

1 **Asymptomatic gut colonization by extended-spectrum beta-lactamase-producing**
2 ***Escherichia coli* is not associated with an altered gut microbiome or metabolome in**
3 **Dutch adults**
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19

20 **ABSTRACT**

21 Background

22 Gut colonization by antibiotic resistant *E. coli* strains, including extended-spectrum beta-
23 lactamase (ESBL)-producing *E. coli* is a risk factor for developing overt infection. The gut
24 microbiome can provide colonization resistance against enteropathogens, but it remains
25 unclear whether it confers resistance against potentially pathogenic ESBL-producing *E. coli*.

26 Materials

27 From a Dutch cross-sectional population study (PIENTER-3), feces from 2751 individuals
28 were used to culture ESBL-producing bacteria. Of these, we selected 49 samples which were
29 positive for an ESBL-producing *Escherichia coli* (ESBL⁺), and negative for a variety of
30 variables known to affect microbiome composition. These were matched in a 1:1 ratio to
31 ESBL⁻ samples based on age, sex, having been abroad in the past six months and ethnicity.
32 Shotgun metagenomic sequencing was performed and taxonomic species composition and
33 functional annotations (microbial metabolism and carbohydrate-active enzymes) were
34 determined. Targeted quantitative metabolic profiling (¹H NMR-spectroscopy) was
35 performed to investigate metabolomic profiles.

36 Results

37 No differences in alpha or beta diversity were observed, nor in relative abundance, between
38 ESBL⁺ and ESBL⁻ individuals based on bacterial species level composition. Machine
39 learning approaches based on microbiota composition did not accurately predict ESBL status
40 (area under the receiver operating characteristic curve (AUROC)=0.53), neither when based
41 on functional profiles. The metabolome did also not convincingly differ between ESBL

42 groups as assessed by a variety of approaches, including machine learning through random
43 forest (AUROC=0.61).

44 Conclusion

45 Using a combination of multi-omics and machine learning approaches, we conclude that
46 asymptomatic gut carriage of ESBL-producing *E. coli* is not associated with an altered
47 microbiome composition or function. This may suggest that microbiome-mediated
48 colonization resistance against ESBL-producing *E. coli* is not as relevant as it is against other
49 enteropathogens.

50 **KEYWORDS: Colonization resistance, MDRO, ESBL-producing *Enterobacterales*,**
51 ***Escherichia coli*, gut microbiome, metagenome, metabolome**

52 INTRODUCTION

53 *Escherichia coli* is a common gut commensal, but several strains possess virulence factors
54 that enable them to cause gastrointestinal, urinary and extraintestinal infections^{1,2}.

55 Colonization of the gut by multidrug-resistant organisms (MDRO), including extended-
56 spectrum beta-lactamase (ESBL)-producing *E. coli* and carbapenem-resistant *E. coli*, often
57 precede infections³. The gut microbiome can mediate colonization resistance against several
58 enteric pathogens, but it remains unclear whether this is also the case for MDROs such as
59 ESBL-producing *E. coli*, especially since many individuals harbor commensal *E. coli*.

60 Colonization resistance can be conferred by the gut microbiome through nutrient competition,
61 production of antimicrobial compounds, support of gut barrier integrity, bacteriophage
62 deployment and through interaction with the immune system⁴. However, studies in humans
63 have reported conflicting evidence regarding which bacterial genera or species within the gut
64 microbiome could be of relevance in providing colonization resistance against ESBL-

65 producing *E. coli* or ESBL-producing *Enterobacterales*. These conflicting results can, at least
66 partially, be traced back to several confounding factors (e.g. medication) in those studies⁵⁻⁸. It
67 was recently shown that unevenly matched case-controls studies with regard to lifestyle and
68 physiological characteristics can produce spurious microbial associations with human
69 phenotypes like disease, or in this case, colonization by ESBL-producing *E. coli*⁹.

70 Here, we aimed to compare the gut microbiome and metabolome between individuals
71 asymptotically colonized with an ESBL-producing *E. coli* (ESBL⁺) and individuals who
72 are not (ESBL⁻), determined by culture-based and molecular approaches. To avoid
73 confounding factors from affecting study results, we selected samples from a large Dutch
74 cross-sectional population study (PIENTER-3) for which 2751 fecal samples were used to
75 culture ESBL-producing bacteria¹⁰. With this high number of samples available, we could
76 apply stringent sample selection with regard to known confounders in microbiome studies
77 such as antibiotic use, proton-pump inhibitor use, a variety of diets etc. Subsequently, we
78 performed case control matching based on a variety of epidemiological and health related
79 variables. We performed extensive functional and taxonomic profiling of the gut microbiome
80 through metagenomics and metabolomics to investigate whether there are differences in the
81 gut microbiome between matched ESBL⁺ and ESBL⁻ individuals.

82 **MATERIALS AND METHODS**

83 **Sample collection**

84 Samples were selected from a large Dutch population-wide study (PIENTER-3)¹⁰. This cross-
85 sectional population study was carried out in 2016/2017, primarily designed to obtain insight
86 into age-specific seroprevalence of vaccine-preventable infectious diseases. Out of the 98
87 included samples for the current study, 95 were stored in the freezer within 15 minutes after
88 defecation, one person did not provide information on this and two individuals took longer

89 than one hour to store their sample in the freezer. Samples were kept on average for 2.97 days
90 (± 2.82) (six individuals did not indicate this information) in people's freezer before being
91 delivered (on cold packs) to the mobile study team¹⁰. Fecal samples were kept on dry ice
92 during transport to the National Institute for Public Health and the Environment and stored at
93 -80°C the next day.

94 **Detection of ESBL-producing *Enterobacterales***

95 Details of the microbiological methods have been described elsewhere (Willems RPJ, van
96 Dijk K, Dierikx CM, Twisk JWR, van der Klis FRM, de Greeff SC, Vandenbroucke-Grauls
97 CMJE. Gastric acid suppression, lifestyle factors and intestinal carriage of ESBL and
98 carbapenemase-producing *Enterobacterales*: a nationwide population-based study
99 [Submitted]). Briefly, stool specimens were enriched by tryptic soy broth with ampicillin (50
100 mg/L) and then cultured on selective agar plates (EbSA, Cepheid Benelux, Apeldoorn). Next,
101 up to five oxidase-negative morphotypes were subcultured, identified to species level, and
102 tested for antimicrobial susceptibility using standard procedures (VITEK 2 system,
103 bioMérieux, Marcy-L'Étoile, France). Antimicrobial susceptibility was classified according
104 to European Committee on Antimicrobial Susceptibility Testing clinical breakpoints¹¹. ESBL
105 production was screened for with combination disk diffusion and confirmed by polymerase
106 chain reaction (PCR); PCR was performed for the *bla*_{CTX-M}, *bla*_{SHV} and *bla*_{TEM} groups¹².
107 ESBL testing was done according to the European Committee on Antimicrobial
108 Susceptibility Testing guidelines¹³.

109 **Sample selection**

110 2751 fecal samples were cultured for ESBL- or CPE-producing bacteria, of which 198
111 samples were positive. For the purpose of our study, we selected samples positive for ESBL-
112 producing *E. coli*, resulting in 176 potential samples. Next, we applied stringent exclusion

113 criteria for all samples based on variables known to affect the gut microbiome. Individuals
114 were excluded based on the following criteria: current proton-pump inhibitor use, antibiotic
115 use in the last three months, diarrheal symptoms in the last month (defined as at least three
116 thin stools within 24 hours), vomiting in the last month, blood in stool during the last month,
117 abdominal pain or nausea during the last month, use of any pre- or probiotics, consumption of
118 a special diet (vegetarian, cow's milk free diet, hen's egg protein-free diet, gluten free, nut
119 and/or peanut-free, lactose limited diet, diabetes-related diet, limited protein diet, limited fat
120 and/or cholesterol diet, enrichment of dietary fiber, caloric restriction, low in sodium, easily
121 digestible, coloring agent-free, enriched in energy/protein, 'other diet') and whether stool was
122 stored in the freezer after defecation (samples were excluded if not stored in the freezer). This
123 selection resulted in 51 ESBL⁺ samples for inclusion, which were subsequently matched to
124 51 ESBL⁻ samples using the R MatchIt package (v3.0.2) with the "nearest" method in the
125 *matchit* function. Subjects were matched based on age, sex, having been abroad during the
126 last 6 months (yes/no) and ethnicity. ESBL⁻ negative samples were selected using the same
127 exclusion criteria. Three samples (1 ESBL⁻ sample and 2 ESBL⁺ samples) were further
128 excluded as insufficient DNA was available for sequencing. One additional sample (ESBL⁻)
129 was excluded as we discovered afterwards that this individual had provided ambiguous
130 answers regarding dietary habits. The final dataset for analysis contained 49 individuals in
131 each group.

132 **DNA extraction for metagenomic shotgun sequencing**

133 DNA was extracted by mechanical disruption (repeated bead-beating) and purified in a
134 Maxwell RSC instrument (Promega Benelux BV, Leiden, The Netherlands). The Maxwell
135 RSC Blood DNA extraction kit was according to manufacturer's instructions with several
136 modifications, as follows. Fecal samples were thawed on ice and approximately 250 mg of
137 well-homogenized fecal material was resuspended in S.T.A.R (stool transport and recovery

138 buffer) buffer (Roche Diagnostics, Almere, The Netherlands), with 0.1 mm zirconia/silica
139 beads and 2.5 mm glass beads. The fecal suspension was mechanically disrupted three times
140 for one minute in a FastPrep-24 Instrument at room temperature and 5.5 oscillations, and
141 maintained on ice after every cycle. Samples were further heated at 95°C for 15 minutes
142 shaking at 300 rpm, and centrifuged for 5 minutes at full speed. Resulting supernatants (fecal
143 lysates) were collected and the pellet was further resuspended in an additional 350 µl of
144 S.T.A.R. buffer following the same procedure. Pooled fecal lysates were then transferred to
145 the Maxwell RSC Instrument for further purification steps. Eluted sample was cleaned-up
146 using the OneStep PCR Inhibitor Removal Kit (Zymo Research, Irvine, California), and
147 DNA was quantified using a Quantus Fluorometer (Promega Corporation, Madison, WI,
148 USA). Every extraction round included two negative DNA extraction controls (blank samples
149 with S.T.A.R. buffer without any added fecal material) and two microbial mock communities
150 as positive controls (ZymoBiomics Microbial Community Standards; Zymo Research, Irvine,
151 California, USA).

152 **Metagenomic shotgun sequencing**

153 Shotgun metagenomic sequencing was performed by GenomeScan B.V. (Leiden, The
154 Netherlands) using the NEBNext® Ultra™ II FS DNA Library Prep Kit (New England
155 Biolabs, Ipswich, Massachusetts, USA) and the NextSeq 500 platform (paired-end, 150bp).
156 Two positive sequencing controls (ZymoBiomics Microbial Community DNA Standards;
157 Zymo Research, Irvine, California, USA) and two negative sequencing controls (sterile
158 water) were included. Average number of raw reads (of 98 samples and four positive
159 controls) is 4,747,908 (range 2,565,232 – 62,035,096) and a median of 4,142,237 paired-end
160 reads. Raw shotgun sequencing reads were quality checked using the FastQC (v0.11.9) and
161 MultiQC (v1.8) tools, both before and after cleaning files for low-quality reads and human
162 reads using the kneaddata (v0.7.10) tool with default parameters.

163 Taxonomic and functional annotation were performed on cleaned reads using the NGLess
164 language (v1.2.0), associated tools and the Integrated Gene Catalog (IGC) database¹⁴⁻¹⁸. For
165 taxonomic analysis, mOTUs (v2.5.1) was used with default parameters and unclassified reads
166 (-1 category in mOTUs) were not included for downstream analyses¹⁹. Functional annotation
167 was performed by aligning cleaned reads to the annotated IGC database (we annotated the
168 IGC through eggNOG mapper v2.1.0 using default parameters and the “-m diamond”
169 argument) using Burrows-Wheeler-Aligner MEM (BWA, v0.7.17)^{17, 18, 20}. Unclassified reads
170 were not taken into account for downstream analyses. Default parameters were used, apart
171 from the ‘normalization’ argument, which was specified as normalization="scaled", which
172 corrects for size of the feature (gene). Aligned reads were then aggregated using the Kyoto
173 Encyclopedia of Genes and Genomes (KEGG), KEGG Orthology (KO) groups and
174 Carbohydrate-active enzymes (CAZymes) annotations present in the IGC
175 (features="KEGG_ko" or features="CAZy" argument in NGLess)^{21, 22}.

176 Multi-locus sequence typing on *E. coli* was performed using the MetaMLST tool (default
177 parameters). MetaMLST aligns sequencing reads against a database (which can be
178 customized) of housekeeping genes to identify sequence types present in metagenomes. A
179 custom *E. coli* database (Achtman MLST scheme) was created with MLST data from
180 October 16th 2020 (https://pubmlst.org/bigdb?db=pubmlst_ecoli_achtman_seqdef)²³. No
181 sequence types could be reliably detected in the samples, likely due to the very low relative
182 abundance of *E. coli* and the corresponding low number of reads and coverage of *E. coli*.

183 *Resistome profiling*

184 To profile the antimicrobial resistance genes in the metagenomes, cleaned reads were aligned
185 to the MEGARes database (v2.00) using BWA MEM with default settings¹⁷. The resulting
186 SAM file was parsed using the ResistomeAnalyzer tool

187 (<https://github.com/cdeanj/resistomeanalyzer>) and the default threshold of 80% was used,
188 meaning an antibiotic-resistance determinant was only included if at least 80% of the gene is
189 detected in a sample²⁴. Read counts originating from alignments to housekeeping genes
190 associated with antimicrobial resistance (AMR) (e.g. *rpoB* and *gyrA*) that require single
191 nucleotide polymorphisms to confer resistance were filtered out of the count table before
192 downstream analyses, as previously reported²⁵. Gene level data (e.g. *tetO*, *tetQ* and *tetW*)
193 were used for calculating alpha and beta diversity metrics and for differential abundance
194 analysis. For visualization purposes, gene level outputs were aggregated at the mechanism
195 level (e.g. beta-lactams, mupirocin).

196 **Positive and negative controls for metagenomic sequencing**

197 Eight mOTUs were detected in all four positive controls, exactly matching theoretical
198 expectations. With regard to expected relative abundances, sequencing controls were, as
199 expected, more accurate (average fold error of 1.14) than the DNA extraction controls
200 (average fold error of 1.42 with underrepresentation of Gram-positive bacteria). The four
201 included negative controls (two extraction controls and two sequencing controls) did not
202 generate any reads. These results indicate good performance of sequencing, DNA extraction
203 procedures and bioinformatic processing of the data.

204 **Metabolomics**

205 The method for NMR analysis of fecal samples was adapted from the protocol developed by
206 Kim et al. with a few minor adaptations²⁶.

207 *Sample preparation*

208 Each feces-containing sample tube was weighed before sample preparation. To each sample
209 tube 50 μ l of 0.5 mm zirconium oxide beads (Next Advance, Inc.) and 750 μ l of milli-Q

210 water were added. Then, the tubes were subjected to bead beating for four sessions of one
211 minute. The tubes were subsequently centrifuged at 18,000 g at 4°C for 15 minutes. For most
212 samples, 600 μ l of supernatant was transferred to new 1.5 ml Eppendorf tubes. In some cases
213 the volume of available supernatant was slightly less. These tubes were centrifuged at 18,000
214 g at 4 °C for 1 hour. 270 μ l of supernatant was added to 30 μ l of pH 7.4 phosphate buffer (1.5
215 M) in 100% D₂O containing 4 mM TSP-d₄ and 2 mM NaN₃. A customized Gilson 215 liquid
216 handler was used to transfer the samples to a 3.0 mm Bruker NMR tube rack. The original
217 sample tubes were cleaned, dried and weighed again.

218 *NMR measurements*

219 ¹H NMR data were collected using a Bruker 600 MHz Avance Neo/IVDr spectrometer
220 equipped with a 5 mm TCI cryogenic probe head and a z-gradient system. A Bruker
221 SampleJet sample changer was used for sample insertion and removal. All experiments were
222 recorded at 300 K. A standard sample 99.8% methanol-d₄ was used for temperature
223 calibration before each batch of measurements²⁷. One-dimensional (1D) ¹H NMR spectra
224 were recorded using the first increment of a NOESY pulse sequence²⁸ with presaturation (γ B₁
225 = 50 Hz) during a relaxation delay of four seconds and a mixing time of 10 ms for efficient
226 water suppression²⁹. Initial shimming was performed using the TopShim tool on a random
227 mix of urine samples from the study, and subsequently the axial shims were optimized
228 automatically before every measurement. Duration of 90° pulses were automatically
229 calibrated for each individual sample using a homonuclear-gated mutation experiment³⁰ on
230 the locked and shimmed samples after automatic tuning and matching of the probe head. 16
231 scans of 65,536 points covering 12,335 Hz were recorded. J-resolved spectra (JRES) were
232 recorded with a relaxation delay of 2 s and 2 scans for each increment in the indirect
233 dimension. A data matrix of 40 × 12,288 data points was collected covering a sweep width of
234 78 × 10,000 Hz. Further processing of the raw time-domain data was carried out in the

235 KIMBLE environment³¹. The Free Induction Decay of the 1D experiment was zero-filled to
236 65,536 complex points prior to Fourier transformation. An exponential window function was
237 applied with a line-broadening factor of 1.0 Hz. The spectra were automatically phase and
238 baseline corrected and automatically referenced to the internal standard (TSP = 0.0 ppm). A
239 sine-shaped window function was applied and the data was zero-filled to $256 \times 16,384$
240 complex data points prior to Fourier transformation. In order to remove the skew, the
241 resulting data matrix was tilted along the rows by shifting each row (k) by $0.4992 \times (128-k)$
242 points and symmetrized about the central horizontal lines.

243 *Metabolite quantification*

244 Metabolites were quantified using KIMBLE and the results were checked by quantifying the
245 same metabolites both in the JRES and in the NOESY1D experiments and in 10 randomly
246 chosen spectra using the Chenomx NMR Suite version 8.6 (Chenomx Inc., Edmonton AB,
247 Canada).

248 **Statistical analysis**

249 *Statistical software used for downstream analysis*

250 Analyses and visualizations were performed in R (v4.0.4), using the following packages:
251 phyloseq (v1.34.0), microbiome (v1.12.0), vegan (v2.5-7), tidyverse packages (v1.3.0),
252 SIAMCAT (v1.10.0), table1 (v1.2.1) and ropls (v1.22.0)³²⁻³⁸. All analytical R code will be
253 made publicly available upon acceptance of the manuscript. For all used tools, default
254 parameters were used unless stated otherwise.

255 *Community composition analysis of metagenomic data*

256 We tested for differences in overall microbiota composition with permutational multivariate
257 analysis of variance (PERMANOVA) using Bray-Curtis dissimilarity. As violation of the

258 assumption of homogenous dispersions can lead to wrong conclusions regarding
259 PERMANOVA, we first tested this assumption using the *betadisper* function of the *vegan*
260 package. No heteroscedasticity was observed between the ESBL⁺ and ESBL⁻ group. To
261 investigate both linear and non-linear patterns in the data, we performed dimension reduction
262 using both principal coordinates analysis (PCoA) and t-distributed stochastic neighbor
263 embedding (t-SNE), both based on Bray-Curtis dissimilarity. Alpha diversity indices were
264 compared using independent t-tests.

265 *Differential abundance analysis in metagenomic data*

266 Differential abundance analysis of mOTUs, KO groups, CAZymes and resistance genes
267 between ESBL⁺ and ESBL⁻ samples was performed using SIAMCAT on relative abundance
268 matrices. Features (mOTUs, KO groups or CAZymes) had to be present in at least 25% of
269 samples to be included in the analysis. Regarding resistome analyses, a gene had to be
270 present in 10% of samples to be included, as the 25% prevalence cut-off was too stringent
271 resulting in only fourteen genes included in the analysis. To correct for false discovery rate,
272 p-values were corrected in all tests using the Benjamini-Hochberg procedure³⁹.

273 *Machine learning classifier on metagenomic data*

274 We used obtained taxonomic and functional profiles for feature selection and construction of
275 prediction models. To this end, least absolute shrinkage and selection operator (LASSO)
276 logistic regression using the SIAMCAT package was performed to select predictive features
277 and remove uninformative features based on species composition or functional profiles.
278 Preprocessing was done by filtering mOTUs, KO groups, or CAZyme families which were
279 present in at least 25% of samples. The vignette from SIAMCAT
280 (https://siamcat.embl.de/articles/SIAMCAT_vignette.html) was followed³⁷. In short, we
281 performed data normalization using the “log.unit” method, 5-fold cross validation to split the

282 data in several combinations of training and test data, trained the model using LASSO

283 logistic regression (“lasso” parameter) and, lastly, made the predictions.

284 *Metabolomics data*

285 Metabolomic concentrations were first log₁₀ normalized to reduce heteroscedasticity.

286 Metabolite concentrations were subsequently centered and scaled to a mean of 0 and standard

287 deviation of 1, as previously described⁴⁰. Differences in concentrations between ESBL

288 groups were tested using t-tests where p-values were corrected for multiple testing using two

289 methods (to establish robustness of potential findings), namely Benjamini-Hochberg and

290 Holm correction (with Holm correction being more conservative)^{39, 41}. Next, we performed

291 multivariate analyses using PCA and Partial Least-Squares Discriminant Analysis (PLS-DA).

292 Lastly, random forest was applied to investigate whether ESBL⁺ and ESBL⁻ individuals could

293 be accurately classified based on their respective metabolite profiles. As input to the random

294 forest, normalized metabolite concentrations were used and, similarly as with metagenomic

295 data, 5-fold cross validation was implemented in SIAMCAT.

296 **RESULTS**

297 **Participant and ESBL-producing *E. coli* isolates characteristics**

298 The original sample selection contained 51 individuals in each group, but three samples were

299 not suitable for metagenomic sequencing due to too low DNA concentrations after extraction.

300 One more individual had to be excluded due to ambiguous answers regarding dietary habits.

301 Ultimately, this resulted in metagenomics data from 49 individuals per group. Demographic

302 and participant characteristics were highly similar between the ESBL⁺ and ESBL⁻ group and

303 antibiotic use between the preceding three to twelve months was also evenly matched (Table

304 1). With regard to the ESBL-producing *E. coli* isolates that colonized our 49 ESBL⁺

305 participants, 44 carried a CTX-M-type. The majority of these were CTX-M-1 (25) and CTX-
306 M-9 (18) and one could not definitively be typed (CTX-M-1 or CTX-M-8). Isolates of four
307 individuals were negative for CTX-M genes and for one participant it could not be
308 determined. Additional information on antimicrobial susceptibility of the strains can be found
309 in Supplementary Table 1.

310 **No differences between the ESBL⁺ and ESBL⁻ individuals in bacterial species** 311 **composition or diversity parameters**

312 We investigated potential differences in microbiota composition and diversity between
313 ESBL⁺ and ESBL⁻ samples. A total of 1178 species (mOTUs) were detected in our cohort.
314 Overall bacterial composition at the family and genus level are shown in Figure S1. The most
315 abundant species and their average relative abundance in this cohort were *Bifidobacterium*
316 *adolescentis* (4.6% ± 6.9%), *Ruminococcus bromii* (3.4% ± 4.8%) undefined
317 *Ruminococcaceae spp.* (2.9% ± 3.2%), *Eubacterium rectale* (2.7% ± 2.8%) and *Prevotella*
318 *copri* (2.5% ± 5.7%). We did not observe differences in alpha diversity (observed mOTUs
319 and Shannon index, Figure 1A and B), nor in beta diversity (PCoA and t-SNE, Figure 1C and
320 D).

321 Next, we investigated whether there were differences in relative abundance between the study
322 groups at the species level (mOTUs). Prior to differential abundance testing, mOTUs were
323 filtered based on a prevalence of at least 25%, resulting in 261 mOTUs (representing 22.2%
324 of the total observed mOTUs). No significant differentially abundant mOTUs were detected
325 (all corrected p-values > 0.7). In order to elucidate whether microbiota composition is
326 predictive of ESBL carriage, a machine learning classifier (LASSO logistic regression) was
327 applied to the filtered mOTUs relative abundance matrix, which provided an AUROC value

328 of approximately random classification (AUROC of 0.53, Figure 1E), indicating that mOTUs
329 relative abundance does not allow for reliable prediction of ESBL status.

330 **No differences in the resistome of individuals colonized by an ESBL-producing *E. coli*** 331 **and ESBL⁻ individuals**

332 Of all cleaned reads, an average of 0.035% ($\pm 0.024\%$) reads per sample mapped against the
333 MegaRes 2.0 database. There was no difference between ESBL groups in the average number
334 of reads aligned to MegaRes 2.0 (independent t-test, $p=0.84$). A total of 98 unique
335 antimicrobial resistance genes (ARGs) were detected with 17 different AMR mechanisms
336 (e.g. beta-lactam), and the number of detected ARGs was not different between ESBL groups
337 (independent t-test, $p = 0.46$) (Figure 2A). Overall ARGs profiles in the study groups
338 assessed by plotting beta diversity, did not show a clear separation between ESBL groups
339 (Figure 2B), which was confirmed by PERMANOVA ($p=0.21$). The most abundant ARGs
340 and AMR mechanisms are visualized in Figure 2C and D. No differences in relative
341 abundance of ARGs were found between the groups using differential abundance analysis (all
342 corrected p -values > 0.4). Tetracycline resistance was most abundant in the resistomes
343 ($47.7\% \pm 24.7\%$, Figure 2C), followed by mupirocin resistance ($33.7\% \pm 28.6\%$).
344 Tetracycline resistance was conferred by several *tet* genes, while mupirocin resistance was
345 conferred through the *ileS* gene. As it is known from literature that *Bifidobacterium* spp. can
346 be intrinsically resistant to mupirocin through the *ileS* gene⁴², we analyzed the correlation
347 between the relative abundance of *Bifidobacterium* (at genus level) and the *ileS* gene, which
348 was indeed high ($R=0.78$, $p<2.2\times 10^{16}$) (Figure S2). We then moved on to investigate
349 functional profiles of our participants.

350 **No differences between the ESBL⁺ and ESBL⁻ individuals in functional capacity of the** 351 **microbiome**

352 To compare the functionality of the gut microbiome between the study groups, cleaned reads
353 were mapped against the annotated IGC database. On average, 95.8% ($\pm 1.7\%$) of reads
354 aligned against the IGC, and the aligned number of reads was not different between ESBL
355 groups (independent t-test, $p=0.23$). From the aligned reads, 49.2% ($\pm 2.2\%$) aligned against a
356 gene annotated by a functional group (KO group) and this was not different between ESBL
357 groups (independent t-test, $p=0.13$). There was no difference in overall functional profiles
358 between the groups (PERMANOVA, $p=0.19$). 8450 KO groups were detected and after
359 filtering on 25% prevalence, 5179 KO groups remained for differential abundance testing. No
360 KO groups were significantly differentially abundant between ESBL groups (all corrected p-
361 values > 0.2). To identify functional groups predictive of ESBL status, LASSO logistic
362 regression was applied to the relative abundance matrix of KO groups. No accurate prediction
363 model could be constructed (AUROC of 0.61), indicating that the functional groups do not
364 contain information allowing for prediction of ESBL status.

365 **No functional differences in Carbohydrate Active Enzymes (CAZymes) between the**
366 **ESBL⁺ and ESBL⁻ group**

367 From the aligned reads, 2.1% ($\pm 0.2\%$) aligned against a gene annotated to a CAZyme family
368 and this was not different between ESBL groups (independent t-test, $p=0.48$). A total of 109
369 CAZyme families were detected with a mean of 77.7 (± 5.7) per individual, with no
370 differences between ESBL groups (independent t-test, $p=0.34$) (Figure 3A). The three most
371 abundant CAZymes in our study were glycoside hydrolase (GH)13 ($19.4\% \pm 3.3\%$), GH3
372 ($11.4\% \pm 1.6\%$) and GH31 ($6.2\% \pm 0.9\%$) (Figure 3C), corresponding to breakdown of starch
373 and glycogen (GH13) and breakdown of plant cell wall glycans (GH3 and GH31)⁴³. Variation
374 in CAZyme relative abundance profiles could not be explained by ESBL group
375 (PERMANOVA, $p=0.57$, Fig 3B). Compositional plots based on the top 20 most abundant
376 CAZymes were highly similar between the ESBL groups (Figure 3C), and no differences in

377 relative abundance of individual CAZyme families was observed (all corrected p-values >
378 0.6). To identify potential drivers of ESBL-producing *E. coli* colonization we used LASSO
379 logistic regression on relative abundances CAZymes, which did not result in an accurate
380 prediction model (AUROC of 0.56). This indicates there is only very low to no predictive
381 power in relative abundances of CAZymes with regard to ESBL status.

382 **Metabolomics profiling shows no clear differences between ESBL groups at the** 383 **functional level**

384 For metabolomic analysis we quantified metabolite concentrations in all individuals, except
385 for one ESBL⁺ sample that was excluded as a good quality NMR spectrum could not be
386 recorded due to shimming problems. First, to investigate whether any differences in
387 metabolite concentrations existed between ESBL groups, we performed univariate testing
388 (independent t-tests). These results strongly depended on the method used for multi-error
389 correction (11 metabolites were significantly different at p=0.048 with Benjamini-Hochberg,
390 but none with Holm) (Figure S3 and Figure S4).

391 Unsupervised dimensionality reduction using PCA was performed to investigate whether any
392 separation could be observed based on ESBL carriage (Fig 4A). Over 46% of the
393 metabolome variation could be explain on the first principal component, with some
394 separation of the study groups. However, supervised analysis using a PLS-DA indicates that
395 no predictive value could be obtained for class separation based on two PLS components
396 (Q2Y = -0.06). Lastly, we performed a random forest prediction model to investigate whether
397 ESBL status could be predicted based on metabolite profiles, but this was not the case
398 (AUROC = 0.61) (Figure 4B). Altogether, minor differences in metabolite concentrations
399 could be detected using t-tests, but these were dependent on the method applied for correction

400 for multiple testing. PCA between the ESBL groups showed a small overall signal, but no
401 predictive value could be confirmed by both PLS-DA and random forest.

402 **DISCUSSION**

403 We present a unique study investigating differences in the gut microbiome and metabolome
404 between individuals asymptotically colonized by an ESBL-producing *E. coli* and matched
405 non-colonized individuals. Importantly, in contrast to previous studies on this topic, we
406 applied stringent inclusion criteria and matched ESBL⁺ individuals with ESBL⁻ individuals on
407 important epidemiological variables, which minimized the chance for observing effects
408 which could be attributed to confounding variables. The combination of metagenomics and
409 metabolomics allowed for a deep molecular resolution of the gut microbiome, both at the
410 taxonomic and functional level. We show that there is no difference in the gut microbiome of
411 individuals asymptotically colonized with an ESBL-producing *E. coli* as compared to
412 individuals who are not colonized.

413 Confounding factors may, at least partially, be the reason for the previously reported
414 differences in microbial signatures associated with protection from asymptomatic
415 colonization by ESBL-producing bacteria and MDROs across different studies. It must be
416 noted that these studies have mostly investigated vulnerable patient populations, such as
417 nursing home residents and hospitalized patients. In such populations it is very complex to
418 disentangle observed differences between colonized and non-colonized individuals from
419 differences due to confounding variables (such as comorbidities and medication) between
420 compared individuals^{6, 8, 44-46}. In our study we excluded individuals based on many
421 microbiome-influencing clinical factors, and performed matching on several clinical
422 variables, as recently recommended for cross-sectional microbiome studies⁹. In this way, we
423 could study the effect of colonization of ESBL-producing *E. coli* in isolation and

424 convincingly show that no differences exist in the gut microbiome between colonized and
425 non-colonized individuals.

426 In addition, previous research has generally not focused on species-specific colonization
427 resistance, but rather on a broad category of MDROs (such as ESBL-producing
428 *Enterobacterales*)^{6, 8, 44-46}. Given the large genomic diversity within species⁴⁷, let alone within
429 the order of *Enterobacterales*, it is highly unlikely that a common mechanisms exists which
430 could prevent colonization of e.g. both ESBL-producing *Klebsiella pneumoniae* and ESBL-
431 producing *E. coli*. Therefore in the current study we focused on a single species (*E. coli*),
432 rather than a broad group of ESBL-producing *Enterobacterales*.

433 Microbiome composition of individuals in our study population reflects that of other
434 population cohorts in general. For example, *B. adolescentis* has been previously described in
435 another Dutch cohort as the most abundant bacterial species, with an average relative
436 abundance of 9.51% ($\pm 10.8\%$)⁴⁸. In addition, *P. copri*, *R. bromii* and *E. rectale* were also
437 highly abundant and prevalent, in line with the findings in the current study⁴⁸.

438 The resistome profiles identified in our study also corresponded well with what is generally
439 described in literature, with tetracycline resistance being the most abundant resistance
440 mechanism in the human gut⁴⁹⁻⁵¹. The observed high relative abundance to mupirocin in our
441 study could be explained by the intrinsic resistance of *Bifidobacterium spp.* to this, of which
442 relatively high abundances were observed in this cohort.

443 We show that despite inter-individual variation in taxonomic profiles, the functionality of the
444 microbiome as assessed by the relative abundance of CAZyme families, is highly consistent
445 between individuals. These finding are in line with previous findings showing functional
446 similarity at the metabolic level despite taxonomic diversity^{52, 53}.

447 This study is, to our knowledge, the first study to profile the gut metabolome in relation to
448 colonization of ESBL-producing *E. coli*. We did not observe a relation between the
449 metabolome, or any specific metabolite, and ESBL status. For other enteric pathogens, like
450 *Salmonella enterica* serovar Typhimurium and *C. difficile*, specific metabolites have been
451 shown to be strongly related to colonization resistance in rodent models^{54, 55}. It should
452 however be mentioned that these are infection models rather than asymptomatic colonization
453 models, which would better represent our study.

454 A limitation of our study is that we do not have longitudinal data on the microbiome of these
455 participants, and are therefore unable to make any statements about the duration of
456 colonization of ESBL-producing *E. coli* and associations with the gut microbiome in time.
457 This is particularly relevant considering the large variation in the duration of colonization
458 between individuals^{56, 57}. It could be speculated that individuals who are long-term colonized
459 have a different gut microbiome than individuals who are only colonized for a short period of
460 time, although there is no clear evidence for this in literature to our knowledge. Furthermore,
461 longitudinal observations would allow us to identify changes occurring at the compositional
462 and functional level when asymptomatic carriage turns into active infection or when people
463 become decolonized. Lastly, one would ideally have microbiome data of an individual
464 shortly before an ESBL-producing *E. coli* would colonize and at time of colonization, so that
465 microbiome changes within an individual can be investigated. Secondly, we do not have
466 whole-genome sequencing data of the ESBL-producing *E. coli* isolates, which prevents us
467 from placing these data into a broader epidemiological context. For example, if the majority
468 of isolates would be sequence type (ST)131, an endemic ST, this would be valuable extra
469 information and further extend the clinical relevance of our findings.

470 This study is however unique in the fact that ESBL⁺ and ESBL⁻ individuals were selected
471 from a large Dutch cohort (n= 2751), and therefore we could apply stringent inclusion criteria

472 and match the two groups on several demographic and clinical variables. To the best of our
473 knowledge, this is one of very few studies in the microbiome field that applied such a
474 stringent study setup. This setup ensured that the potential effect of confounding factors was
475 minimized. In addition, this study is the first to investigate differences in the gut microbiome
476 and metabolome between individuals colonized by an ESBL-producing *E. coli* and non-
477 colonized individuals using a combined approach of metagenomics and metabolomics.
478 Therefore, it provides insight into both the composition and function of the gut microbiome.

479 **CONCLUSIONS**

480 Our study shows that there are no differences in the gut microbiome or metabolome of
481 individuals who are, or are not, asymptotically colonized by an ESBL-producing *E. coli*.
482 We hypothesize that microbiome-mediated colonization resistance may therefore not be as
483 relevant against ESBL-producing *E. coli* as it is for other enteric pathogens (like *C. difficile*
484 and vancomycin-resistant *Enterococcus*), although longitudinal studies or controlled human
485 colonization models are necessary to confirm this hypothesis.

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493 Therapeutics. The companies had no role in the study or writing of the manuscript.

494 **AUTHOR CONTRIBUTIONS**

495 QD, RZ and EK conceived and designed the study. RZ, SF and EK supervised the study. RW
496 and CV performed detection of ESBL-producing bacteria and RW aided in sample selection.
497 AV and MG performed metabolomics analysis and AV aided in statistical analysis of
498 metabolomics. FK and EF coordinated sample collection. JK performed DNA extraction and
499 related laboratory procedures. QD performed sample selection, processed and analyzed
500 metagenomic data, performed statistical analysis of metabolomics data, created figures and
501 wrote the manuscript. SN aided in metagenomic data processing and analysis. QD, RZ, RW,
502 AV, SN, FK, EF, JK, AV, MG, CV, SF and EK discussed results and implications. All
503 authors contributed to and approved the manuscript.

504 **CODE AND DATA AVAILABILITY**

505 All raw metagenomic data will be released under PRJEB44119 upon acceptance of the
506 manuscript. All R code and necessary data files to reproduce the analyses and figures will be
507 uploaded to GitHub upon acceptance of the manuscript.

508 **TABLES AND FIGURES**

509 **Table 1:** Characteristics of participants included in the study. P-values were obtained using
510 an independent t-test (for numerical variables) or Fisher's exact test (for categorical
511 variables).

	ESBL negative (N=49)	ESBL positive (N=49)	P-value
Age (years)			
Mean (SD)	44.1 (15.2)	46.6 (15.3)	0.43
Median [Min, Max]	45.0 [20.0, 74.0]	46.0 [21.0, 74.0]	
Sex			
Male	26 (53.1%)	23 (46.9%)	0.69
Female	23 (46.9%)	26 (53.1%)	
Abroad in last 6 months			
Yes	39 (79.6%)	37 (75.5%)	0.81
No	10 (20.4%)	12 (24.5%)	
Ethnicity			
Dutch	38 (77.6%)	36 (73.5%)	0.79
First generation other-Western	1 (2.0%)	0 (0%)	
Second generation other-Western	2 (4.1%)	3 (6.1%)	
First generation Suriname+Aruba+Dutch Antilles	3 (6.1%)	3 (6.1%)	
Second generation Suriname+Aruba+Dutch Antille:	1 (2.0%)	0 (0%)	
First generation other non-Western	4 (8.2%)	7 (14.3%)	
Antibiotic use in the prior 3 to 12 months			
Yes	6 (12.2%)	7 (14.3%)	0.77
No	43 (87.8%)	41 (83.7%)	
Do not know	0 (0%)	1 (2.0%)	

512
513 **Figure 1:** Taxonomic analyses between ESBL groups with comparisons of observed mOTUs
514 (A) and Shannon index (B), unsupervised clustering using PCoA (C) and t-SNE (D) based on
515 Bray-Curtis dissimilarity and the ROC curve for LASSO (E). The ROC curve shows the
516 mean AUC value and its respective 95% CI.

517 **Figure 2:** Resistome analyses with comparisons of the number of detected ARG (A),
518 resistome diversity (B) and overviews of the most abundant resistance mechanisms (C) and
519 resistance genes (D).

520 **Figure 3:** Overview of analyses based on CAZyme repertoire with a comparison of number
521 of CAZyme families (A), PCoA based on Bray-Curtis dissimilarity (B) and a compositional
522 plot to show the consistency of CAZyme families across participants. GH: Glycoside
523 hydrolase, GT: glycosyl transferase.

524 **Figure 4:** Metabolomic analyses with PCA (A) and the ROC curve of random forest based
525 on metabolite profiles (B). The ROC curve shows the mean AUC value and its respective
526 95% CI.

527 **Table S1:** Additional information on antimicrobial susceptibility of ESBL-producing *E. coli*
528 strains based on clinical breakpoints of EUCAST.

529 **Figure S1:** Compositional plots of taxonomy at family level (A) and genus level (B) for all
530 participants in the current cohort, faceted by ESBL status. The 20 most abundant families
531 and genera across all individuals are displayed. ‘Other’ indicates the sum of all bacterial
532 families or genera not indicated in the respective plot.

533 **Figure S2:** Spearman correlation plot between relative abundance of the *ileS* gene and
534 *Bifidobacterium* (at genus level). Correlation coefficient (R) and significance are indicated in
535 the plot.

536 **Figure S3:** Metabolite concentrations (after log₁₀ normalization and scaling) in μmol/g feces
537 of all measured metabolites per ESBL group. T-tests with Benjamini-Hochberg adjustment
538 for multi-error correction were performed to obtain indicated p-values.

539 **Figure S4:** Metabolite concentrations (after log₁₀ normalization and scaling) of all measured
540 metabolites per ESBL group. T-tests with Holm adjustment for multi-error correction were
541 performed to obtain indicated p-values.

542 **REFERENCES**

- 543 1. Croxen MA, Law RJ, Scholz R, Keeney KM, Wlodarska M, Finlay BB. Recent advances in
544 understanding enteric pathogenic *Escherichia coli*. *Clin Microbiol Rev.* 2013;26(4):822-80.
- 545 2. Pitout JD, Laupland KB. Extended-spectrum beta-lactamase-producing *Enterobacteriaceae*:
546 an emerging public-health concern. *Lancet Infect Dis.* 2008;8(3):159-66.
- 547 3. Cassone M, Mody L. Colonization with Multi-Drug Resistant Organisms in Nursing Homes:
548 Scope, Importance, and Management. *Curr Geriatr Rep.* 2015;4(1):87-95.
- 549 4. Ducarmon QR, Zwitter RD, Hornung BVH, van Schaik W, Young VB, Kuijper EJ. Gut
550 Microbiota and Colonization Resistance against Bacterial Enteric Infection. *Microbiol Mol Biol Rev.*
551 2019;83(3).
- 552 5. Huang YS, Lai LC, Chen YA, Lin KY, Chou YH, Chen HC, et al. Colonization With Multidrug-
553 Resistant Organisms Among Healthy Adults in the Community Setting: Prevalence, Risk Factors, and
554 Composition of Gut Microbiome. *Front Microbiol.* 2020;11:1402.
- 555 6. Le Bastard Q, Chapelet G, Birgand G, Hillmann BM, Javaudin F, Hayatgheib N, et al. Gut
556 microbiome signatures of nursing home residents carrying *Enterobacteria* producing extended-
557 spectrum β -lactamases. *Antimicrob Resist Infect Control.* 2020;9(1):107.
- 558 7. Leo S, Lazarevic V, Girard M, Gaia N, Schrenzel J, de Lastours V, et al. Metagenomic
559 Characterization of Gut Microbiota of Carriers of Extended-Spectrum Beta-Lactamase or
560 Carbapenemase-Producing *Enterobacteriaceae* Following Treatment with Oral Antibiotics and Fecal
561 Microbiota Transplantation: Results from a Multicenter Randomized Trial. *Microorganisms.*
562 2020;8(6).
- 563 8. Piewngam P, Quiñones M, Thirakittiwatthana W, Yungyuen T, Otto M, Kiratisin P.
564 Composition of the intestinal microbiota in extended-spectrum β -lactamase-producing
565 *Enterobacteriaceae* carriers and non-carriers in Thailand. *Int J Antimicrob Agents.* 2019;53(4):435-41.
- 566 9. Vujkovic-Cvijin I, Sklar J, Jiang L, Natarajan L, Knight R, Belkaid Y. Host variables confound gut
567 microbiota studies of human disease. *Nature.* 2020.

- 568 10. Verberk JDM, Vos RA, Mollema L, van Vliet J, van Weert JWM, de Melker HE, et al. Third
569 national biobank for population-based seroprevalence studies in the Netherlands, including the
570 Caribbean Netherlands. *BMC Infect Dis.* 2019;19(1):470.
- 571 11. EUCAST. Breakpoint tables for interpretation of MICs and zone diameters. Version 11.0,
572 2021. http://www.eucast.org/clinical_breakpoints/2021.
- 573 12. Reuland EA, Al Naiemi N, Kaiser AM, Heck M, Kluytmans JA, Savelkoul PH, et al. Prevalence
574 and risk factors for carriage of ESBL-producing Enterobacteriaceae in Amsterdam. *J Antimicrob
575 Chemother.* 2016;71(4):1076-82.
- 576 13. EUCAST. EUCAST guidelines for detection of resistance mechanisms and specific resistances
577 of clinical and/or epidemiological importance.
578 [https://eucast.org/fileadmin/src/media/PDFs/EUCAST_files/Resistance_mechanisms/EUCAST_detec
579 tion_of_resistance_mechanisms_v1.0_20131211.pdf](https://eucast.org/fileadmin/src/media/PDFs/EUCAST_files/Resistance_mechanisms/EUCAST_detection_of_resistance_mechanisms_v1.0_20131211.pdf)2013.
- 580 14. Coelho LP, Alves R, Monteiro P, Huerta-Cepas J, Freitas AT, Bork P. NG-meta-profiler: fast
581 processing of metagenomes using NGLess, a domain-specific language. *Microbiome.* 2019;7(1):84.
- 582 15. Kultima JR, Coelho LP, Forslund K, Huerta-Cepas J, Li SS, Driessen M, et al. MOCAT2: a
583 metagenomic assembly, annotation and profiling framework. *Bioinformatics (Oxford, England).*
584 2016;32(16):2520-3.
- 585 16. Kultima JR, Sunagawa S, Li J, Chen W, Chen H, Mende DR, et al. MOCAT: a metagenomics
586 assembly and gene prediction toolkit. *PloS one.* 2012;7(10):e47656-e.
- 587 17. Li H. Aligning sequence reads, clone sequences and assembly contigs with BWA-MEM. *arXiv.*
588 2013;preprint arXiv:1303.3997.
- 589 18. Li J, Jia H, Cai X, Zhong H, Feng Q, Sunagawa S, et al. An integrated catalog of reference
590 genes in the human gut microbiome. *Nat Biotechnol.* 2014;32(8):834-41.
- 591 19. Milanese A, Mende DR, Paoli L, Salazar G, Ruscheweyh H-J, Cuenca M, et al. Microbial
592 abundance, activity and population genomic profiling with mOTUs2. *Nat Commun.* 2019;10(1):1014-.

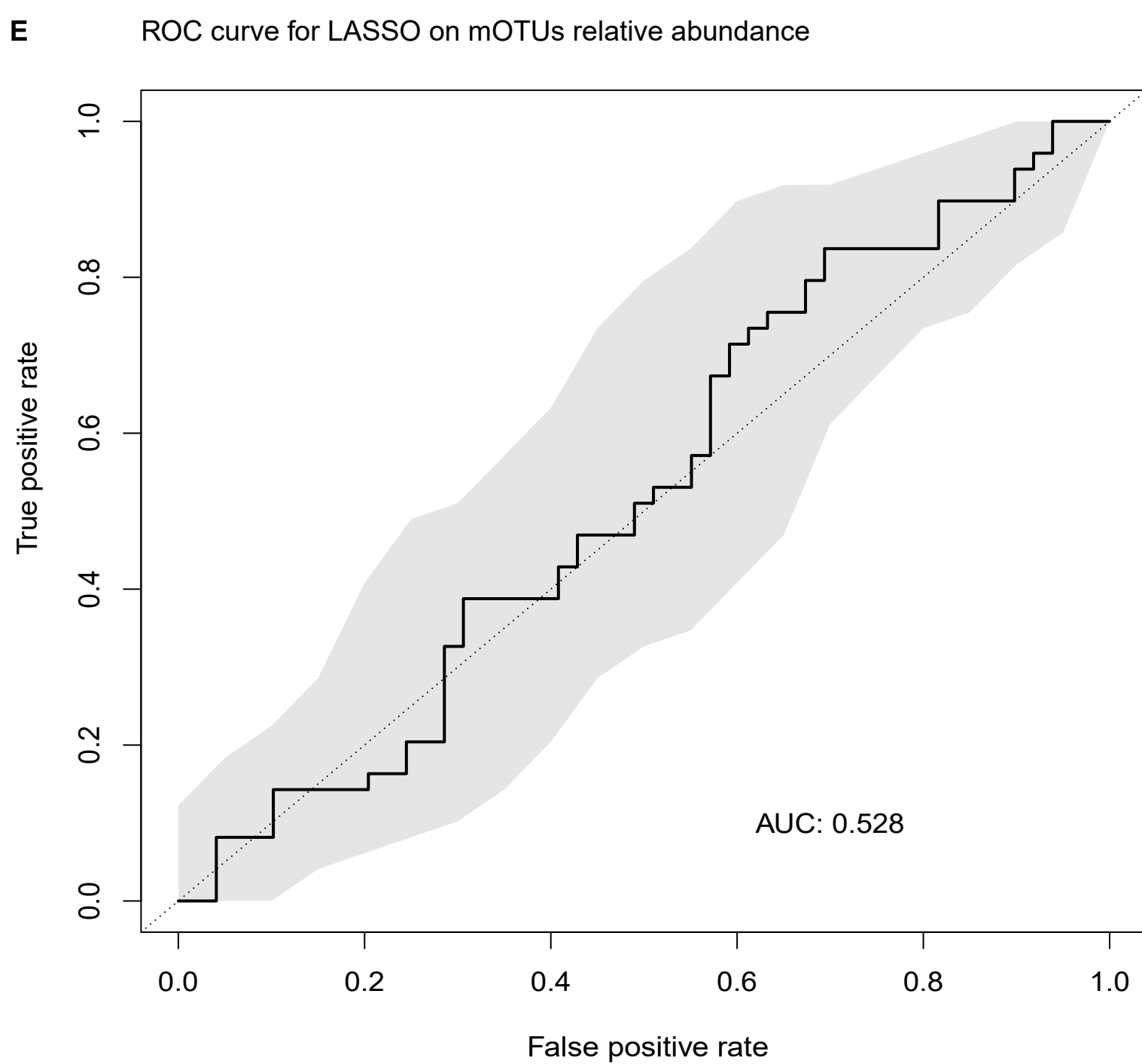
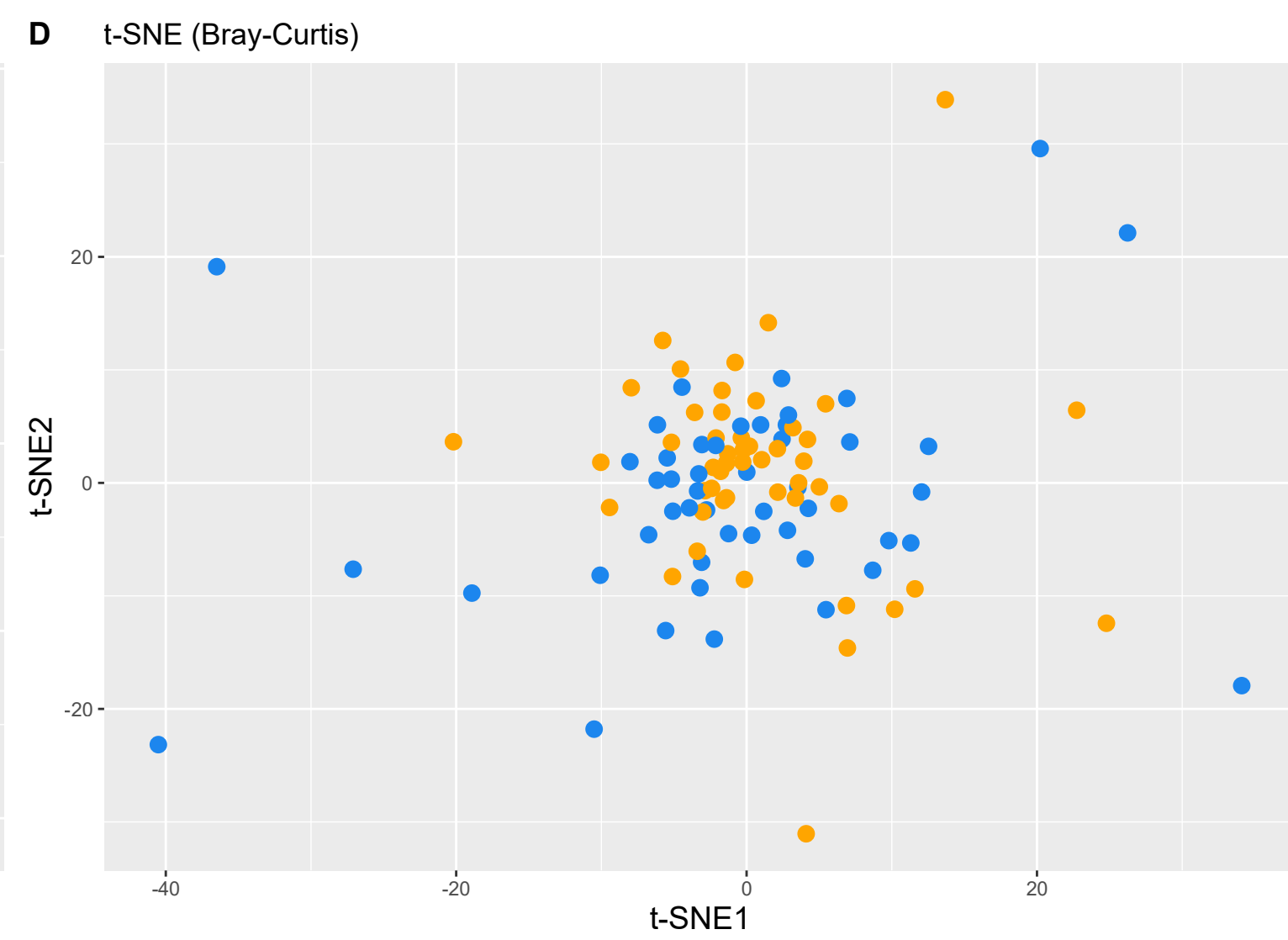
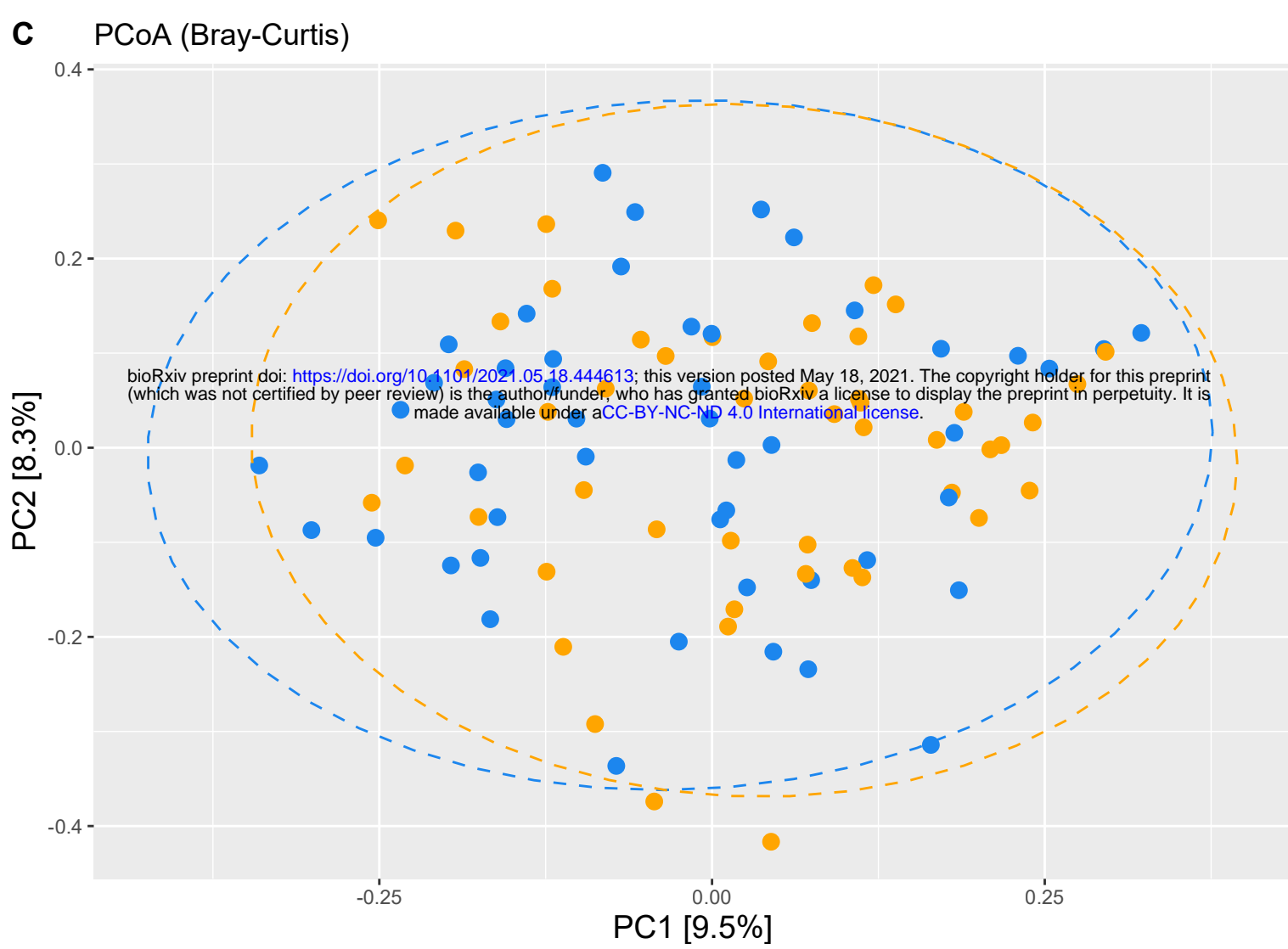
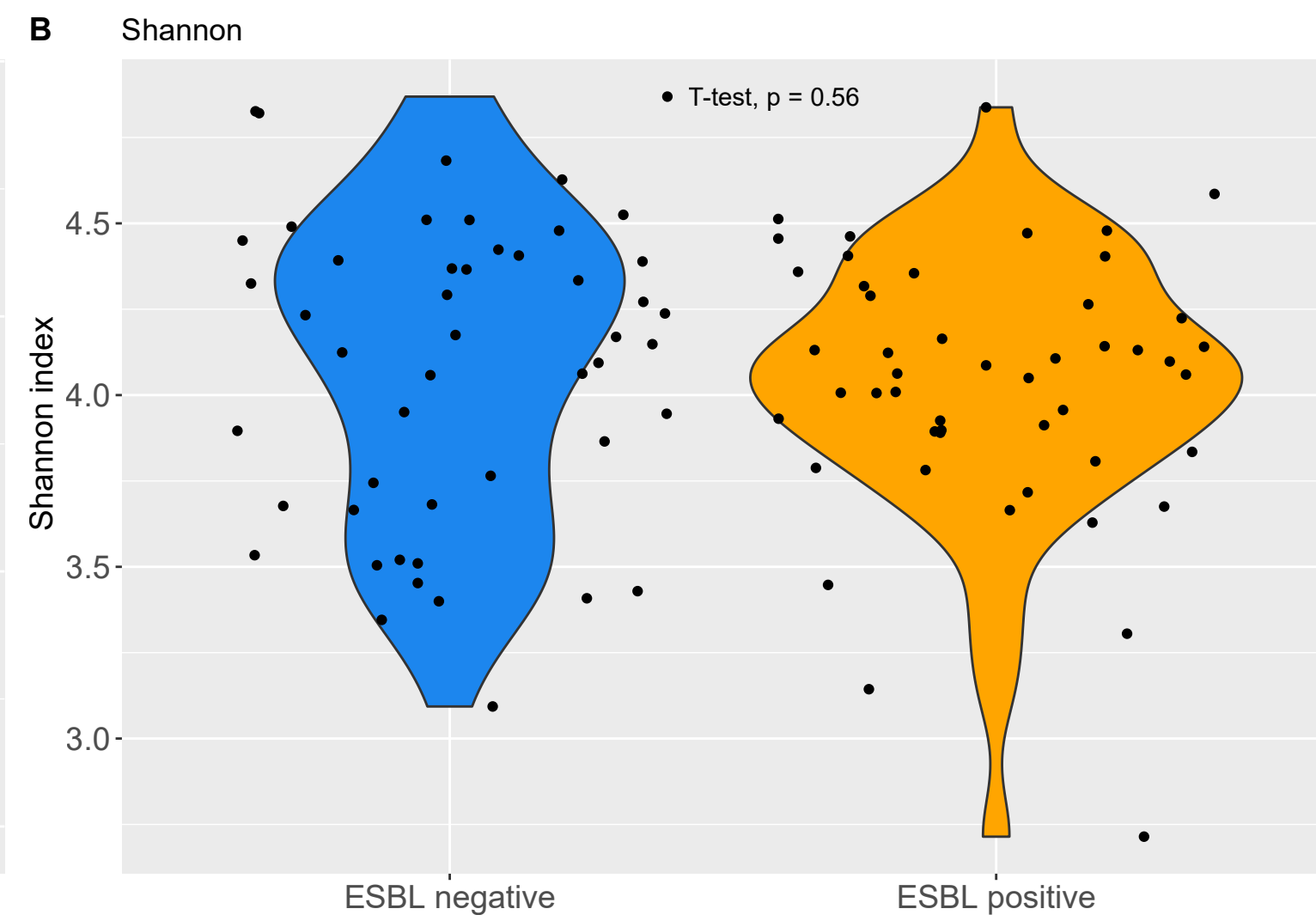
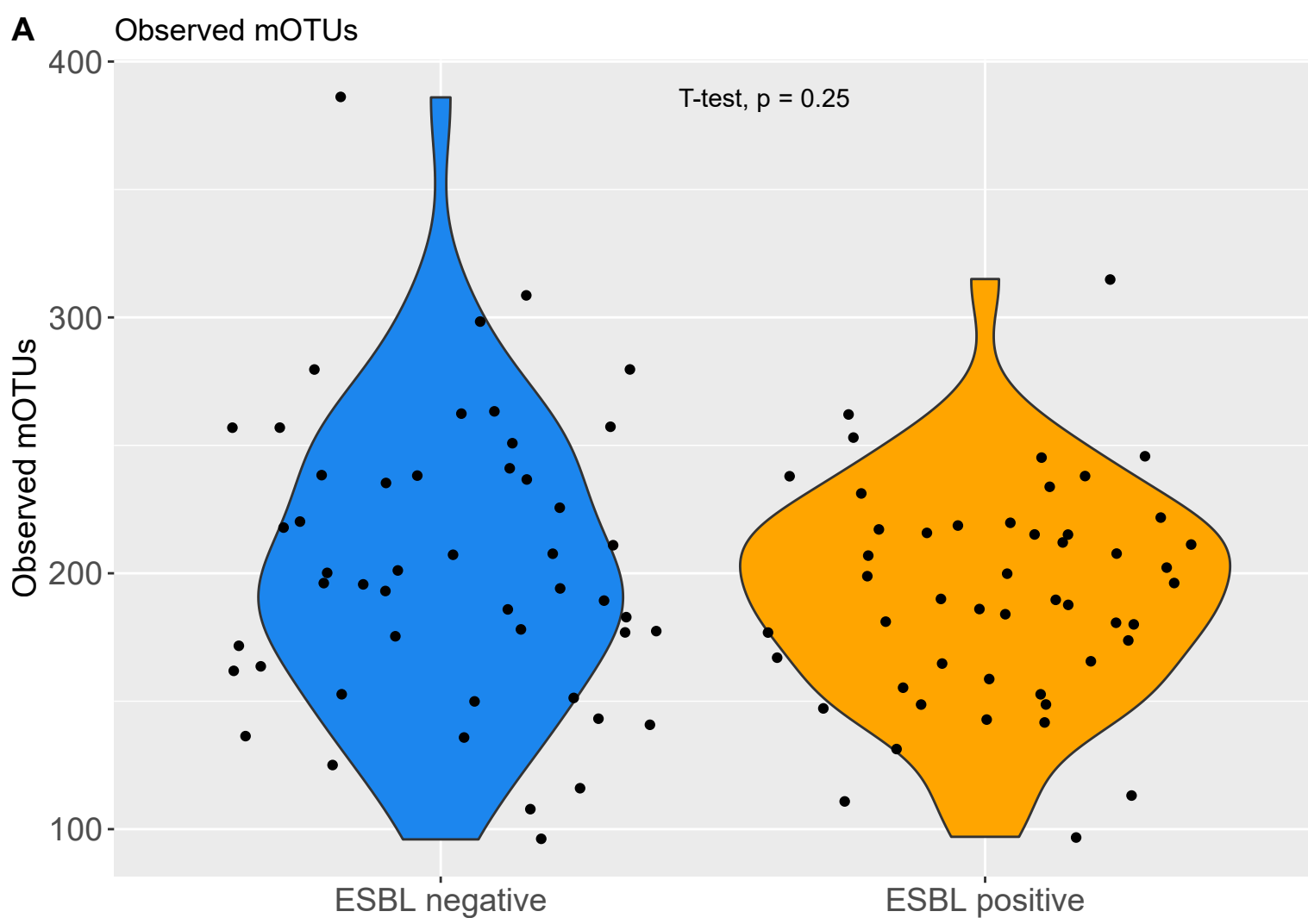
- 593 20. Huerta-Cepas J, Forslund K, Coelho LP, Szklarczyk D, Jensen LJ, von Mering C, et al. Fast
594 Genome-Wide Functional Annotation through Orthology Assignment by eggNOG-Mapper. *Mol Biol*
595 *Evol.* 2017;34(8):2115-22.
- 596 21. Lombard V, Golaconda Ramulu H, Drula E, Coutinho PM, Henrissat B. The carbohydrate-
597 active enzymes database (CAZy) in 2013. *Nucleic Acids Res.* 2014;42(Database issue):D490-5.
- 598 22. Kanehisa M, Sato Y, Kawashima M, Furumichi M, Tanabe M. KEGG as a reference resource
599 for gene and protein annotation. *Nucleic Acids Res.* 2016;44(D1):D457-62.
- 600 23. Zolfo M, Tett A, Jousson O, Donati C, Segata N. MetaMLST: multi-locus strain-level bacterial
601 typing from metagenomic samples. *Nucleic Acids Res.* 2017;45(2):e7.
- 602 24. Doan T, Worden L, Hinterwirth A, Arzika AM, Maliki R, Abdou A, et al. Macrolide and
603 Nonmacrolide Resistance with Mass Azithromycin Distribution. *N Engl J Med.* 2020;383(20):1941-50.
- 604 25. Zaheer R, Noyes N, Ortega Polo R, Cook SR, Marinier E, Van Domselaar G, et al. Impact of
605 sequencing depth on the characterization of the microbiome and resistome. *Sci Rep.* 2018;8(1):5890.
- 606 26. Kim HK, Kostidis S, Choi YH. NMR Analysis of Fecal Samples. In: Giera M, editor. *Clinical*
607 *Metabolomics: Methods and Protocols.* New York, NY: Springer New York; 2018. p. 317-28.
- 608 27. Findeisen M, Brand T, Berger S. A 1H-NMR thermometer suitable for cryoprobes.
609 *Nucleic Acids Res.* 2007;45(2):175-8.
- 610 28. Kumar A, Ernst RR, Wüthrich K. A two-dimensional nuclear Overhauser enhancement (2D
611 NOE) experiment for the elucidation of complete proton-proton cross-relaxation networks in
612 biological macromolecules. *Biochemical and Biophysical Research Communications.* 1980;95(1):1-6.
- 613 29. Price WS. Water Signal Suppression in NMR Spectroscopy. In: Webb GA, editor. *Annual*
614 *Reports on NMR Spectroscopy.* 38: Academic Press; 1999. p. 289-354.
- 615 30. Wu PSC, Otting G. Rapid pulse length determination in high-resolution NMR. *Journal of*
616 *Magnetic Resonance.* 2005;176(1):115-9.
- 617 31. Verhoeven A, Giera M, Mayboroda OA. KIMBLE: A versatile visual NMR metabolomics
618 workbench in KNIME. *Analytica Chimica Acta.* 2018;1044:66-76.

- 619 32. McMurdie PJ, Holmes S. phyloseq: an R package for reproducible interactive analysis and
620 graphics of microbiome census data. PLoS One. 2013;8(4):e61217.
- 621 33. Lahti L, Shetty S. Tools for microbiome analysis in R. Microbiome package version 1.12.0.
622 2021.
- 623 34. Wickham H, Averick M, Bryan J, Chang W, McGowan LDA, François R, et al. Welcome to the
624 Tidyverse. Journal of Open Source Software. 2019;4(43):1686.
- 625 35. Rich B. table1: Tables of Descriptive Statistics in HTML. R package version 1.2.1.
626 <https://CRAN.R-project.org/package=table1>. 2020.
- 627 36. Oksanen J, Blanchet GF, Friendly M, Kindt R, Legendre P, McGlinn D, et al. vegan: Community
628 Ecology Package. R package version 2.5-7. <https://CRAN.R-project.org/package=vegan>. 2020.
- 629 37. Wirbel J, Zych K, Essex M, Karcher N, Kartal E, Salazar G, et al. Microbiome meta-analysis and
630 cross-disease comparison enabled by the SIAMCAT machine learning toolbox. Genome Biol.
631 2021;22(1):93.
- 632 38. Thévenot EA, Roux A, Xu Y, Ezan E, Junot C. Analysis of the Human Adult Urinary
633 Metabolome Variations with Age, Body Mass Index, and Gender by Implementing a Comprehensive
634 Workflow for Univariate and OPLS Statistical Analyses. J Proteome Res. 2015;14(8):3322-35.
- 635 39. Benjamini Y, Hochberg Y. Controlling the False Discovery Rate: A Practical and Powerful
636 Approach to Multiple Testing. Journal of the Royal Statistical Society Series B (Methodological).
637 1995;57(1):289-300.
- 638 40. Vojinovic D, Radjabzadeh D, Kurilshikov A, Amin N, Wijmenga C, Franke L, et al. Relationship
639 between gut microbiota and circulating metabolites in population-based cohorts. Nat Commun.
640 2019;10(1):5813.
- 641 41. Holm S. A Simple Sequentially Rejective Multiple Test Procedure. Scandinavian Journal of
642 Statistics. 1979;6(2):65-70.

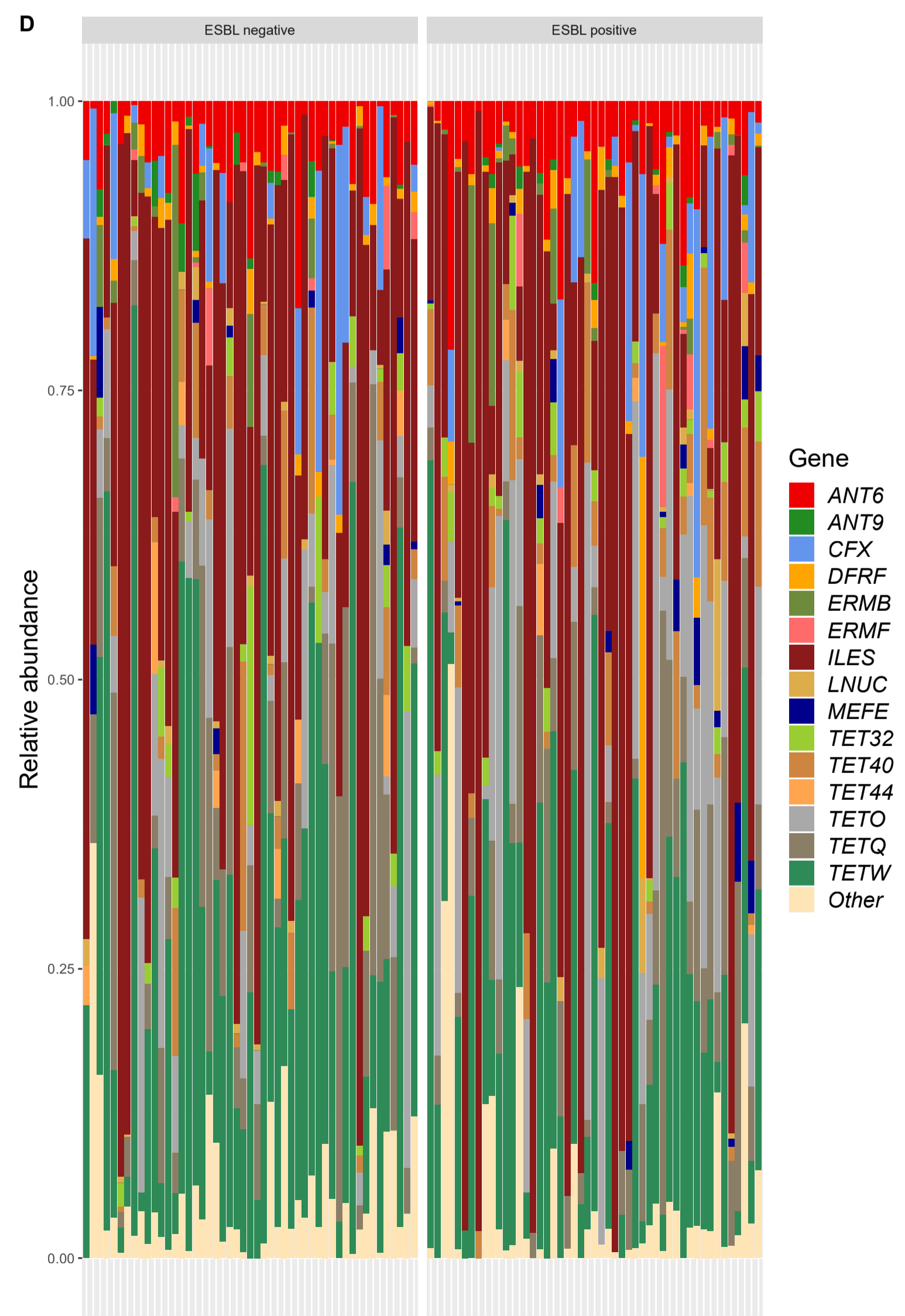
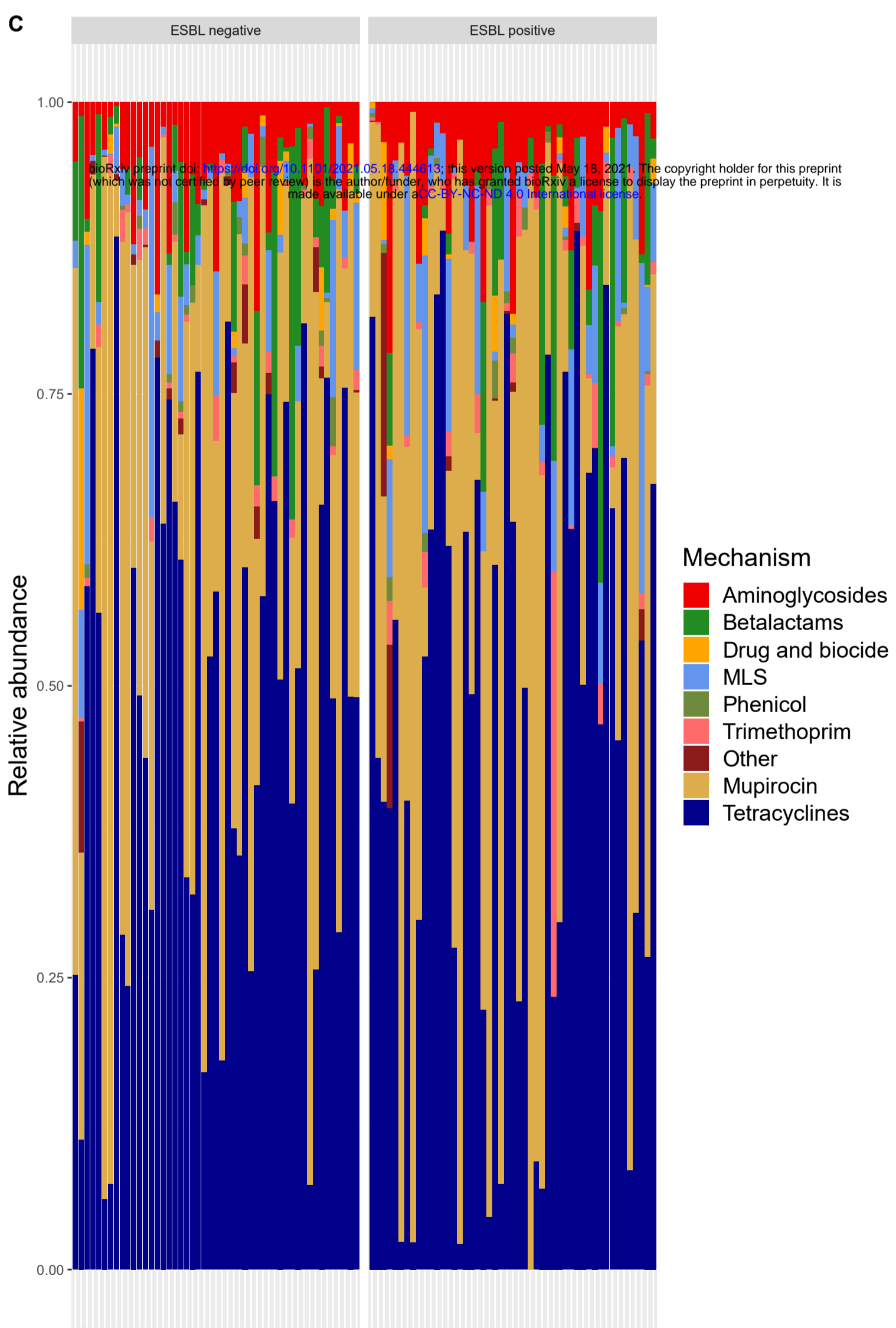
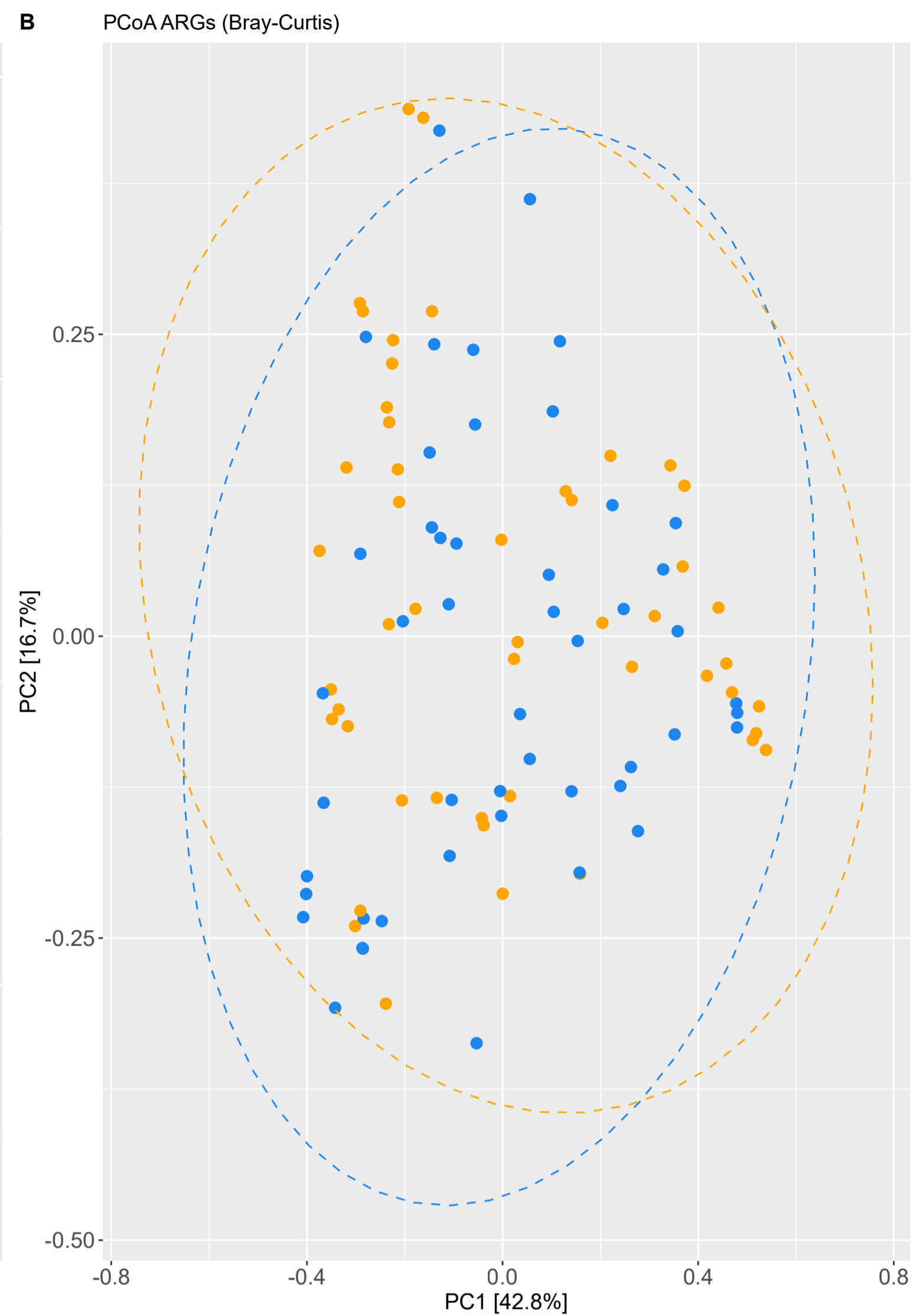
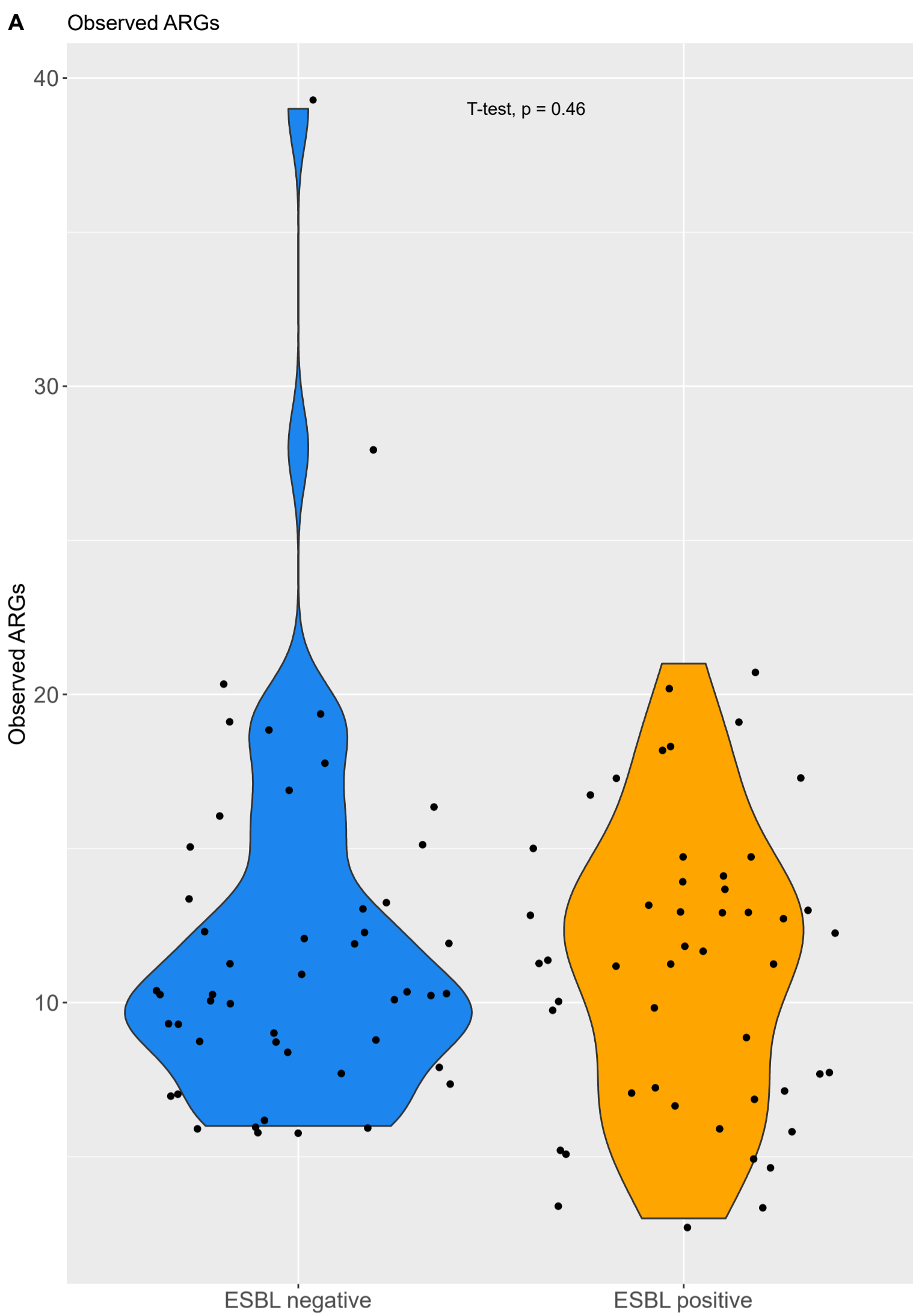
- 643 42. Serafini F, Bottacini F, Viappiani A, Baruffini E, Turrone F, Foroni E, et al. Insights into
644 physiological and genetic mupirocin susceptibility in bifidobacteria. *Appl Environ Microbiol.*
645 2011;77(9):3141-6.
- 646 43. El Kaoutari A, Armougom F, Gordon JI, Raoult D, Henrissat B. The abundance and variety of
647 carbohydrate-active enzymes in the human gut microbiota. *Nat Rev Microbiol.* 2013;11(7):497-504.
- 648 44. Annavaiah MK, Gomez-Simmonds A, Macesic N, Sullivan SB, Kress A, Khan SD, et al.
649 Colonizing multidrug-resistant bacteria and the longitudinal evolution of the intestinal microbiome
650 after liver transplantation. *Nat Commun.* 2019;10(1):4715.
- 651 45. Ducarmon QR, Terveer EM, Nooij S, Bloem MN, Vendrik KEW, Caljouw MAA, et al.
652 Microbiota-associated risk factors for asymptomatic gut colonisation with multi-drug-resistant
653 organisms in a Dutch nursing home. *Genome Med.* 2021;13(1):54.
- 654 46. Araos R, Tai AK, Snyder GM, Blaser MJ, D'Agata EMC. Predominance of *Lactobacillus* spp.
655 Among Patients Who Do Not Acquire Multidrug-Resistant Organisms. *Clin Infect Dis.* 2016;63(7):937-
656 43.
- 657 47. Van Rossum T, Ferretti P, Maistrenko OM, Bork P. Diversity within species: interpreting
658 strains in microbiomes. *Nat Rev Microbiol.* 2020;18(9):491-506.
- 659 48. Zhernakova A, Kurilshikov A, Bonder MJ, Tigchelaar EF, Schirmer M, Vatanen T, et al.
660 Population-based metagenomics analysis reveals markers for gut microbiome composition and
661 diversity. *Science.* 2016;352(6285):565-9.
- 662 49. Carr VR, Witherden EA, Lee S, Shoaie S, Mullany P, Proctor GB, et al. Abundance and
663 diversity of resistomes differ between healthy human oral cavities and gut. *Nat Commun.*
664 2020;11(1):693.
- 665 50. Hu Y, Yang X, Qin J, Lu N, Cheng G, Wu N, et al. Metagenome-wide analysis of antibiotic
666 resistance genes in a large cohort of human gut microbiota. *Nat Commun.* 2013;4:2151.
- 667 51. van Schaik W. The human gut resistome. *Philos Trans R Soc Lond B Biol Sci.*
668 2015;370(1670):20140087.

- 669 52. Human Microbiome Project C. Structure, function and diversity of the healthy human
670 microbiome. *Nature*. 2012;486(7402):207-14.
- 671 53. Visconti A, Le Roy CI, Rosa F, Rossi N, Martin TC, Mohn RP, et al. Interplay between the
672 human gut microbiome and host metabolism. *Nat Commun*. 2019;10(1):4505.
- 673 54. Jacobson A, Lam L, Rajendram M, Tamburini F, Honeycutt J, Pham T, et al. A Gut Commensal-
674 Produced Metabolite Mediates Colonization Resistance to Salmonella Infection. *Cell Host Microbe*.
675 2018;24(2):296-307.e7.
- 676 55. Theriot CM, Koenigsnecht MJ, Carlson PE, Jr., Hatton GE, Nelson AM, Li B, et al. Antibiotic-
677 induced shifts in the mouse gut microbiome and metabolome increase susceptibility to *Clostridium*
678 *difficile* infection. *Nat Commun*. 2014;5:3114.
- 679 56. Overdeest I, Haverkate M, Veenemans J, Hendriks Y, Verhulst C, Mulders A, et al. Prolonged
680 colonisation with *Escherichia coli* O25:ST131 versus other extended-spectrum beta-lactamase-
681 producing *E. coli* in a long-term care facility with high endemic level of rectal colonisation, the
682 Netherlands, 2013 to 2014. *Euro Surveill*. 2016;21(42).
- 683 57. Arcilla MS, van Hattem JM, Haverkate MR, Bootsma MCJ, van Genderen PJJ, Goorhuis A, et
684 al. Import and spread of extended-spectrum β -lactamase-producing Enterobacteriaceae by
685 international travellers (COMBAT study): a prospective, multicentre cohort study. *Lancet Infect Dis*.
686 2017;17(1):78-85.
- 687

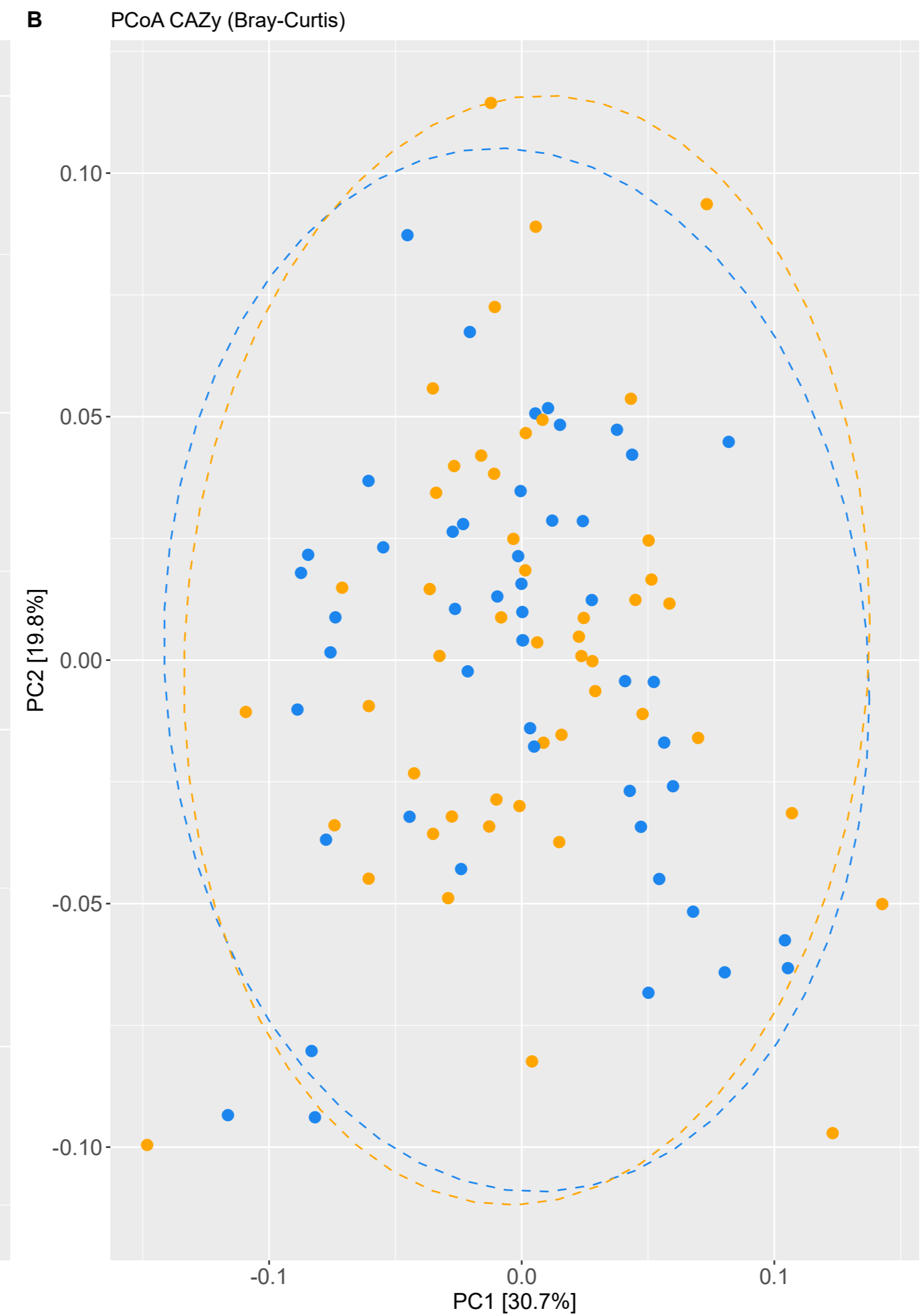
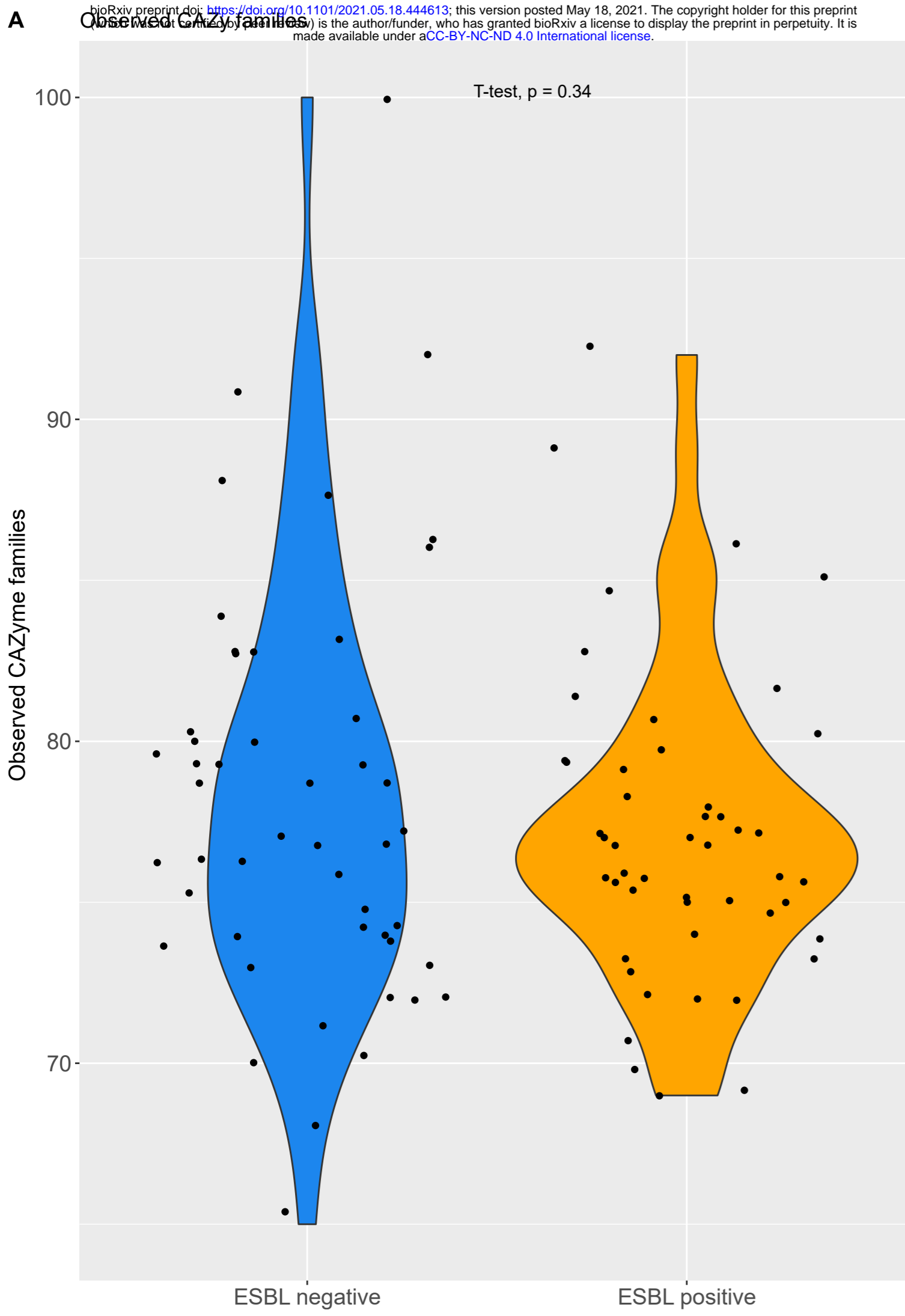
ESBL status ■ ESBL negative ■ ESBL positive

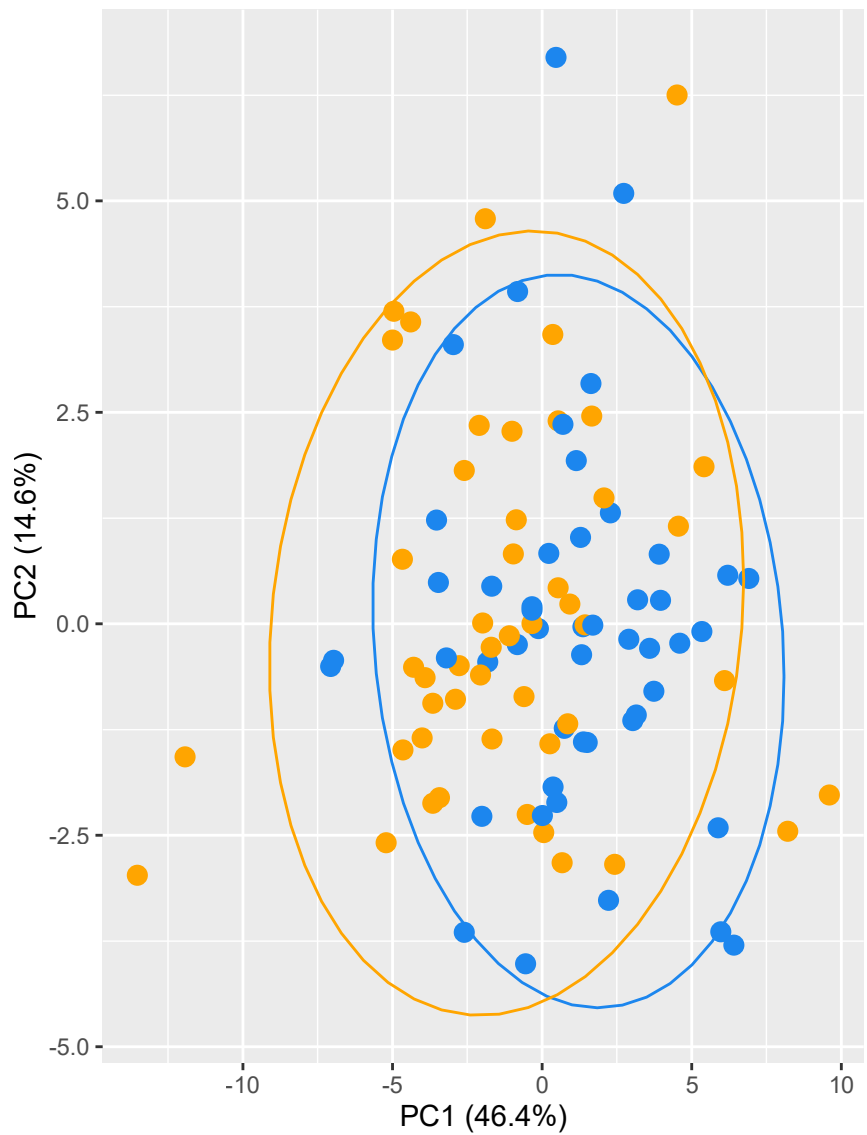


ESBL status ■ ESBL negative ■ ESBL positive



ESBL status ■ ESBL negative ■ ESBL positive



A**B**

ROC curve for random forest on metabolite concentrations

