed mice and n=9 SPF SD-fed mice, pooled from two independent experiments in (**b**), (**d**), (**f**), (**g**), (**h**) and

(**i**); and n=8 KC and n=8 SC mice from one experiment in (**g**), (**h**) and (**i**).

Figure 4. Ketogenic diet alters metabolic profiles, leading to elevated levels of fecal stearate. | a-b. PCA

(95% confidence interval) of identified metabolites from fecal samples from SPF KD- and SD-fed mice (**a**)

and from KC and SC recipient mice (**b**), as analyzed by united GC-MS and LC-MS. **c-d.** Scaled free stearic

acid levels detected in fecal samples from SPF KD- and SD-fed mice (**c**) and from KC and SC recipient mice

(**d**) by LC-MS (polar phase). **e.** Correlation of colonic tumor burden with free fecal stearic acid levels in SPF

KD- and SD-fed mice (red) and in KC and SC recipient mice (blue). Two-sided Pearson correlation testing

was used. Data shown in (**a**), (**c**), and (**e, red**) are from n=9 SPF SD-fed and n=8 SPF KD-fed mice, pooled

from two independent experiments. Data shown in (**b**), (**d**) and (**e, blue**) are from n=8 mice per condition.

Data shown as mean±SD, two-sided Mann-Whitney test in (**c**) and (**d**).

Figure 5. Stearate is a microbial metabolite. |a. Schematic representation of type II bacterial fatty acid

synthesis created with BioRender, adapted from Yao et Rock (2017)[43]. Core enzymes are shown with their

corresponding KEGG orthologs (KOs). Abbreviations: acetyl-CoA carboxylase enzyme complex (AccABCD),

β-ketoacyl-ACP synthase 1 (FabB), malonyl-CoA:ACP transacylase (FabD), β-ketoacyl-ACP synthase II

(FabF), β-ketoacyl-ACP reductase (FabG), β-ketoacyl-ACP synthase III (FabH), enoyl-ACP reductase enzyme

isoforms (FabI, FabK, FabL and FabV), β-hydroxyacyl-ACP dehydratase (FabZ), long-chain-fatty-acid-CoA

ligase (FadD), long-chain fatty acid transport protein (FadL), fatty acid kinase (FakA, FakB), acyl-ACP

thioesterase (FatA), iron transport protein (FatB), thioesterase 1/protease 1/lysophospholipase L1 (TesA),

phosphate acyltransferase (PlsX), CoenzymeA (CoA), acyl carrier protein (ACP). Thioesterases of interest

are bolded. **b.** Contigs from metagenomic sequencing data carrying the KOs of the bacterial acyl-CoA

thioesterases FatA and TesA were assigned to bacterial classes using Kraken2. Relative proportions (log10-

transformed coverage of contigs) of relevant bacterial classes are displayed. Remaining bacterial classes

were summarized as other. **c**. Levels of stearic acid measured in bacterial cultures (in relation to sterile

growth medium, shown as log*2*) of the Sonnenburg dataset published by Han *et al*. Families of the class

Clostridia are listed in red, while families of the class Bacteroidia are listed in blue. **d.** Relative abundance

(centered-log transformed total read counts) of stearate-producing and -consuming families of interest

(bolded in **c**) detected in murine fecal samples from KD-, SD-fed, KC and SC recipient mice at

endpoint. Boxplots show medians with 1st and 3rd quantiles. The whiskers from the hinges to the

smallest/largest values represent 1.5*inter-quartile range (IQR). Wilcoxon signed-rank test with

Bonferroni correction. Data shown in (**d**) are from n=9 SPF SD-fed and n=8 SPF KD-fed mice, pooled from

two independent experiments (**red and black**) and from n=8 mice per SC/KC condition (**gray and orange**).

Figure 6. The microbial metabolite stearate exhibits anti-cancer effects. | a. Schematic representation

of the dietary stearic acid supplementation experimental setup (created with BioRender.com). **b.**

Compositions of the control diet (CD) and the stearate-supplemented diet (SSD), with % of calories from

the indicated source. **c-d.** Stearic acid levels detected in serum (**c**) and fecal (**d**) samples from CD- and SSD-

fed mice, as detected by LC-MS. **e.** Colonic tumor burden in CD and SSD mice. **f.** Representative images of

colons from one CD and SSD mouse. Scale bar = 1mm. Data shows mean±SD from n=6 CD and n=5 SSD

mice in (**c**), from n=8 CD and n=8 SSD mice in (**d**). Two-sided Mann-Whitney test in (**c**) and (**d**). Data shows

mean±SD from n=8 CD and n=8 SSD mice in (**e**). Analysis of deviance of a negative-binomial generalized

linear model. **g-h.** HT29 proliferation over time (**g**) or scaled confluence at 72 hours (**h**) after treatment

with stearic acid or corresponding control (100µM, 150 µM, 200 µM, 250 µM, 300 µM). Data shows mean

(**g**) or mean±SD (**h**) from n=3 independent experiments, indicated by different datapoint shapes (**h**), each

with eight technical replicates per condition. **i.** ATP measurement (CellTiterGlo) of HT-29 cells at 72 hours

after treatment with stearic acid, oleic acid, dodecanoic acid or control (200 µM). Data shows mean±SD

of n=3 independent experiments (indicated by different datapoint shapes), each with eight technical

replicates. Two-way ANOVA with multiple comparisons in (**h**), (**i**). **j**. Principal component analysis of HT-29

cells treated with 200 µM of oleic, dodecanoic and stearic acid. **k.** Hallmark gene sets in stearic acid-

treated versus control cells. **l**. Cell cycle and apoptosis related gene expression in control, oleic,

dodecanoic and stearic acid-stimulated HT-29 cells and in tumor and matching normal tissue samples. **m-**

n. Caspase-3 activity in HT-29 (**m**) and HCT-116 (**n**) cells treated with stearic acid in presence or absence

of a broad caspase inhibitor (zVad). Staurosporine 2uM was used as a positive control. Data shown in (**j**),

(**k**), (**l**), (**m**) and (**n**) is from n=3 independent experiments. Data shows mean±SD of n=3 independent

experiments (indicated by different datapoint shapes), in (**m**) and (**n**). Ordinary one-way ANOVA in (m)

and (n), data passed Shapiro-Wilk normality test.

1001

Figure 7. Functional ketogenic-diet-induced changes in the gut microbiome are responsible for its anti-

cancer properties.

Ketogenic diet consumption leads to lasting functional changes in the gut microbiome, which are sufficient

to reduce colonic tumor burden and which impact the luminal long-chain fatty acid pool. The enriched

microbial product stearate demonstrates tumor-suppressing properties by inducing apoptosis in cancer

cells and decreasing colonic Th17 immune cell populations.

1008

1009   **Extended data figure 1. | a.** Metadata of fecal sample donors. M=male, F=female. **b-d.** Relative

1010   abundance of the top 20 most abundant bacterial families (**b**), genera (**c**) and species (**d**) in human stool

1011   samples (CLR units)**. e.** Relative metabolite levels detected in human fecal samples, analyzed by

1012   untargeted LC-MS.

1013

Extended data figure 2. | a-b. Mouse body weight (grams) over time (weeks) in the GF (**a**) and SPF (**b**)

dietary experiments. Weight was not recorded between week five and ten (**a**) as no scale was available in

the facility. **c.** Colon length (cm) in the GF dietary experiment at experimental endpoint. **d-e.** Heatmap of

KD-induced changes in the immune cell compartment in relation to SD (log2foldchange) in the GF (**d**) and

SPF (**e**) diet experiments as detected by flow cytometry. Stars overlaid on the heatmaps indicate *p<0.05,

least squared means analysis. **f.** IL-17$^+$ CD4$^+$ T cells (counts) in the colons of SD and KD mice. **g-h**. Expression

of S1008A in the colons of SD and KD mice in the GF (**g**) and SPF (**h**) dietary experiments, as detected by

qPCR. **i**. Fecal lipocalin-2 levels (pg per gram of feces) in the SPF dietary experiment as detected by ELISA.

Data is shown as mean±SD in (**a**), (**b**), (**c**), (**f**), (**g**), (**h**), and (**i**), Mann-Whitney U test. Data in (**a**), (**c**), (**d**), (**e**),

(**f**) and (**g**) shows n=4 mice in the SD-fed condition and n=5 or 6 mice in the KD-fed condition from one

experiment in the GF facility. Data in (**b**), (**h**) and (**i**) shows n=7 or 8 and 9 mice in the KD-fed condition and

the SD-fed condition respectively, pooled from two independent experiments in the SPF facility.

1026

Extended data figure 3. | a. Schematic representation of the dietary AOM experimental setup in the GF

facility (created with BioRender.com). **b.** Mouse body weight (grams) over time (days) in mice

administered 5HD. **c.** Colonic tumor burden at endpoint. **d.** Heatmap of immune cell population

phenotyping of intra-epithelial lymphocytes (IEL), lamina propria (LP), mesenteric lymph nodes (MLN) and

spleens of KD-fed mice in relation to SD-fed mice in GF mice (GF) or in mice gavaged with a mixture of

stool samples from five healthy donors (5HD). Least-squared means analysis was performed on each

combination of tissue and cell immune cell type using a linear model, however no statistically significant

differences were found. **g.** One representative image of a section of liver stained with H&E per condition.

Scale bar=500μm. Data in (**b**) and (**c**) shown as mean±SD. Mann-Whitney U test in (**c**)**.** Data in (**b**), (**c**) and

1036   (**d**) shows n=7 and 6 mice in the GF SD and KD conditions respectively and n=6 and 4 mice in the 5HD SD

1037   and KD conditions, respectively.

1038

Extended data figure 4. | a-b. PCA (95% confidence interval) of plasma metabolites from mice in the GF

(**a**) and SPF (**b**) diet experiments, as analyzed by united GC-MS and LC-MS analyses (**a**) and GC-MS analysis

alone (**b**). **c-d.** Relative intensity of β-HB in plasma from mice in the GF (**c**) and SPF (**d**) diet experiments,

as analyzed by GC-MS. **e-f.** Log$_2$foldchange of identified plasma bile acids in KD-fed mice in relation to SD-

fed mice in the GF (**e**) and SPF (**f**) facilities, as analyzed UHPLC-MS. **g.** Schematic representation of the

experimental setup of a Th17 cell differentiation assay (created with BioRender.com). **h-i.** Th17

differentiation upon treatment with β-HB (10mM, 50mM, 100mM), acetone (1mM, 10mM, 100mM) or

sodium acetoacetate (10mM, 100mM, 250mM) in (**h**), a lipid mixture (1%, 2%, 5%) in (**i**). Data in (**c**), (**d**),

(**h**) and (**i**) is shown as mean±SD. Two-tailed Mann-Whitney U test in (**c**) and (**d**); Two-tailed unpaired T

test with FDR correction in (**e**) and (**f**); Paired ordinary one-way ANOVA in (**h**) and (**i**). Paired ordinary one-

way ANOVA comparing each set of ketone body dilutions to the control yielded no statistical significance

in (**h**). Data in (**a**), (**c**) and (**e**) shows n=5 mice per condition. Data in (**b**), (**d**) and (**e**) shows n=9 mice in the

SD-fed condition and n=7 mice in the KD-fed condition. Data in (**h**) shows n=5 biological replicates (mice)

indicated by different datapoint shapes, from one experiment. Data in (**i**) shows n=6 biological replicates

(mice) indicated by different datapoint shapes, pooled from two experiments. Abbreviations: not

detected (n.d.), cholic acid (CA), hyocholic acid (HCA), chenodeoxycholic acid (CDCA), deoxycholic acid

(DCA), 7-oxo-deoxycholic acid (7-oxo-DCA), murideoxycholic acid (MDCA), lithocholic acid (LCA),

ursodeoxycholic acid (UDCA), hyodeoxycholic acid (HDCA), muricholic acids (α-MCA, β-MCA and ω-MCA),

taurocholic acid (TCA), taurohyocholic acid (THCA), taurochenodeoxycholic acid (TCDCA),

taurodeoxycholic acid (TDCA), taurolithocholic acid (TLCA), tauroursodeoxycholic acid (TUDCA),

taurohyodeoxycholic acid (THDCA), tauro-α-muricholic acid (T-α-MCA), tauro-β-muricholic acid (T-β-MCA)

and tauro-ω-muricholic acid (T-ω-MCA).

1061

Extended data figure 5. | a-b. Colonic inner mucus layer thickness (in pixels, **a**) and representative images

of Alcian Blue staining of colonic cryosections (**b**) in GF KD-fed and SD-fed mice. **c-d.** LPS (endotoxin units

(EU) per milliliter) in plasma from GF (**c**) and SPF (**d**) KD-fed mice and SD-fed mice measured by ELISA. **e-f.**

Colonic occludin gene expression (**e**) and protein expression (**f**) in KD and SD mice in the SPF dietary

experiment, as measured by qPCR (**e**) and immunofluorescent staining (occludin-TRITC in red and DAPI

nuclear stain in blue, one representative colon per condition is shown, scale bar = 200 µM, **f**). Two-tailed

Mann-Whitney U test in (**a**), (**c**), (**d**), (**e**) and (**g**). Data in (**a**) shows n=4 SD and n=6 KD mice. Data in (**c**) and

(**d**) shows n=4 mice per condition. Data in (**e**) shows n=6 mice per condition.

1070

Extended data figure 6. | a. Mouse body weight (grams) over time (days) in the CMT experiment. **b-c.**

Colonic occludin gene expression (**b**) and protein expression (**c**) in KC and SC mice, as measured by qPCR

(**b**) and immunofluorescent staining (occludin-TRITC in red and DAPI nuclear stain in blue, one

representative colon per condition is shown, scale bar = 200 µM, **c**). **d-e.** S100A8 (**e**) and IL-17 (**e**) gene

expression in KC and SC mice in the CMT experiment, as measured by qPCR. Data is shown as mean±SD in

(**a**), (**b**), (**d**) and (**e**). Two-tailed Mann-Whitney U test in (**b**), (**d**) and (**e**). Data in (**a**) shows n=16 mice per

condition. Data in (**b**), (**d**) and (**e**) shows n=8 mice per condition.

1078

Extended data figure 7. | a. Stearic acid levels detected in fecal samples from SPF KD- and SD-fed mice

(Fig. 4**c**) by LC-MS (non-polar phase). Data is shown as mean±SD from n=9 KD mice and n=8 SD mice. **b.**

Relative taxonomic assignment of contigs encoding for the selected KOs of interest at class level in fecal

samples from KD- and SD-fed mice, and KC and SC recipient mice, at endpoint. Data shows n=8 SPF KD-

fed mice and n=9 mice SPF SD-fed mice, pooled from two independent experiments, and n=8 KC and n=8

SC recipient mice from one experiment. Shading of genes in red indicates synthesis-related genes, shading

in gray indicates acyl-CoA thioesterases and shading in blue indicates genes involved in acquisition of

extracellular long chain fatty acids. **c.** Levels of oleic acid (**left**) and palmitic acid (**right**) measured in

bacterial cultures (in relation to sterile growth medium, shown as log*2*) of the Sonnenburg dataset

published by Han *et al*. Families of the class Clostridia are listed in red, while families of the class

Bacteroidia are listed in blue. **d.** Free long-chain fatty acid profiles (**left,** heatmap shows means) and free

stearic acid content detected in SD and KD (**right,** shown as mean±SD). Two technical replicates per diet

are shown.

1092

Extended data figure 8. | a. Mouse body weight (grams) over time (days) in stearate-supplemented diet-

fed (SSD) mice and control-diet-fed (CD) mice. **b.** Free long-chain fatty acid profiles (**left,** heatmap shows

means) and free stearic acid content detected in SD and KD (**right,** shown as mean±SD). Two technical

replicates per diet are shown. **c.** Fecal lipocalin-2 levels (pg per gram of feces) in CD and SSD mice as

detected by ELISA. **d.** Frequency of IL-17+ CD4+ in colonic lamina propria in CD and SSD mice, as detected

by flow cytometry. **e-f.** Th17 differentiation upon treatment with BSA-complexed dodecanoic acid, oleic

acid and stearic acid (50µM, **e**) and with BSA-complexed palmitic and oleic acid (10µM, **f**). Data is shown

as mean±SD in (**a**), (**b, right**), (**c**), (**d**), (**e**) and (**f**). Data in (**a**), (**c**) and (**c**) shows n=8 mice per condition. Data

in (**e**) shows n=4 and data in (**f**) shows n=6 biological replicates (mice) indicated by different datapoint

shapes, from one experiment each. Unpaired Mann-Whitney U test in (**c**). Unpaired T test in (**d**), data

passed Shapiro-Wilk normality test p= 0.29. Paired ordinary one-way ANOVA in (**e**) and (**e**). **g-j.** HCT116

(**g**) and Caco2 (**i**) proliferation over time and scaled HCT116 (**h**) and Caco2 (**j**) confluence at 72 hours after

treatment with stearic acid or corresponding control (100µM, 150 µM, 200 µM, 250 µM, 300 µM). Data

shows mean (**g**) and (**i**) or mean±SD (**h**) and (**j**) from n=3 independent experiments, indicated by different

datapoint shapes, each with eight technical replicates per condition. Two-way ANOVA with multiple

comparisons in (**h**) and (**h**). **k.** Heatmap showing the expression of apoptosis hallmark genesets in HT-29

cells treated with dodecanoic acid, oleic acid and stearic acid (200µM). Labeled genes are identified as

being differentially expressed in the DGE analysis ($|\log_2 FC| > 0.25$ and p-adj < 0.05). Data shown in (**k**) is

from n=3 independent experiments.

1112

1113 **Extended data figure 9. | a.** Representative gating strategy of dendritic cells. **b.** Representative gating

1114 strategy of macrophages. **c.** Representative gating strategy of regulatory T cells. **d.** Representative gating

1115 strategy of CD8$^+$ T cells. **e.** Representative gating strategy of T helper 1 (subpanel 1) and T helper 2 cells

1116 (subpanel 2).

1117

1118 **Extended data figure 10. | a.** Representative gating strategy of innate lymphoid cells (ILC) - ILC1 (subpanel

1119 1), ILC2 (subpanel 2), ILC3 (subpanel 3). Transcription factors and cytokines are stained in two separate

1120 batches. **b.** Representative gating strategy of natural killer (subpanel 1) and natural killer T (subpanel 2)

1121 cells. **c.** Representative gating strategy of T helper 17 cells – transcription-factor-based phenotyping

1122 (subpanel 1), cytokine-based phenotyping (subpanel 2) and the combined strategy (subpanel 3).

1123

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1142

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1158

Figure 1

Figure 2

a

Weeks

9-11-week-old mice
C57BL6/NTac
♂ ♀

- 🟢 AOM injection
- ⚫ Standard cecal content gavage
- 🟠 Ketogenic cecal content gavage
- 🟦 DSS cycle

b

Colonic tumor burden (counts)

0.002

SC   KC

c

Average colonic tumor surface area per mouse (pixels)

0.3697

SC   KC

d

% of tumors

Tumor size
- big
- medium
- small

SC   KC

e

Standard cecums | Ketogenic cecums

1mm

Figure 3

Figure 4

Figure 5

Figure 6

Figure 7