Inhibition of pro-atherogenic trimethylamine production by human gut bacteria is not

determined by varying chlorogenic acid content in highbush blueberries

Ashley M. McAmis[1,2], Michael G. Sweet[1], Sydney Chadwick-Corbin[1], Juanita G. Ratliff[1], Molla Fentie

Mengist[1,3], Nahla V. Bassil[4], Pon Velayutham Anandh Babu[5], Massimo Iorizzo[1,6], Andrew P. Neilson[1,2*]

1. Plants for Human Health Institute, North Carolina State University, Kannapolis, NC

2. Department of Food, Bioprocessing, and Nutrition Sciences, North Carolina State University,

Raleigh, NC

3. Agricultural Research Station, Virginia State University, Petersburg, VA 23806, USA

4. United States Department of Agriculture, Agricultural Research Service, National Clonal Germplasm

Repository, Corvallis, OR

5. Department of Nutrition and Integrative Physiology, University of Utah, Salt Lake City, UT

6. Department of Horticultural Science, North Carolina State University, Raleigh, NC

Corresponding Author: Dr. Andrew P. Neilson, Plants for Human Health Institute, Department

of Food, Bioprocessing, and Nutrition Science, North Carolina State University, 600 Laureate

Way, Kannapolis, NC 28081, email: aneilso@ncsu.edu, phone: +1 (704) 250-5495

Figures: 9

Tables: 2

Abbreviations: acetonitrile (ACN); area-under-the-curve (AUC); cardiovascular disease (CVD);

chlorogenic acid (CGA); Draper x Jewel (DxJ); flavin monooxygenase 3 (FMO3); fresh weight

(FW); National Clonal Germplasm Repository (NCGR); solid phase extraction (SPE);

trimethylamine (TMA); trimethylamine N-oxide (TMAO); trimethylaminuria (TMAU)

Abstract

Cardiovascular diseases (CVDs) account for ~32% of all deaths worldwide, and atherosclerosis-related conditions are the leading cause of death in the United States. Elevated blood levels of trimethylamine N-oxide (TMAO), a gut microbiota-derived metabolite, are linked to increased risk of atherosclerosis. TMAO is produced when gut bacteria metabolize dietary quaternary amines to trimethylamine (TMA), which is converted to TMAO in the liver. With no FDA-approved drugs available to reduce TMA or TMAO, dietary interventions present the most promising strategy. Chlorogenic acid (CGA), a phenolic abundant in blueberries, inhibits TMA production. Blueberries may thus be a TMA- (and TMAO)-lowering food. CGA content in highbush blueberries varies depending on cultivar, growth conditions, and storage conditions; it remains unclear whether these variations in CGA levels influence the TMA-lowering activity of different blueberry varieties. We investigated the impact of highbush blueberry CGA content on the inhibition of choline-d_9 conversion to TMA-d_9 in our *ex vivo-in vitro* human fecal fermentation model. We tested blueberry skins (to avoid interferences from sugar-rich pulp) from 20 genetically distinct highbush blueberry genotypes, chosen based on their high and low CGA content. CGA levels in whole berries ranged from 2.6-146 mg/100 g fresh weight (FW), while CGA concentrations in blueberry skins ranged from 0.14-9.7 mg/g. No significant differences were observed in TMA-d_9 production among the 4 highest and 4 lowest CGA genotypes in kinetic curves or area under the curve (AUC) values. However, significant differences were observed between all genotypes compared to controls, with ~19.4.% reduction in TMA-d_9 AUCs compared to blank digesta, indicating that phenolic-rich skin provides similar TMA-lowering benefits across blueberry varieties. This suggests that the CGA content of genotypes is not a crucial factor for lowering TMA. Preliminary evidence suggests that fiber is also not the primary driver of the inhibitory activities of blueberry skins. Future studies, including rodent and human studies, are needed to confirm this *in vitro* study and understand why blueberries may inhibit TMA and potentially TMAO, as *in vitro* studies have limitations, and the mechanism of TMA production remains unclear.

Key Words: Chlorogenic acid, cardiovascular disease, trimethylamine, cutC/D, Atherosclerosis

1. Introduction

Cardiovascular diseases (CVDs) exert a large impact on populations worldwide, accounting for ~32% of all deaths [1]. This multifaceted group of disorders includes conditions such as atherosclerosis, myocardial infarction, and stroke and represents a leading cause of morbidity and mortality [2]. Atherosclerosis linked diseases are the leading causes of death in the United States [3]. The prevalence of CVDs necessitates the need for comprehensive research on pharmaceuticals, surgical interventions, and complementary strategies such as dietary and lifestyle changes to mitigate its influence on global health. In recent years, there has been growing evidence that certain gut-microbiota derived metabolites play a role in the development of inflammatory bowel disease, liver cirrhosis, rheumatoid arthritis, and CVDs [4]. In particular, the metabolite trimethylamine (TMA), produced from choline, L-carnitine, and γ-butryobetaine by gut bacteria containing trimethylamine lyase (TMA-lyase) complexes, serves as a precursor to trimethylamine N-oxide (TMAO). Choline TMA-lyase, which metabolizes choline into TMA, is encoded by the *cutC/D* gene cluster found in specific gut microbiota [5,6].

Studies suggest that elevated concentrations of trimethylamine N-oxide (TMAO) in the blood are associated with increased risk of atherosclerosis [7,8]. Choline is a semi-essential nutrient that the body requires to produce acetylcholine, phospholipids, lipoproteins, etc. and plays a crucial role in membrane and brain development in fetuses [9]. In addition, choline is metabolized to TMA by gut bacteria. Once released, TMA is absorbed through the intestinal mucosa and travels through the bloodstream via the hepatic portal system, which delivers blood directly to the liver rather than to the heart [10]. Once it reaches the liver, TMA is oxidized to TMAO by hepatic flavin monooxygenase 3 (FMO3) [11].

Currently, there is no FDA-approved drug to control or lower TMA or TMAO levels. The gut microbiota plays a crucial role in TMA metabolism, and the addition of antibiotics decreases the presence of bacteria carrying the *cutC/*D gene, ultimately reducing TMA production [12]. Although the use of antibiotics effectively reduces TMA production by targeting bacteria with the cut*C/*D gene, it may also disturb beneficial commensal bacteria, potentially leading to adverse health effects [13,14]. Strategies such as non-lethal TMA lyase inhibition lower TMA and TMAO production and inhibit the onset of atherosclerosis in rodents [15]. Lowering FMO3 expression or inhibiting its action may provide an effective strategy to decrease TMAO production [16]. However, TMA exudes an odor described as 'rotting fish', some individuals who

have a dysfunctional metabolism of TMA may experience trimethylaminuria (TMAU) which

causes sweat, breath, urine, or other bodily excretions to smell of fish [17–19]. The reduction or

inhibition of FMO3 may result in a buildup of TMA, potentially leading to TMAU. Reducing

dietary intake of choline proves to be an effective strategy to reduce TMA and TMAO levels [12].

However, this is not a viable strategy, as choline plays a crucial role in the synthesis of

phospholipids and neurotransmitters.

There is a growing interest in the TMA- and TMAO-lowering activities of dietary

phenolics [20,21]. Phenolics may reduce TMAO levels by various mechanisms, including reducing

the abundance of bacterial genera that convert choline into TMA, or direct inhibition of TMA

lyase. Due to the low oral bioavailability of many phenolics, unabsorbed phenolics accumulate in

the colon's lumen, where *cutC/D* (and other TMA lyase) gene-complex containing bacteria are

found [22–24]. Chlorogenic acid (CGA, or 5-caffeoyquinic acid) (**Figure 1**) is a phenolic commonly

found in the diet, and our lab previously identified CGA as a potential inhibitor of TMA

production [21]. CGA and CGA-rich foods exhibit anti-inflammatory, antihypertensive, and

antioxidant properties that help reduce the risk of cardiovascular disease and improve overall

health.

CGA stands out as the most predominant phenolic acid in blueberries, accounting for

more than 95% of total phenolic acid content in some cases [25–27]. Although all blueberries

contain some level of CGA, the difference between genotypes can vary by >20-fold [27]. We

previously showed that CGA-rich blueberry supplementation reduces TMAO in mice [28].

However, blueberries contain varying amounts of CGA, so it is challenging to make a general

claim that all blueberries offer the same health benefits, as their CGA levels (and other bioactive

compounds) may influence these benefits. Additionally, other components may drive the TMA-

and TMAO-lowering activities of blueberries.

The overall aim of this study was to evaluate whether CGA is a key bioactive that enables

blueberries to inhibit the formation of the gut microbial metabolite TMA (a precursor to the pro-

atherogenic compound TMAO). We hypothesized that CGA content is a primary determinant of

the TMA-lowering benefits of blueberries. To test the inhibition properties of CGA and other

non-phenolic components of blueberries, an *ex vivo-in vitro* human fecal fermentation model was

utilized to evaluate the inhibition of TMA production from choline.

2. Methods and Materials

2.1 Chemicals: Fecal samples were obtained from OpenBiome (Cambridge, MA, USA). Urea (CAS# 57-13-6), uric acid (CAS# 69-93-2), KCl (CAS# 7447-40-7), NaCl (CAS# 7647-14-5), $NaHCO_3$ (CAS# 144-55-8), Na_2HPO_4 (CAS# 7558-79-4), PBS (CAS# 7447-40-7, 7647-145-5), formic acid (CAS# 64-18-6), methanol (CAS# 67-56-1), acetone (CAS# 67-64-1), acetonitrile (CAS# 75-05-8), concentrated ammonia (CAS#1336-21-6, 7732-18-5), Na_3PO_4 (CAS# 7601-54-9), $ZnSO_4$ (CAS# 7446-20-0) and sodium acetate (CAS# 6131-90-4) were obtained from Thermo Fisher Scientific (Hampton, NH). Mucin (porcine stomach, CAS# 84082-62-4), α-amylase (porcine pancreas, CAS# 0009000902), Na_2SO_4 (CAS# 7757-82-6), pepsin powder (porcine gastric mucosa, CAS# 9001-75-6). NaOH (CAS# 1310-73-2), pancreatin (porcine pancreas, CAS# 8049-47-6), lipase (porcine pancreas, CAS# 9001-62-1), bile extract (porcine, CAS# 8008-63-7), peptone water, yeast extract (CAS# 8013-01-2), $MgSO_4 \times 7H_2O$ (CAS# 10034-99-8), $CaCl_2 \times 6H_2O$ (CAS# 7774-34-7), hemin (CAS# 1600-13-5), bile salts, Tween 80 (CAS# 9005-65-6), vitamin K1 (CAS# 84-80-0), resazurin (CAS# 62758-13-8), L-cysteine (CAS# 52-90-4), choline- d_9 (CAS# 61037-86-3), ethyl bromoacetate (CAS# 105-36-2), sodium carbonate (CAS# 497-19-8), Folin-Ciocalteu reagent, ammonium formate (CAS# 540-69-2), Diaion HP-20 resin (CAS# 9052-95-3), TMA- d_9 (CAS# 18856-86-5), pectin from apple (CAS# 9000-69-5), cellulose (microcrystalline, 20 μm, CAS# 9004-34-6), D-(−)-Fructose (CAS# 57-48-7), and D-(+)-Glucose (CAS#50-99-7) were obtained from MilliporeSigma (Burlington, MA). Acetic acid (CAS# 64-19-7) and D-(+)-Sucrose (CAS# 57-50-1) were obtained from VWR (Radnor, PA). Choline-1-^{13}C-1,1,2,2, -d_4, choline-1,2-^{13}C$_2$, TMA-^{13}C$_3$-^{15}N, and TMA-^{13}C$_3$-d_9 were obtained from Cambridge Isotope Laboratories. Hemicellulose (CAS#9034-32-6) was obtained from BOC Sciences (Shirley, NY). N_2 gas was obtained from Airgas, Charlotte, NC, USA.

2.2 Blueberry Sources: Commercially available frozen (distributed by Food Lion, LLC Salisbury, NC 28147) and fresh (SBROCCO International INC. Mount Laurel, NJ 08054) blueberries for method development were obtained from Food Lion, Kannapolis, NC, USA on March 4, 2024, and frozen immediately at −80°C. A 1:1 mixture of these store-bought berries was used for method development. Fruits from various blueberry genotypes were obtained from the 2019 and 2024 harvest of a diverse field collection through the United States Department of

Agriculture Agricultural Research Service (USDA ARS) National Clonal Germplasm Repository

(NCGR), Corvallis OR, USA. Fruit from a bi-parental population (Draper x Jewel, labled as

DxJ) were obtained from plants grown by the USDA-ARS Berry Breeding Program at the

Corvallis-based Horticultural Crops Production and Genetic Improvement Research Unit

(HCPGIRU). Fruits from these two distinct populations were obtained: (1) accessions (labeled as

Plant Introduction, PI) belonging to a diversity panel of cultivars/selections where the plants

were not directly related and did not share genetic material from the same immediate parental

sources, and (2) genotypes belonging to the DxJ bi-parental mapping population where plants

shared genetic material from the same parental sources. The accessions and the DxJ genotypes

were selected based on chlorogenic acid content evaluated in previous work [29] and verified in

this study (see results). Also the genotypes from the mapping population were selected based on

genotypic data, representing the dominant and recessive allele at a major genetic locus associated

with chrologenic acid content [29]. Blueberries were frozen, shipped overnight on dry ice, and

stored at −80°C immediately upon receipt prior to use.

2.3 General Gastrointestinal Digestion: Simulated *in vitro* upper gastrointestinal digestions were

performed to mimic oral, gastric, and small intestinal digestion following the methodology

described by Iglesias-Carres *et al.* [30,31]. Digestions were scaled from ~1 serving [150 g fresh

weight (FW)] in estimated human upper gastrointestinal volume (2 L) to an equivalent dose for

the *in vitro* digestion final volume (15 or 50 mL). "Blank" or "control" digesta was made with

saline in place of food material and treated the same as the other treatments. Further details of

digestion methods can be found in the **Supplementary Information.**

2.4 Anaerobic Fecal Fermentation

2.4.1 Growth Media Preparation: Anaerobic growth media were prepared following the

methodology described by Iglesias-Carres *et al.* [21]. Further information can be found in the

Supplementary Information.

2.4.2 Fecal Slurry preparation: Fecal samples collected from healthy donors and screened for

infectious diseases were obtained through OpenBiome (Cambridge, MA, USA) and stored

immediately upon arrival at −80°C. Fecal slurries were prepared 12 hrs before the start of

fermentations (concentrations varied based on individual experimental parameters). At least two

different fecal samples were combined in a ratio of 1 mL fecal sample to 9 mL anaerobic growth

media and vortexed until homogenized. The fecal slurry was left uncapped in the anaerobic

chamber for at least 12 hrs prior to fermentations. Further details can be found in the

Supplementary Information.

2.4.3 General Fermentation Conditions: Fermentations took place inside a 4-glove 855-ACB

anaerobic chamber (Plas-Labs, Lansing, MI, USA). The chamber was first purged of oxygen

using N_2 (Airgas, Charlotte, NC, USA) and then mixed gas containing 5% H_2, 5% CO_2 and 90%

N_2 (ARC3, Raleigh, NC, USA) until chamber conditions reached H_2 (2-3%) and O_2 levels below

20 ppm monitored with a CAM-12 anaerobic monitor (Coy Lab Products, Grass Lake, MI,

USA). Once anaerobic conditions were achieved, the heater inside the chamber was turned on to

37°C, and a palladium catalyst (to consume residual O_2) was placed on top before leaving it to

stabilize overnight. Conditions were monitored throughout the fermentation experiment. Further

information can be found in the **Supplementary Information.**

2.4.4 General Fermentation Procedure: Fermentations were carried out per the methodology

developed by Iglesias-Carres *et al.* [21]. The anaerobic chamber was prepared as described above.

To eliminate interferences by endogenous choline and other TMA-lyase substrates leading to

TMA metabolism in the absence of exogenous choline, choline-d_9 was added as a substrate at a

final concentration of 100 μM to all treatments. Choline-d_9 utilization and TMA-d_9 production

were measured to evaluate the effectiveness of treatments. Lyophilized, digested samples (if any)

were prepared as described in general gastrointestinal digestions, lyophilized (to remove O_2) and

reconstituted to 1X digesta concentration using filter-sterilized, overnight-sparged PBS 1X inside

the anaerobic chamber. In 1.1 mL 96-well plates, 750 μL of growth media were mixed with

90 μL of choline-d_9 stock solution (2 mM) in PBS 1X, 600 μL of reconstituted digested samples

and 360 μL fecal slurry (1:10 in PBS 1X). Final concentrations were thus 100 μM choline-d_9, 2%

fecal matter, and 33.3 % digesta. Samples containing no digesta material were brought to volume

with 600 μL of PBS 1X. The start of fermentation (time 0 h) began when fecal slurry was

inoculated into the reaction mixture with the substrate. From 0 up to 30 h, a 100 μL sample was

collected at various time points, combined with 100 µL of acetonitrile (ACN), and frozen

immediately at −80°C. Further information can be found in the **Supplementary Information.**

2.8 Phenolic Fraction Extraction: A phenolic extraction was performed to generate a blueberry

fraction representing phenolic compounds in an average serving of blueberries (~150 g) for use

in fermentation. Whole blueberries (1:1 mix of locally available store-bought fresh and frozen

berries) were homogenized, weighed, lyophilized, weighed and frozen at −80°C. Lyophilized

material representing a serving size of fresh weight blueberry was combined with an extraction

mixture containing acetone, water, and acetic acid (70:29.5:0.5) and vortexed, blended for 1 min

using a polytron (VWR 200), sonicated for 5 min in a water bath at 50 °C, and centrifuged (3248

x g, 10 min). The steps were repeated seven times until the supernatant was clear. The

supernatant was collected from the extractions, pooled, and concentrated using a rotary

evaporator at 45 °C. The extract was frozen at −80°C and lyophilized. The lyophilized extract

was weighed and resuspended in acidified mill-Q water (0.1% formic acid). The resuspended

extract material was eluted using Diaion HP-20 resin and a 24/40 column to remove and purify

phenolic compounds, then transferred into a round-bottom flask and concentrated using a rotary

evaporator. The extract material was frozen at −80°C and lyophilized. Further information can be

found in the **Supplementary Information.**

2.9 Plant Phenolic Extraction and Analysis: Extraction of blueberry material (skin, pulp and

whole fruit) was performed. The Folin assay was carried out to estimate total phenolics in the

plant extracts. To quantify the relative amounts of CGA in plant material, a solid phase extraction

(SPE) followed by analysis using UPLC-MS/MS was utilized following the methodology

described by Mengist *et al.*[32]. Further information can be found in the **Supplementary**

Information. CGA MS/MS parameters and a representative UPLC-MS/MS chromatogram are

shown in **Supplementary Table 1** and **Supplementary Figure 1**, respectively.

2.10 Digesta and Fermenta CGA Analysis: Digesta samples were combined 1:1 with 0.1%

formic acid in ACN, vortexed, sonicated for 5 min, then centrifuged (10 min at 17,000 x g). The

supernatant was filtered through a 0.2-micron PTFE filter before LC-MS analysis. Fermenta

samples were combined 1:1 with ACN after sample collection during fermentation. To acidify

these samples, 10 µL of 0.425% formic acid in ACN was mixed with 75 µL of the fermenta

sample. Samples were filtered through Strata filter plates using centrifugation (10 min at 3428 x

g) before LC-MS analysis. Further information can be found in the **Supplementary**

Information.

2.11 BacTiter-Glo ATP Assay: Bacterial viability was quantified by luminescence using a

commercial BacTiter-Glo Microbial Cell Viability Assay (Promega, USA). The reagent was

prepared by mixing equal amounts of the provided BacTiter-Glo substrate and BacTiter-Glo

buffer and leaving to rest for at least 15 min at room temperature. A total of 100 µL of the

fermenta sample was plated on a white 96-well opaque round-bottom plate and centrifuged (500

x g, 5 min) to remove interfering material. The pellet was resuspended in 100 µL of PBS 1X,

combined with 100 µL BacTiter-Glo reagent, and covered for 5 min before being placed in the

plate reader (SpectraMax iD3, Molecular Devices, USA). Luminescence was read (Shake: 10s,

integration: 2000, read height: 0.50mm) and results recorded. This test is used to determine

whether the treatment's inhibitory effects on choline-d_9 utilization and TMA-d_9 production are

not a result of low cell viability or general cytotoxicity. Validation of the assay is described in the

Supplementary Information. BacTiter-Glo validation and performance data are shown in

Supplementary Table 2 and **Supplementary Figures 2-4.**

2.12 Extraction and Quantification of Choline-d_9 and TMA-d_9: Sample extraction and

quantification of choline-d_9 and TMA-d_9 using isotope dilution were carried out as described by

Iglesias-Carres et al. [33]. Two internal standards were available for use, with only one utilized per

experiment (TMA-$^{13}C_3$-^{15}N or TMA-$^{13}C_3$-d_9, and choline-1-^{13}C-1,1,2,2, -d_4 or choline-1,2-$^{13}C_2$).

Further information can be found in the **Supplementary Information.** Structure and reactions

schemes for analytes and internal standards are shown in **Supplementary Figure 5.** MS/MS

parameters and presesentative UPLC-MS/MS chromatograms for analytes and internal standards

are shown in **Supplementary Table 3** and **Supplementary Figures 6-11**, respectively.

2.13 Statistical Analyses: Prism 10.4.1 (GraphPad, La Jolla, CA) was used for statistical analyses

and graph creation. One-way ANOVA was used to evaluate statistical differences in experiments

with one independent variable between control conditions and test solutions (treatment effects).

Two-way ANOVA was used to evaluate statistical differences in experiments with multiple

independent variables between control conditions and test solutions, as well as choline-d_9 and

TMA-d_9 kinetic curves (significant main effect/ interaction). If a significant difference ($P < 0.05$)

was noted, the Tukey post hoc test or Sidak's multiple comparison test was used to assess the

significance of the difference between means. If the kinetic curve calculated values were

negative, a zero was imputed for the areas-under-the-curve (AUCs) calculations. One-way

ANOVA was used to estimate differences in choline-d_9 and TMA-d_9 AUCs between treatments

and controls. For BacTiter-Glo data, one-way ANOVA test was used to evaluate statistical

differences. If a significant difference was noted ($P<0.05$), then a Tukey's post hoc multiple

comparison test was used to evaluate statistical differences between treatment means.

3. Results

3.1 Experiment 1: Determination of TMA-d_9 lowering activities of blueberries with high and low

CGA content. Based on the previously reported CGA content in the DxJ blueberry bi-parental

genetic mapping population (2017-2019 crop years, **Supplementary Figure 12**), eight blueberry

genotypes with large differences in CGA contents from previous years were selected [27]. Based on

fruit availability, four high CGA genotypes (170-250 mg/100 g FW in 2017-2019 crops)

containing the dominant allele were compared to four low CGA genotypes (17-32 mg/100 g FW

in 2017-2019 crops) containing the recessive allele were selected for further study. A simulated

gastric and small intestinal digestion was performed using the blueberries at a dose equivalent to

133 g of fresh blueberry consumed by an adult human (2 L upper gastrointestinal volume). The

blueberry digesta and control digesta were diluted 3X and fermented for 24 hrs with fecal

bacteria in the presence of choline-d_9. Near-complete inhibition of TMA-d_9 production was

observed by all eight genotypes tested (**Figure 2A**). These results indicated that blueberries are

the most potent TMA-lowering whole food tested in this model compared to previously

evaluated foods such as coffee, tea, cocoa [30], and artichokes [31]. The inhibition of TMA

production across all blueberry genotypes appeared to be nearly zero (Figure 2A). All eight

genotypes were effective in lowering TMA vs. control digesta. However, close examination of

TMA-d_9 appearance kinetics (**Figure 2B**) suggests that differences between high and low CGA

genotypes may be present (high CGA genotypes generally inhibited TMA-d_9 production more

than low CGA genotypes) and that these differences might increase if the assay period were extended. Other components of blueberries such as sugar, fiber, or other non-phenolic compounds may also have reduced TMA-d_9 production *in vitro* [30,34]. Previous work by Bresciani *et al.* has shown that sugar, which would not be present in the colon after upper gastrointestinal digestion, can significantly inhibit TMA formation in *in vitro* fecal models [34]. This inhibition is more accurately described as experimental interference, rather than a physiologically relevant effect, and would not be observed *in vivo*. Importantly, we have not previously observed such strong inhibition of TMA-d_9 production from other fiber-rich products such as cocoa [30], artichokes [31], or pure inulin [31].

3.2 Experiment 2: Determination of the impacts of CGA and major fruit components (sugar, fiber, skin, pulp) of blueberries on TMA production. The data in Figure 2 revealed significant (almost total) inhibition of TMA-d_9 generation compared to other foods previously studied in our lab. Additionally, previous work by Bresciani *et al.* has shown that sugar (which would not be present in the colon after upper gastrointestinal digestion) can significantly inhibit TMA formation [34]. We postulated that sugar, located primarily in the pulp, may be responsible for the observed near-total inhibition of TMA-d_9 production by blueberries *in vitro*. It was thus necessary to investigate whether components of blueberries, such as sugar, were interfering with the assay. Given the nature of our *in vitro* upper gastrointestinal digestion model, removing sugar is not possible without also eliminating other water-soluble compounds, such as CGA, that are not well-absorbed (and would thus be present in the colon *in vivo*). To identify what portion of blueberry fruit tissue exhibits the greatest effect on TMA-lowering activities, whole blueberry, sugar (mixture of glucose, fructose, and sucrose), fiber (mixture of cellulose, hemicellulose and pectin), and phenolic fractions (each matching the amount and composition in the whole berry, **Supplementary Table 4**) were digested and then used in an extended fermentation model (30 h). Further information can be found in the **Supplementary Information.**

BacTiter-Glo luminescence measurement of viable bacterial load for these fermentations is presented in **Supplementary Figure 13A**. There is no evidence suggesting that any treatment caused a cytotoxic effect that would lead to the perceived effect of TMA-d_9 inhibition. However, there were differences between treatments. Whole blueberry significantly elevated bacterial load at 14 h, but significantly lowered it at 30 h, compared to other treatments. Digestions and

fermentations were carried out as described above, and the kinetics of choline-d_9 use and TMA-

d_9 production are presented in **Figures 3A-B**, respectively. Whole blueberry and sugar fraction

treatments exhibited significantly higher concentrations of choline-d_9 and lower concentrations

of TMA-d_9 throughout the 30 hr fermentation period (essentially no choline-d_9 breakdown)

compared to all other treatments. This is further displayed in areas-under-the-curve (AUCs) of

the choline-d_9 (**Figure 3C**) and TMA-d_9 (**Figure 3D**) kinetics. These data supported our

hypothesis that sugar in the whole blueberry might be responsible for the observed near-total

TMA-d_9 inhibition, as the behavior of sugar (matched in content and composition) mimicked the

behavior of the whole blueberry. Notably, fiber (which would be present in the colon *in vivo*) did

not seem to affect choline-d_9 use or TMA-d_9 production, suggesting that fiber does not interfere

with the assay.

3.3 Experiment 3: Identification of blueberry components with the greatest TMA inhibition

potential: Building on the results from Experiment 2, which showed that whole blueberry and

sugar fractions exhibited the greatest TMA-d_9 inhibition, a further experiment was conducted to

identify blueberry fractions and components with the most significant TMA-d_9 lowering effect.

We first attempted to remove the sugar post-digestion using sucrose, fructose, and glucose

degrading enzymes, which was unsuccessful (data not shown). We elected not to pursue this

course further due to the unknown interferences that would likely arise from sugar degradation

products. We then changed our strategy to isolate the sugar components sequentially. We broke

the whole blueberry into skin (fiber- and phenolic-rich) vs. pulp (sugar-rich) fractions and

compared their inhibitory effects to those of the sugar mixture (mixture of glucose, fructose, and

sucrose, matching the ratio and content in whole blueberry) and whole blueberry

(**Supplementary Table 5**). Total phenolics and CGA content for whole blueberry, skin, and pulp

fractions (**Table 1**) confirmed that the majority of total phenolics and CGA are indeed located in

the skin, as expected. BacTiter-Glo luminescence reading for treatments in blueberry fraction

fermentations at 12 hr (A) and 24 hr (B) are presented in **Supplementary Figure 14**. There is no

evidence suggesting that any treatment caused a cytotoxic effect that would lead to the perceived

effect of TMA-d_9 inhibition. However, WB and pulp had significantly higher values at both 12

and 24 h. It is interesting that whole blueberry and pulp, but not sugar, increased viable bacterial

loads. The reason for this is unclear.

Digestions and fermentations were carried out as described above and kinetics of choline-d_9 use and TMA-d_9 production are presented in **Figure 4A-B** for fermentations. Whole blueberry, pulp, and sugar demonstrated significant (near-total) inhibition of TMA-d_9 production throughout the 24 hr fermentation period compared to all other treatments. Digesta free, blank digesta, fiber, and skin treatments were different from the whole blueberry, pulp, and sugar treatments, as well as from each other. Digesta-free treatments exhibited the quickest choline-d_9 utilization, with choline-d_9 concentrations decreasing and TMA-d_9 rising sharply by the 8 hr mark. Fiber treatments demonstrated the second quickest choline-d_9 utilization, with a significant decrease in choline-d_9 and corresponding increase in TMA-d_9 occurring between the 12 and 16 hrs. Blank digesta displayed similar results to the fiber treatments, with choline-d_9 concentrations declining and TMA-d_9 rising by the 16 hr mark. Skin treatments exhibited low choline-d_9 utilization until the 18-20 hr time frame, though not to the same extent as the whole blueberry, pulp, and sugar treatments. Since the skin contains most of the fiber, the stronger inhibition observed with the skin compared to the matched fiber fraction suggests that some other component of the skin is contributing to the inhibition of TMA-d9 production.

AUCs of choline-d_9 and TMA-d_9 kinetics from these fermentations are presented in **Figure 4C** and **4D**, respectively. Whole blueberry, pulp, and sugar treatments did not show statistically significant differences from each other in choline-d_9 or TMA-d_9 AUCs. In contrast, digesta-free, blank digesta, skin, and fiber treatments displayed statistically significant differences in choline-d_9 and TMA-d_9 AUCs both among themselves and were significantly lower than compared to whole blueberry, pulp, and sugar AUCs. Although the skin contains most of the fiber, its distinct AUCs for both choline-d_9 and TMA-d_9 suggest that another component in the skin contributes to the observed inhibition. In summary, this experiment shows that the extreme inhibitory effects of whole blueberries are mimicked by both the sugar-rich pulp and matched sugar mixture, suggesting that this inhibition is a physiologically irrelevant interference due to sugar, which would not be present in the colon *in vivo*. Therefore, as our focus was on indigestible, non-absorbed materials primarily in the skin, we proceeded with skin-only digestions and fermentations (at doses equivalent to the amount of skin obtained from 1 serving of whole blueberries).

3.4 Experiment 4: Determining whether CGA content correlates with reduced TMA production in multiple blueberry accessions from a genetic diversity population with a large spread of CGA in our ex vivo-in vitro human fecal fermentation model. Whole blueberry concentrations of CGA from 20 blueberry genotypes (selected from previous data suggesting these accessions were either particularly high or low in CGA content) from the 2024 crop year fruit from two different populations (genetic diversity panel and DxJ bi-parental mapping population) are presented in **Figure 5** and **Table 2**. From these populations, we selected eight cultivars for fermentation based on the mean CGA content of the whole blueberries (four highest and four lowest genotypes). As skins were used for fermentation based on the interference from whole blueberry, the highest four and lowest four CGA whole blueberry genotypes used in the fermentation were analyzed for skin CGA content. Significant differences were observed in both whole fruit and skin CGA content. For whole fruit (**Figure 6A**), CGA contents in the four highest genotypes (only PI 296339 was different from DxJ 002) were significantly greater than the four lowest genotypes, which were not significantly different from each other. Significant differences were also observed in skin CGA content (**Figure 6B**), where again the four genotypes with the highest whole fruit CGA had significantly greater skin CGA than the four genotypes with the lowest whole fruit CGA. Interestingly, PI 296399 (the cultivar with the highest whole fruit CGA content), had 3-4x greater skin CGA content than any of the other three high CGA genotypes, which were all similar. The four lowest genotypes were not significantly different from each other. As the whole blueberry CGA content is thought to be mostly due to CGA in skin, we plotted correlations of whole fruit CGA as a function of skin CGA (**Figure 6C**). While a correlation was observed (r^2 = 0.492), this was heavily skewed by PI 296399, and the slope approached but did not reach significance (p = 0.053). We plotted this correlation without PI 296399 (**Supplementary Figure 15**), and the correlation was extremely strong (r^2=0.945 and slope p=0.0002). Another factor determining CGA content is average fruit size. Smaller fruits have more surface area (and thus more skin) per mass unit of whole fruit. We plotted the CGA content as a function of mean fruit size for all 20 genotypes from the 2024 crop year (**Figure 6D**). While the r^2 value was moderate (0.2175), the correlation was significant (slope p=0.0382). It warrants noting that fruits of all sizes (~5-20 mm mean diameter) were high CGA and low CGA genotypes. Interestingly, the distribution of mean fruit diameters of medium CGA

genotypes was very tight (~12-15 mm). These data suggest that both skin CGA content and fruit size play a role in determining whole fruit CGA content.

Digestions and fermentations of the genotypes highest and lowest in CGA were carried out as described above (**Supplementary Table 6**). BacTiter-Glo luminescence readings are presented in **Supplementary Figure 16** for the different genotypes in the fermentations at 12 hr (A) and 24 hr (B). There is no evidence suggesting that any treatment caused a cytotoxic effect that would lead to the perceived effect of TMA-d_9 inhibition. All genotypes had lower viability values than the controls (but no differences between each other) at 12 h. All genotypes had lower viability than digesta-free, but all were similar to or higher than blank digesta, at 24 h. Kinetics of choline-d_9 use and TMA-d_9 production are presented in **Figure 7A** and **7B**, respectively. Digesta-free treatments exhibited the quickest choline-d_9 utilization, with choline-d_9 concentrations decreasing between the 4 and 6 hr mark, which is expected due to the lack of any digesta or skin material to potentially inhibit the reaction. Blank digesta treatments demonstrated the second quickest choline-d_9 utilization, with a significant decrease in choline-d_9 occurring between the 4 and 8 hr mark. Choline-d_9 utilization was similar across all eight genotypes, regardless of CGA content, with a significant decrease observed between the 8 and 12 hr mark. While no differences were observed among the skins, their inhibition potential remained notably higher than that of the controls, indicating that the skin still possessed inhibitory activity.

AUCs of choline-d_9 and TMA-d_9 are presented in **Figure 7C** and **7D**, respectively. The choline-d_9 and TMA-d_9 AUCs for all genotypes were statistically higher than the digesta-free and blank digesta treatment AUCs, indicating that the skins exhibited a greater inhibitory effect than the controls. While there are some statistical differences in the choline-d_9 AUCs between genotypes, these differences are small and do not suggest distinct patterns or a clear relationship to the variations in CGA content. This is further supported by the TMA-d_9 AUCs for all genotypes, which are all lower than digesta-free or blank digesta controls but not statistically different from one another, indicating no difference in the inhibition potential of the skins across genotypes and suggesting that CGA content does not play a significant role. However, all TMA-d_9 genotypes have significantly lower AUCs than the digesta-free and blank digesta controls, demonstrating that the skins exhibited inhibition potential greater than the digestive background controls.

One confounding variable in our design is that we selected genotypes for use based on whole fruit CGA content (**Figures 5** and **6A**), but we actually used skins from those genotypes (**Figure 6B**) as opposed to whole fruit in the digestion and fermentation, for the reasons explained above. We employed the same mass of skin from each cultivar (~20 g skin from a 150 g FW serving of whole fruit, based on experiments to determine the ratio of skin and pulp in whole berries, **Supplementary Table 7**) despite differences in average fruit sizes between genotypes (and thus different skin/pulp ratios, which would result in different amounts of skin between genotypes per 150 g serving of whole berries). This could have unintentionally affected the amount of CGA in each digestion and fermentation. To further assess the potential role of blueberry CGA in reducing bacterial TMA production, we performed linear regression analysis of choline-d_9 and TMA-d_9 AUCs (representing total choline-d_9 and TMA-d_9 utilization and production, respectively) as a function of both whole fruit CGA content (**Supplementary Figure 17A-B**) and skin CGA content (**Supplementary Figure 17C-D**). Correlations of choline-d_9 and TMA-d_9 AUCs with whole fruit CGA are based on the premise that the majority of the CGA in the whole fruit comes from the skin, but ignore the reality that we employed skin, not whole fruit, and that various blueberry genotypes have distinct sizes and thus surface (skin) areas per 150 g serving. Such correlations (**Supplementary Figure 17A-B**) were extremely poor, with both $r^2 < 0.1$. Correlations of choline-d_9 and TMA-d_9 AUCs with skin CGA more accurately reflect the experimental conditions, as equal masses of skin were used. Such correlations (**Supplementary Figure 17C-D**) were stronger than for whole fruit CGA, but neither had $r^2 > 0.25$. It should be noted that the distributions of skin CGA concentrations were different from those of whole fruit (**Figure 6A-B**). However, our skin analysis from the eight genotypes selected for fermentations confirms that there were major differences in skin CGA content (**Figure 6B**), albeit not as different as amounts in whole fruit (**Figure 6A**). While whole fruit CGA content was somewhat correlated to skin CGA content ($r^2=0.492$, **Figure 6C**), the relationship is not linear. This is due to variations in both fruit size and skin CGA content (**Figure 6B, D**). PI 296399 had the highest CGA content of all genotypes in both whole fruit and skin (**Figure 6A, B**), but its skin CGA content was ~5x greater than that of any other genotypes. In summary, these correlations show that CGA content was not a good predictor of *in vitro* choline-d_9 utilization or TMA-d_9 production. Given that the AUCs and kinetics were similar for

all treatments (**Figure 7**), it is unlikely to be a compositional variable that strongly predicts

differences in activity.

3.5 Experiment 5: Analysis of digesta and fermenta CGA content. Given the initial data that was

not supportive of our hypothesis that differences in CGA would create a differential biological

activity in the form of t inhibition of TMA-d_9 production, we next attempted to identify factors

that might have resulted in a lack of difference in CGA available to interact with the bacteria in

the fermentations. Factors such as bioaccessibility (digestive release from bulk blueberry into the

digestive milieu) and stability (breakdown of CGA) could have altered CGA contents interacting

with TMA-producing bacteria so that differences in "effective" or "apparent" CGA

concentrations in digesta and fermenta were not significantly different between treatments,

resulting in similar inhibition of TMA-d_9 production. To determine whether the lack of

differences in TMA production-d_9 production was associated with similar amounts of CGA in

each digestion and fermentation, analyses of the digesta and fermenta were performed to

determine the levels of free CGA. The relative CGA levels in the digesta generally mirrored

those found in the whole fruit and skin, with genotypes containing higher CGA content in the

skin also containing higher levels of free CGA in the digesta (**Figure 8A**). However,

bioaccessibility data (percent of free CGA from the skin released into the digesta) revealed that

genotypes with lower CGA content in the skin had higher % release (but still lower absolute

levels) of free CGA compared to those with higher skin CGA content (**Figure 8B**). The CGA

content in the fermenta overall reflected that of the genotypes, with those having higher CGA

content in the genotypes also showing higher levels of CGA in the fermenta, compared to

genotypes with lower CGA content (**Figure 9**). However, there was significant variation in free

CGA among the four high CGA genotypes, which did not reflect their skin CGA contents

(**Figure 6B**), although PI 296399 was the highest in both. There were no differences in free CGA

among the four low CGA genotypes, and all were lower than the four high CGA genotypes. The

% release, or bioaccessibility, of the genotypes showed that significant CGA is present in bound

forms or is not easily extractable, and a greater % release is generally obtained for low CGA

genotypes as opposed to high CGA genotypes. Fermenta samples from high CGA genotypes

exhibited higher CGA levels than fermenta of low CGA genotypes (**Figure 9**), although the

magnitude of differences was smaller than in skins (**Figure 6B**). All fermenta samples exhibited

a decline in CGA levels to essentially the same levels as the fermentation progressed. It should be noted that the levels of free CGA detected in fermenta of blueberry skin digesta at physiologically relevant doses were 0.05-0.3 µM, which is >1000-fold lower than the minimum effective dose we previously observed for CGA *in vitro* (~2 mM) [21].

4. Discussion

Given the great interest in plant bioactives for disease prevention and the complex mixture of bioactive phytochemicals in most plants, there is a need to understand which bioactives are essential for the observed activities of a given plant food. One approach to link specific bioactives with their activities is to compare the activities of distinct genotypes of the same crop with a range of levels of the chosen bioactive(s). In the present study, we attempted to determine whether blueberries lower the production of the pro-atherogenic gut microbial metabolite TMA *in vitro*. We also endeavored to determine whether the level of CGA in blueberries was associated with TMA-lowering activity.

Our method employs sequential *in vitro* digestion and *ex vivo-in vitro* fecal fermentation to assess how various materials influence the conversion of choline-d_9 to TMA-d_9 by gut bacteria. We have previously studied isolated phenolic compounds [21,35], or foods rich in phenolics and/or fiber [30,31], but not sugar. Thus, this study required modification of our standard experimental workflow. Optimizing fermentation parameters for high-fiber, sugar-rich fruits was crucial for identifying the source of the inhibition in blueberries. This was particularly important since data from Experiment 1 (Figure 2) highlighted the significant inhibitory effects of these highbush blueberry genotypes, with their inhibition potential surpassing that of any food previously tested in our lab. In Experiment 2, we demonstrated that sugar mimics the near-total inhibition of TMA-d_9 production seen in whole blueberry, but fiber and phenolic extract did not. This suggests that sugar interferes with the assay and that the apparent total inhibition by whole blueberry in this model (an initially promising finding) is not physiologically relevant. Additionally, this experiment showed that major fiber components provide little activity, and perplexingly, neither did a crude phenolic extract. However, these store-bought highbush blueberries had relatively low CGA content compared to the high CGA genotypes used later in the study (**Tables 1-2**) and may have had lower levels of other phenolics. For this reason, the lack of efficacy of the phenolic fraction in these berries may not be indicative of a similar lack of

phenolic activity in phenolic-rich berries. In Experiment 3, we compared the activities of skin

and pulp to whole blueberry, sugar, and fiber. While the skin exhibited less inhibition compared

to the whole blueberry, pulp, and sugar treatments, it still showed greater inhibition than the fiber

and control treatments. Since the skin contains most of the fiber, the greater inhibition observed

with the skin compared to the fiber fraction suggests that another component of the skin is

contributing to the inhibition of TMA-d_9 production. We then postulated that, as skin contains

most of the phenolics, including CGA, investigating the skin of genetically diverse highbush

blueberry genotypes with varying CGA content could reveal whether CGA differences result in

activity differences. In Experiment 4, we compared skins from four high-CGA and four low-

CGA content blueberries from a genetically diverse group of blueberries. Inhibition potential

among all skins was very similar, showing more inhibition than the controls, but no significant

differences between each other. The average reduction in TMA-d_9 AUC was 19.4% for the eight

genotypes tested compared to the blank digesta. While TMA-d_9 levels from all eight genotypes

eventually reached the same final levels as the controls, this was delayed by ~ 4 h. *In vivo*, this 4

h delay is critical, as it will allow native choline to be either absorbed, metabolized to less

deleterious metabolites, and/or pass out of the colon. Any of these alternatives will reduce the

amount of TMA that is absorbed and thus the resulting TMAO concentrations in circulation. Our

data suggest that CGA is not likely to be the primary factor driving the inhibition in blueberries.

Notably, the CGA content achieved in the fermenta from physiologically relevant doses of

blueberry skins (Figure 9) was 1,000-fold more dilute than the minimum effective concentration

of CGA we previously observed for inhibiting TMA production, further confirming that CGA is

likely not responsible for most if not all of the inhibitory activities observed for blueberry skins.

Experiment 5 sought to explain the lack of observed differences based on concentrations of free

CGA in digesta and fermenta, as the lack of differences in TMA inhibition across genotypes may

be due to the lack of variation in CGA concentration once it reached the fermentation. We

observed that differences in CGA content in skins were reduced during digestion and further

reduced when added to the fermentation. While higher CGA content genotypes had higher

concentrations in digesta and fermenta, all concentrations were nearly the same by the 8 hr

fermentation mark. It is possible, therefore, that significant differences in CGA intake could be

physiologically similar when inhibition of TMA is needed.

578   Based on the data from these experiments, evidence suggests that blueberry skin

579 possesses a significant ability to lower the generation of pro-atherogenic TMA by gut bacteria.

580 However, our data suggest that CGA does not drive TMA-lowering activities of blueberries, nor

581 do activities of high- and low-CGA blueberries differ. Therefore, the compound(s) responsible

582 for this activity remain unknown. Despite the lack of correlation with CGA, it is intriguing that

583 skin fractions from all eight genotypes tested inhibited TMA production. Our data suggest that

584 this inhibition is not due to major blueberry skin fiber components (pectin, cellulose, and

585 hemicellulose), as fiber did not inhibit (but rather promoted) TMA production compared to

586 controls. While CGA may not be the primary determinant of TMA inhibition, the skins

587 themselves show notable inhibitory potential compared to controls. Thus, the responsible

588 compounds may be other minor fiber compounds or phenolics that we have not yet evaluated.

589 The likely candidates are anthocyanins. While we have data on the TMA-lowering potential of

590 CGA and catechins, we have not yet evaluated the activities of anthocyanins, which are abundant

591 in blueberry skins. However, identifying these compounds will require the use of berries that

592 differ vastly in anthocyanin content. As the TMA-lowering properties of the eight genotypes

593 used in this study did not differ, correlating activity with any new compositional values will

594 likely be futile (showing correlation requires differences in both dependent and independent

595 variables). Instead of focusing on identifying compositional differences and then testing activity

596 differences based on these compositional differences one by one, the best approach may be to

597 gather a large number (~50-100) berry samples from many different sources, profile their TMA-

598 lowering activities, then perform broad phenolic profiling on the 10-20% most vs. 10-20% least

599 effective samples. There are various possible mechanistic explanations for our observations that

600 blueberry skins inhibit TMA production. Broadly killing or reducing the viability of gut bacteria

601 in a non-specific fashion would lower TMA production [36]. We employed an ATP-based bacterial

602 activity assay to account for this. The data do not suggest that any component of the blueberry

603 caused cell death leading to TMA-d_9 inhibition. Furthermore, this is not a likely mechanism as

604 blueberries are widely consumed and are not associated with broad antibacterial activities or

605 adverse gut effects. Thus, the observed TMA-lowering activities are likely due to either direct or

606 indirect effects on the activity of *cutC/D*. Potential direct effects, which do not alter the

607 composition of the gut microbiome, include inhibition of choline TMA lyase or reducing its

608 expression. Indirect effects would include altering the composition of the gut microbiome by

reducing the viability or abundance of *cutC/D*-carrying bacteria. We have previously shown that

long-term blueberry supplementation alters the abundance of gut microbiota that are associated

with circulating TMAO in experimental mice [36]. However, given the acute nature of the present

study in which the fecal samples are only exposed to blueberry skins for 24 h (and most

inhibition is observed within 12 h), we believe that direct effects (reduced *cutC/D* expression

and/or inhibition of choline TMA lyase) are the most likely explanation. Both direct and indirect

effects are thus likely to be observed *in vivo*. Future experiments are needed to identify the

mechanism of action. Reduced *cutC/D* expression could be investigated with reverse-

transcriptase (RT)-qPCR to detect *cutC/D* mRNA or alternatively using Western blotting to

detect choline TMA lyase protein. These studies will likely require more enriched cultures of

known *cutC/D* carriers, such as *Proteus mirabilis*, as opposed to dilute *cutC/D* in fecal samples

[15]. Studying the inhibition of choline TMA lyase requires the elimination of all other potential

mechanisms by excluding viable cells. This could be done with recombinantly expressed enzyme

and purifying it (an approach we are currently pursuing) or using a lysed, non-viable *cutC/D*

carrier [15].

624   The present study has several strengths that enhance its significance and validity. First,

the *in vitro* digestion model incorporates physiologically relevant concentrations of oral, gastric,

and small intestinal enzymes along with physiological conditions designed to simulate upper gut

digestion. The use of physiologically relevant concentrations of test material is a key parameter

for maximizing the *in vivo* relevance of *in vitro* experiments. We designed our *in vitro* digestions

to have 1 serving of whole blueberries (or the equivalent amount of phenolic extract, fiber, sugar,

skin or pulp that would be obtained from 1 serving of whole blueberries) per 2000 mL total

upper gastrointestinal (stomach + small intestinal) volume and then scaled these ratios to our *in*

vitro digestion final volume. When transferring digesta to fermentations, we employed digesta at

33% of the fermentation volume. This is a conservative dilution, which still resulted in

significant reductions in TMA-d_9 production. However, actual concentrations of compounds that

reduce TMA-d_9 production in the colon may be higher than those used in this study, as a critical

function of the colon is to extract water from the digesta, thereby concentrating it [37]. The addition

of digesta material, rather than whole food, into the fermentation is more representative of a real

human system, as it accounts for the presence of digestive enzymes and related metabolites that

would be involved in the breakdown of food. However, as discussed above, one limitation of this

approach for macronutrient-rich foods is that sugars, amino acids and fatty acids that would be

absorbed *in vivo* prior to colonic fermentation are not removed in this model. The *in vitro colon-*

only model allows for the isolation of TMA production from other mechanisms that would affect

assessment of bioactivity, such as absorption of choline and TMA, and gut transit. The use of

isotopically labeled choline-d_9 substrate and measurement of TMA-d_9 reduces interference from

background substrates and products [21]. We employed fecal samples sourced from OpenBiome, a

trusted provider known for supplying samples that are screened and approved for clinical use to

recolonize the gut with a healthy, normal, and functioning microbiome. The donors of these

samples undergo screening for 30 infectious diseases, ensuring that our model starts with a

reliable and diverse seed of bacteria to measure TMA production. Since gut bacteria expressing

the *cutC*/D gene cluster can vary among individuals, pooling multiple OpenBiome fecal samples

ensures a more diverse population of gut bacteria for each TMA assay. The use of "blank"

digesta controls (containing all digestion reagents and enzymes, but no blueberry) in the

fermentation accounts for background inhibition and endogenous choline from the digesta.

Additionally, the use of an isotopically labeled substrate in fermentation ensures that the

metabolites of interest are accurately measured and tracked, considering the potential presence of

endogenous choline and TMA from the digesta. We employed sugar and fiber controls designed

to closely reflect the sugar and fiber composition of a serving size of blueberries. The sugar

mixture included sucrose, glucose, and fructose in ratios typical of those found in blueberries,

while the fiber blend contained hemicellulose, cellulose, and pectin in proportions similar to

those in a serving of the fruit. Although literature on blueberry fiber composition is limited, the

ratios used in these experiments were believed to accurately reflect the fiber content of

blueberries and closely replicate the sugar content. Finally, the key strength of this study is the

final experiment, in which eight genotypesof berries were assessed. Too often, experiments are

done in a single cultivar of unknown genetic background, and the translatability of the results to

consumers is unknown. The blueberries used in the final experiment represented a broad range of

highbush genotypes, reflecting a variety of phenolic compositions, sugar content, and fiber

levels. Any differences observed among these genotypes are likely due to genetic variations, as

they were all grown and harvested in the same climate by the USDA ARS NCGR in Corvallis,

OR, USA. Growing in the same climate helps eliminate potential differences caused by factors

like water availability, predators, or nutrient competition. The lack of variation in inhibition

potential across the peels of the four high and four low genotypes is encouraging for highbush

blueberry consumers, as it suggests that the benefits are not limited to a specific cultivar, making

it easier for people to access the same benefits regardless of the type of blueberry available.

Our findings should be considered in the context of the following limitations. This work

was conducted *in vitro*, which poses limitations due to the nature of the model. The absorption

and conversion of TMA to TMAO and TMAO excretion were not evaluated. These processes

affect TMAO in circulation. While we believe that inhibition of TMA formation is the key

mechanistic target for lowering TMA, *in vivo* studies are needed to account for all factors that

control TMAO levels in circulation.

As mentioned above, another major challenge is addressing the limitations of *in vitro*

digestion and fermentation when using whole fruits, as sugar is not absorbed in the model prior

to fermentation. As we and others have demonstrated [34], sugar almost completely inhibits

microbial TMA-d_9 generation, but this effect has little physiological relevance, as sugar would

not typically be present in the colon after upper gastrointestinal digestion. Including an

absorption step (such as passing digesta over Caco-2 cells in transwell inserts) between *in vitro*

digestion and fecal fermentation could overcome this approach. Another potential solution to this

is to use dialysis to remove sugar and other water-soluble metabolites from the digesta [38], though

this would also result in the loss of water soluble but poorly absorbed phenolics like CGA. As a

result of not modeling absorption, the observed inhibition of TMA-d_9 may be due to the presence

of compounds that would not normally be in the colon, rather than phenolics, which have

generally low bioavailability and would typically be present during fermentation. We clearly

observed this issue in experiments with whole blueberries, pulp, and sugar. However, this was

addressed as much as possible by removing the pulp, which contains most of the substrates not

found in the colon, and focusing on measuring the inhibition from the skin. We elected to use

fiber and phenolic-rich skin for our multi-cultivar experiment, as this material is physiologically

relevant to the colon and reduces interferences. Obviously, utilizing *in vivo* studies would be a

useful step in reducing sugar interferences.

The ex *vivo* fermentation model, which utilizes human fecal samples in a controlled

anaerobic environment, aims to mimic the conditions of the colon during *in vivo* fermentation.

However, there are some limitations to this approach. The fecal samples used in this project are

sourced from OpenBiome, where donors are considered healthy, but it is important to note that

most of the TMA production is in gut microbiomes that are in a state of "dysbiosis". TMA production depends on bacteria that produce TMA lyase. By incorporating a larger variety of fecal samples, including those from subjects with CVD, it may be possible to increase the abundance of bacteria that metabolize choline, creating an environment that could be more reflective of conditions seen in a state of "dysbiosis". TMA production from known high TMA-producing donors may better reflect the conditions of the population of interest, as they likely include greater abundances of bacteria known to express cut*C/D,* such as *Desulfovibrio*, *Proteus*, and *Klebsiella* [24,39–43]. Additionally, fecal samples are frozen and then reanimated 12 hours before fermentation using a growth media. However, some bacteria may not grow outside the colon, let alone survive the freeze-thaw and reanimation process, although a cryoprotectant is added to the samples. Furthermore, these samples are not fully representative of all regions of the large intestine. *In vivo*, the gut microbiome is never frozen rather it is constantly active, metabolizing substrates. The reanimation process may alter the behavior of the bacteria, potentially causing them to act differently than they would in the colon. Finally, choline is typically consumed as a part of a complex meal, not as a pure substrate as in the fermentation model. The complexity of meals, which typically contains a variety of foods with different molecular compositions, may impact TMA production in ways that differ from the effects observed with a single food type, as used in the fermentation model.

The use of pooled OpenBiome fecal samples for fermentation experiments is designed to create a more representative sample of the human population by incorporating a variety of bacteria that reflect a broader population. This approach is beneficial for introducing bacteria from individuals with diverse lifestyles, living environments, and diets. However, it does not allow for an in-depth examination of the individual variations in choline metabolism to TMA. Some individuals harbor high TMA-producing bacteria, while others do not. By combining these samples in the fermentation, it may appear that all people have TMA-producing bacteria, when the results could be a mixture of one person with high TMA-producing bacteria and others without. To address this, an inter-individual study could be conducted by keeping the reanimated OpenBiome fecal samples separate, with each representing an individual, while all other experimental conditions remain consistent. This would allow for the comparison of the rate of choline conversion to TMA across different individuals.

Using animal models to track the metabolism of choline, TMA, and TMAO would help address the limitations associated with *in vitro* models. In an animal model, the gut microbes remain alive and active, eliminating the need for reanimation. While the diet of animal models is typically less diverse than that of humans, which may limit its representation of the population of interest, it is easier to control and modify, allowing for more realistic incorporation of different foods compared to *in vitro* experiments. *In vitro* models tend to represent acute conditions, capturing short-term changes in enzyme production rather than shifts in the microbiome, due to the brief observation period. Models like MiGut, SHIME, and TIM-2 represent longer time frames *in vitro* and provide a more faithful simulation of the gut environment. However, they are more cumbersome, costly, and have lower throughput compared to our model [44–46]. Longer *in vivo* studies, over the course of a week or longer, would likely capture both changes in enzymatic activity and microbial shifts over time. *In vivo* experiments could offer insight into how TMA and TMAO are absorbed and metabolized in the body, helping to determine whether inhibiting TMA also prevents the formation of TMAO or if TMA follows an alternative metabolic pathway.

The blueberries themselves posed several challenges. There is limited information in the literature regarding the fiber content of blueberries, making it difficult to determine the exact ratios of the different types of fiber present. This is likely due to the variation between highbush blueberry genotypes and the lack of research on the fruit. To address this, a fiber extraction from a serving size of blueberries would be necessary; however, this process is time-consuming and outside the scope of this project. Removing the skin from the blueberries was also challenging due to their small and delicate nature. Frozen blueberries were particularly difficult to blanch and separate the peel from the pulp without issues. Peeling by hand was a time-intensive process that increased the risk of contamination, either by exposing the berries to non-frozen temperatures for extended periods or by accidentally leaving peel in on the pulp.

The CGA content was measured for the whole blueberry across 20 different highbush genotypes, rather than just the skin, due to time limitations and the lengthy process of peeling the berries for the extracts used in SPE and LC-MS analysis. While previous experiments have shown that the majority of phenolics and CGA are contained in the peel, this was not specifically confirmed for the peels used in the final experiment. As a result, it is possible that the lack of differentiation in the TMA-d_9 inhibition could be due to the smaller variations in the peel across all genotypes, compared to the greater differences observed in the whole fruit. The variations in

the fruit could be attributed to the amount of peel rather than its concentration of CGA. The fruit

sizes varied between genotypes, with some being much smaller than others, resulting in a higher

peel to pulp ratio in smaller berries. This was not accounted for in the experiment, as the amount

of peel used was the same for all genotypes, regardless of fruit size. As a result, the amounts may

not accurately reflect the actual serving size of whole berries for each specific cultivar, as each

fruit had a different peel-to-pulp ratio. Although the genotypes used in this project were

genetically diverse, they were all grown and harvested in Corvallis, OR, under the same

environmental conditions, thereby eliminating potential differences that may arise if they were

sourced from varying climates and regions in the world.

5. Conclusions

The present data suggest that although highbush blueberry skin inhibits the production of pro-

atherogenic TMA by human gut bacteria, CGA is not the driving factor for this activity. Given

the lack of available interventions to blunt TMAO production, the present data showing that

blueberry skins at reasonable, translatable human doses could inhibit the key step in this process

are provocative. Future studies are needed to elucidate the mechanism of this inhibition, identify

the compound(s) responsible, and assess interindividual variability in efficacy. Given the fact

that blueberry skins are widely available and consumed (via whole blueberries), the potential

translatability of this effect to humans is promising. Pilot clinical studies should be designed in

individuals specifically exhibiting a high TMAO production phenotype.

Author contributions

Ashley M. McAmis: methodology, validation, formal analysis, investigation, data curation,

writing - original draft, writing - review & editing, visualization; **Michael G. Sweet:**

methodology, formal analysis, investigation, writing - review & editing, visualization; **Sydney**

Chadwick-Corbin: methodology, investigation, writing - review & editing; **Juanita G.**

Ratliff: investigation, writing - review & editing; **Molla Fentie Mengist:** methodology,

writing - review & editing; **Nahla V. Bassil:** resources, writing - review & editing; **Pon**

Velayutham Anandh Babu: conceptualization, methodology, writing - review & editing,

funding acquisition; **Massimo Iorizzo:** conceptualization, methodology, resources, writing -

review & editing, funding acquisition; **Andrew P. Neilson:** conceptualization, methodology,

formal analysis, data curation, writing - review & editing, visualization, supervision, project

administration, funding acquisition.

Conflict of interest

There are no conflicts to declare

Data availability

The data supporting this article have been presented in the figures and tables (including

supplementary figures and tables). Raw data are available upon request from the authors.

Acknowledgements

The authors wish to acknowledge the contributions of Dr. Keith Harris (Department of Food,

Bioprocessing, and Nutrition Sciences, North Carolina State University, Raleigh, NC) who

suggested the use of an ATP-based microbial detection/viability assay. This work was supported

by the Agriculture and Food Research Initiative Foundational and Applied Science Program,

project award no. 2024-67017-42462, from the U.S. Department of Agriculture's National

Institute of Food and Agriculture. AMM was supported by funds from the Plants for Human

Health Institute (North Carolina State University, Kannapolis, NC). MI was also supported by

the United States Department of Agriculture National Institute of Food and Agriculture (USDA-

NIFA), Hatch project 1008691. Support for APN was provided by the North Carolina

Agricultural Research Service (NCARS) and the Hatch Program (project 7005424) of the

National Institute of Food and Agriculture (NIFA), U.S. Department of Agriculture. We also

acknowledge the staff of the USDA ARS NCGR for care and maintenance of blueberry genetic

resources under CRIS Project 2072-21000-059-000D.

References

1 Cardiovascular diseases (CVDs), https://www.who.int/news-room/fact-

sheets/detail/cardiovascular-diseases-(cvds), (accessed January 30, 2024).

2 What is Cardiovascular Disease?, https://www.heart.org/en/health-topics/consumer-

healthcare/what-is-cardiovascular-disease, (accessed January 30, 2024).

3   Atherosclerosis - What Is Atherosclerosis?, https://www.nhlbi.nih.gov/health/atherosclerosis,

(accessed January 30, 2024).

4   N. Yoshida, T. Yamashita and K. Hirata, *Diseases*, 2018, **6**, 56.

5   Y. Zhu, Q. Li and H. Jiang, *APMIS*, 2020, **128**, 353–366.

6   L. Iglesias-Carres, M. D. Hughes, C. N. Steele, M. A. Ponder, K. P. Davy and A. P. Neilson,

The Journal of Nutritional Biochemistry, 2021, **91**, 108600.

7   R. A. Koeth, Z. Wang, B. S. Levison, J. A. Buffa, E. Org, B. T. Sheehy, E. B. Britt, X. Fu, Y.

Wu, L. Li, J. D. Smith, J. A. DiDonato, J. Chen, H. Li, G. D. Wu, J. D. Lewis, M. Warrier, J.

M. Brown, R. M. Krauss, W. H. W. Tang, F. D. Bushman, A. J. Lusis and S. L. Hazen, *Nat*

Med, 2013, **19**, 576–585.

8   J. R. Ussher, G. D. Lopaschuk and A. Arduini, *Atherosclerosis*, 2013, **231**, 456–461.

9   S. H. Zeisel and K.-A. da Costa, *Nutrition Reviews*, 2009, **67**, 615–623.

10 Anatomy & Function of Your Portal Vein, https://my.clevelandclinic.org/health/body/25048-

portal-vein, (accessed March 2, 2024).

11 X. Li, J. Hong, Y. Wang, M. Pei, L. Wang and Z. Gong, *Frontiers in Molecular Biosciences*,

DOI:10.3389/fmolb.2021.733507.

12 L. Jing, H. Zhang, Q. Xiang, L. Shen, X. Guo, C. Zhai and H. Hu, *Front Cardiovasc Med*,

2022, **9**, 864600.

13 A. A. Amara and A. Shibl, *Saudi Pharm J*, 2015, **23**, 107–114.

14 H. Bodke and S. Jogdand, *Cureus*, **14**, e31313.

15 Z. Wang, A. B. Roberts, J. A. Buffa, B. S. Levison, W. Zhu, E. Org, X. Gu, Y. Huang, M.

Zamanian-Daryoush and M. K. Culley, *Cell*, 2015, **163**, 1585–1595.

16 Flavin monooxygenase 3, the host hepatic enzyme in the metaorganismal trimethylamine N-

oxide-generating pathway, modulates platelet responsiveness and thrombosis risk -

ScienceDirect, https://www.sciencedirect.com/science/article/pii/S1538783622023698,

(accessed March 27, 2024).

17 Trimethylaminuria ('fish odour syndrome'),

https://www.nhs.uk/conditions/trimethylaminuria/, (accessed March 25, 2024).

18 J. Messenger, S. Clark, S. Massick and M. Bechtel, *J Clin Aesthet Dermatol*, 2013, **6**, 45–48.

19 A. C. Schmidt and J.-C. Leroux, *Drug Discovery Today*, 2020, **25**, 1710–1717.

20 L. Iglesias-Carres, M. D. Hughes, C. N. Steele, M. A. Ponder, K. P. Davy and A. P. Neilson,

The Journal of Nutritional Biochemistry, 2021, **91**, 108600.

21 L. Iglesias-Carres, L. A. Essenmacher, K. C. Racine and A. P. Neilson, *Nutrients*, 2021, **13**,

1466.

22 Bioaccessibility and bioavailability of phenolic compounds,

https://www.sciopen.com/article/10.31665/JFB.2018.4162, (accessed January 18, 2025).

23 Are you absorbing the nutrients you eat?,

https://www.canr.msu.edu/news/are_you_absorbing_the_nutrients_you_eat, (accessed January

13, 2025).

24 S. Rath, B. Heidrich, D. H. Pieper and M. Vital, *Microbiome*, 2017, **5**, 54.

25 A. Rodriguez-Mateos, T. Cifuentes-Gomez, S. Tabatabaee, C. Lecras and J. P. E. Spencer, *J*

Agric Food Chem, 2012, **60**, 5772–5778.

26 V. Gavrilova, M. Kajdžanoska, V. Gjamovski and M. Stefova, *J. Agric. Food Chem.*, 2011, **59**,

4009–4018.

27 M. F. Mengist, M. H. Grace, J. Xiong, C. D. Kay, N. Bassil, K. Hummer, M. G. Ferruzzi, M.

A. Lila and M. Iorizzo, *Front Plant Sci*, 2020, **11**, 370.

28 A. K. Satheesh Babu, C. Petersen, L. Iglesias-Carres, H. A. Paz, U. D. Wankhade, A. P.

Neilson and P. V. Anandh Babu, *BioFactors*, DOI:10.1002/biof.2014.

29 M. F. Mengist, M. H. Grace, T. Mackey, B. Munoz, B. Pucker, N. Bassil, C. Luby, M.

Ferruzzi, M. A. Lila and M. Iorizzo, *Frontiers in Plant Science*.

30 L. Iglesias-Carres, K. C. Racine and A. P. Neilson, *Food Funct.*, 2022, **13**, 8022–8037.

31 L. Iglesias-Carres, A. Bruno, I. D'Antuono, V. Linsalata, A. Cardinali and A. P. Neilson,

Journal of Functional Foods, 2023, **107**, 105674.

32 Development of a genetic framework to improve the efficiency of bioactive delivery from

blueberry - PubMed, https://pubmed.ncbi.nlm.nih.gov/33057109/, (accessed January 1, 2025).

33 In vitro evidences of the globe artichoke antioxidant, cardioprotective and neuroprotective

effects - ScienceDirect,

https://www.sciencedirect.com/science/article/pii/S1756464623002748?via%3Dihub,

(accessed January 10, 2024).

34 L. Bresciani, M. Dall'Asta, C. Favari, L. Calani, D. D. Rio and F. Brighenti, *Food Funct.*,

2018, **9**, 6470–6483.

35 L. Iglesias-Carres, E. S. Krueger, J. A. Herring, J. S. Tessem and A. P. Neilson, *J. Agric. Food*

Chem., 2022, **70**, 3207–3218.

36 A. K. Satheesh Babu, C. Petersen, L. Iglesias-Carres, H. A. Paz, U. D. Wankhade, A. P.

Neilson and P. V. Anandh Babu, *BioFactors*, 2024, **50**, 392–404.

37 G. I. Sandle, *Gut*, 1998, **43**, 294–299.

38 Q. Yang, M. Van Haute, N. Korth, S. E. Sattler, J. Toy, D. J. Rose, J. C. Schnable and A. K.

Benson, *Nat Commun*, 2022, **13**, 5641.

39 J. Chen, B. Yu, D. Chen, P. Zheng, Y. Luo, Z. Huang, J. Luo, X. Mao, J. Yu and J. He, *Appl*

Microbiol Biotechnol, 2019, **103**, 8157–8168.

40 Z. Wang, K. Lam, J. Hu, S. Ge, A. Zhou, B. Zheng, S. Zeng and S. Lin, *Food Sci Nutr*, 2019,

7, 579–588.

41 Anaerobic choline metabolism in microcompartments promotes growth and swarming of P

roteus mirabilis - PMC, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5026066/, (accessed

March 28, 2024).

42 J. Song, N. Zhou, W. Ma, X. Gu, B. Chen, Y. Zeng, L. Yang and M. Zhou, *Food Funct.*, 2019,

10, 2947–2957.

43 Chlorogenic Acid-Induced Gut Microbiota Improves Metabolic Endotoxemia - PMC,

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8716487/, (accessed March 28, 2024).

44 T. Van de Wiele, P. Van den Abbeele, W. Ossieur, S. Possemiers and M. Marzorati, in *The*

Impact of Food Bioactives on Health: in vitro and ex vivo models, eds. K. Verhoeckx, P.

Cotter, I. López-Expósito, C. Kleiveland, T. Lea, A. Mackie, T. Requena, D. Swiatecka and H.

Wichers, Springer, Cham (CH), 2015.

45 W. A. Davis Birch, I. B. Moura, D. J. Ewin, M. H. Wilcox, A. M. Buckley, P. R. Culmer and

N. Kapur, *Microb Biotechnol*, 2023, **16**, 1312–1324.

46 E. Maas, J. Penders and K. Venema, *Journal of Fungi*, 2023, **9**, 104.

Figure Captions

Figure 1. Structure of 5-caffeoyquinic acid (5-*O*-CQA), the most abundant form of chlorogenic

acid (CGA) found in highbush blueberries.

Figure 2. Kinetics of TMA-d_9 production in fecal fermentations with choline-d_9: No digesta,

Blank digesta, or Digesta from highbush blueberry genotypes from the bi-parental mapping

population were added. TMA production displayed without a broken axis (A) and with a broken

axis (B). Data represent mean ± SEM from n=6 replicates.

Figure 3. Kinetics of choline-d_9 use (A) and TMA-d_9 production (B), and areas under the curve

(AUCs) for choline-d_9 utilization (C) and TMA-d_9 production (D) in fermentation (0-30 hr) for

all treatments including: Digesta free (DG free), Blank DG (blank digesta), Whole blueberry

(WB), Sugar, Fiber, and Phenolic fractions. Using one-way ANOVA and Tukey's multiple

comparison to determine statistical differences between treatments. Different letters notate a

statistical difference (P<0.05). Data represent mean ± SEM from n=6.

Figure 4 Kinetics of choline-d_9 use (A) and TMA-d_9 production (B), and areas under the curve

(AUCs) for choline-d_9 utilization (C) and TMA-d_9 production (D) in fermentation (0-30 hr) for

all treatments of digesta (DG), Whole blueberry (WB), Blank DG, DG free, WB, Peel, Pulp,

Sugar, and Fiber. Using one-way ANOVA and Tukey's multiple comparison to determine

statistical differences between treatments. Different letters notate a statistical difference

(P<0.05). Data represent mean ± SEM from n=6.

Figure 5. Chlorogenic acid (CGA) content of multiple genetically diverse highbush blueberry

genotypes from the summer of 2024. Two (DxJ 197, DxJ 148) of the lowest CGA and two (DxJ

033, DxJ 002) of the highest CGA content blueberries from the biparental mapping population

(A) and two (PI554857, PI 554856) of the lowest CGA and two (PI296399, PI 267851) of the

highest CGA content blueberries from the diversity panel (B) were selected and noted with an

asterisk. Data represent mean ± SEM from n=4.

Figure 6. Chlorogenic acid (CGA) content in whole fruit (A) and skins (B) of highbush

blueberry genotypes. Correlation of CGA content in skins and whole fruits in the 8 selected

genotypes with extreme CGA content (C). Correlations of CGA content with fruit size in all

genotypes. Data represents mean ± SEM for n=4 (A) or n=2 (B). Dots represent means (C and

D).

Figure 7. Kinetic for choline-d_9 utilization (A) and TMA-d_9 production (B) and area-under-the-curve (AUC) values for choline-d_9 utilization (C) and TMA-d_9 production (D) during *in vitro* fecal fermentation of choline-d_9 with *in vitro* digesta from highbush blueberry skins with varying chlorogenic acid (CGA) levels (0-24 hr). Treatments were compared using one-way ANOVA and Tukey's multiple comparison. Values not sharing a common superscript letter are significantly different ($P<0.05$). Data represent mean ± SEM from $n=6$.

Figure 8. Concentration of free chlorogenic acid (CGA) in whole *in vitro* digesta of highbush blueberry skins (A) and percent CGA released (i.e. bioaccessibility) during digestion (B). Data represent mean ± SEM from $n=2$.

Figure 9. Concentrations of free chlorogenic acid (CGA) in *in vitro* fecal fermenta from highbush blueberry skin digesta from 0-16 h. Data represent mean ± SEM from $n=3$.

Tables

Table 1. Mean and standard error of the mean (SEM) for commercially available highbush blueberry fractions: Folin Assay ($n=3$) and chlorogenic acid (CGA) content after solid phase extraction (SPE) and LC-MS analysis ($n=2$)				
	Folin Assay		**SPE and LC-MS Analysis**	
Material	**mg GAE/ 100 g whole blueberry[1]**	**SEM**	**mg CGA/ 100 g whole blueberry[1]**	**SEM**
Peel	122.76	2.60	11.86	0.04
Pulp	40.77	0.17	6.32	0.50
Whole Blueberry	180.05	1.29	8.07	1.23
[1]Whole blueberry values were measured for the bottom row and calculated for the top two rows based on ratios of peel and pulp in the whole blueberry				

Table 2. Average chlorogenic acid (CGA) content in 20 highbush blueberry genotypes (*n*=4)		
Genotype[1]	mg CGA/ 100 g whole blueberry	SEM
DxJ 197	4.22	0.36
DxJ 148	5.00	0.72
DxJ 112	7.28	1.17
DxJ 041	8.39	0.90
DxJ 125	9.50	3.01
DxJ 124	11.95	0.68
DxJ 023	13.57	2.69
DxJ 102	17.88	2.88
DxJ 038	20.17	1.22
DxJ 149	43.35	19.16
DxJ 002	105.56	5.79
DxJ 033	133.52	7.92
PI 554857	2.63	0.36
PI 554856	4.47	0.82
PI 554764	5.07	0.89
PI 554846	6.56	1.69
PI 554849	9.67	2.37
PI 638335	58.16	21.31
PI 267851	115.83	6.79
PI 296399	146.29	14.82
[1]DxJ: Biparental mapping population, PI: genetic diversity panel population		

Figures

Figure 1. Structure of 5-caffeoyquinic acid (5-*O*-CQA), the most abundant form of chlorogenic acid (CGA) found in highbush blueberries.

Figure 2. Kinetics of TMA-d9 production in fecal fermentations with choline-d9: No digesta, Blank digesta, or Digesta from highbush blueberry genotypes from the bi-parental mapping population were added. TMA production displayed without a broken axis (A) and with a broken axis (B). Data represent mean ± SEM from *n*=6 replicates.

Figure 3. Kinetics of choline-d9 use (A) and TMA-d9 production (B), and areas under the curve (AUCs) for choline-d9 utilization (C) and TMA-d9 production (D) in fermentation (0-30 hr) for all treatments including: Digesta free (DG free), Blank DG (blank digesta), Whole blueberry (WB), Sugar, Fiber, and Phenolic fractions. Using one-way ANOVA and Tukey's multiple comparison to determine statistical differences between treatments. Different letters notate a statistical difference (P<0.05). Data represent mean ± SEM from *n*=6.

Figure 4 Kinetics of choline-d9 use (A) and TMA-d9 production (B), and areas under the curve (AUCs) for choline-d9 utilization (C) and TMA-d9 production (D) in fermentation (0-30 hr) for all treatments of digesta (DG), Whole blueberry (WB), Blank DG, DG free, WB, Peel, Pulp, Sugar, and Fiber. Using one-way ANOVA and Tukey's multiple comparison to determine statistical differences between treatments. Different letters notate a statistical difference (P<0.05). Data represent mean ± SEM from *n*=6.

Figure 5. Chlorogenic acid (CGA) content of multiple genetically diverse highbush blueberry genotypes from the summer of 2024. Two (DxJ 197, DxJ 148) of the lowest CGA and two (DxJ 033, DxJ 002) of the highest CGA content blueberries from the biparental mapping population (A) and two (PI554857, PI 554856) of the lowest CGA and two (PI296399, PI 267851) of the highest CGA content blueberries from the diversity panel (B) were selected and noted with an asterisk. Data represent mean ± SEM from n=4.

Figure 6. Chlorogenic acid (CGA) content in whole fruit (A) and skins (B) of highbush blueberry genotypes. Correlation of CGA content in skins and whole fruits in the 8 selected genotypes with extreme CGA content (C). Correlations of CGA content with fruit size in all genotypes. Data represents mean ± SEM for *n*=4 (A) or *n*=2 (B). Dots represent means (C and D).

Figure 7. Kinetic for choline-d9 utilization (A) and TMA-d9 production (B) and area-under-the-curve (AUC) values for choline-d9 utilization (C) and TMA-d9 production (D) during *in vitro* fecal fermentation of choline-d9 with *in vitro* digesta from highbush blueberry skins with varying chlorogenic acid (CGA) levels (0-24 hr). Treatments were compared using one-way ANOVA and Tukey's multiple comparison. Values not sharing a common superscript letter are significantly different ($P<0.05$). Data represent mean ± SEM from *n*=6.

Figure 8. Concentration of free chlorogenic acid (CGA) in whole *in vitro* digesta of highbush blueberry skins (A) and percent CGA released (i.e. bioaccessibility) during digestion (B). Data represent mean ± SEM from *n*=2.

Figure 9. Concentrations of free chlorogenic acid (CGA) in *in vitro* fecal fermenta from highbush blueberry skin digesta from 0-16 h. Data represent mean ± SEM from *n*=3.